

Stratford Software Inc.

Healthcare EDI & practice management software®
User's Guide and Reference

HIPAA compliant EDI
e-Prescriptions

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Revision: 2017
Printed in the United States of America.

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Printed: March 2017 in the USA.

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Special thanks to

All the people who contributed to this document, especially our customers who took the time to email us with typos and other errors. If you notice any problems with this document or the software, please notify us by email: errors@stratfordsoftware.com.

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Stratford Software, Inc.
EDI and practice management software

Part



1 Introduction

Stratford Healthcare EDI and practice management software

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2017

1.1 General Information

Stratford Healthcare EDI and management software

The stratford software is a comprehensive healthcare billing system that includes everything necessary to manage most healthcare offices as well as billing services.

The software can be used for

1. Physician/supplier billing (includes DME) (CMS 1500)
2. Institutional billing (CMS 1450/UB04)
3. Dental billing (ADA)

EDI - The software uses formats required by HIPAA.

Send claims

837 transmit claims

835 receive ERA (electronic remittance advice) and automatically post to patient accounts.

Claim status

276 transmit claim status requests

277 receive claims status reports

Eligibility

270 transmit eligibility requests

271 receive eligibility reports

Edit reports

TA1 / 997 receive edit reports

A complete database is maintained that is not just for transmitting claims. You have a full accounts receivable with unlimited history of charges, payments, adjustments and notes. The software is multiuser and can be used on networks. See the '[Getting started](#)' section of this manual.

EHR - electronic health record (Chart Notes)

A EHR database is integrated with the patient accounts. There is no need to import/export data.

Allergies

An allergy database is integrated with the patient accounts.

Program updates

Periodic program updates are required by most healthcare specialties to remain compliant with payer requirements. Be sure you make plans to obtain these updates as necessary.

If you obtain the software from your Medicare contractor you will need to get support and updates as required directly from Medicare. Your Medicare contractor will only support functions necessary to transmit claims to Medicare.

If you wish to bill payers other than Medicare or use other software functions, you will need to contract directly with Stratford for additional billing templates, updates and support.

We recommend you update by downloading from our web site. There are instructions in this manual with pictures. See the section named 'Optional Features' near the end. There is a topic named 'Online Updates' It describes

the procedure that you can use.

When you begin to update your software, you must make sure that no one is using the software. You may wish to schedule the installation at noon or after work.

If, for any reason, the update procedure is stopped after it has begun, you may not be able to log into the program. You may see a message like this: "*That account is being updated, please wait*". This message indicates that the account is/was being updated. If you are certain that the account is not being updated and you want to restart the update, you may delete a file named C:\Stratford\ssiw\309999\LockAcct.txt (where 309999 is your account folder).

1.2 New installation and update installation

The Stratford program - both updates and the initial installation - install programs into C:\Stratford\ssiw\0,1,2. You should never put anything in those 3 folders that you want to keep. The reason is that when you install an update, all files in those 3 folders are deleted before any new files are copied in.

If you download programs from Stratford's internet server, what you will receive is exactly what is on an installation/update CD. Because the CD has more than 30 files, we 'package' them into a single file so that it is easy to download. After the file is downloaded, if you chose 'open' it will install the files like most other software. If you save the file, you will need to find the file and click on it.

If you want a multi-user networked system, you should only install the programs on a single computer. See a section later in this manual about setting up a network.

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Part



2 Getting Started

**This section has detailed information
for the use of the software**

2.1 Setup Information

Loading Program Files

To load the program files on in Windows, insert the CD into your CD ROM drive. If the installation menu does not pop up click on the windows START button and select RUN. In the run box type the drive letter of your CD ROM followed by ":setup".

Example: D:\setup

When designating a drive to install the program onto you may omit designating drive C:, the computer will default to C: Use C: when nothing is specified. If you wish to install to a drive other than C, you may specify it here. The installation will take place on that drive, such as F: or D:

Advance Information

The Stratford program resides on your hard disk in a directory named C:\Stratford\ssiwins. It then creates subdirectories of the \ssiwins directory and puts files in them as in this chart:

Sub Directories:	Purpose:
\ssiwins\0	For the executable program - Stratford is a single ".EXE" file
\ssiwins\1	System files, please do not make any changes
\ssiwins\2	System files, please do not make any changes
\ssiwins\3	Being phased out
\ssiwins\4	Preference files -- put things here that you do not want changed by updates, such as zip codes, printer control codes, etc. stores information relating to various accounts, such as printing, EDI, ... etc
\ssiwins\ssipub	This is 'public' information - if you have multiple accounts on your computer, all of them will use information here such as procedure, diagnosis, zip codes.

\ssiwins\ssisys	system information. Do not make any changes here
\ssiwins\300005	administrator account -- use for setup and converting information
\ssiwins\300006	medical demo account -- use for training or practice
\ssiwins\300007	dental demo account -- use for training or practice
\ssiwins\(\account #)	actual accounts, example: \ssiwins\309999

Customizing SSI

Before shipping SSI®, Stratford customizes the program based on how you completed the Practice Registration Form. This includes setting up your providers and main control settings. Upon receiving the program you may wish to perform further customization. For instance, you may wish to add additional financial classes and add more providers. SSI® is structured so that these and other modifications can be performed "on the fly." See the sections on Financial Classes and Transactions for directions on how you make these and other modifications.

Open Item vis. balance forward

This is a good time to review your choice on whether to have your accounts set up open item or balance forward. Open item means you post a payment or adjustment against a particular charge. This enables the computer to clearly display the unpaid amount of any charge. Non-Open item (called "balance forward" or "on account") posting means you enter the payment or adjustment and let the computer apply it against the oldest unpaid charge for aging purposes. Once you set up a particular patient account as open item you cannot change it to balance forward and vice versa. You must set up a new account for each patient if you want to change him or her. SSI® allows you to have a mixture of open item and balance forward financial classes.

2.2 Setup for a Network

Installation on a network has additional considerations.

Please note that the instructions below were designed for Windows 2000, Win2003 server, WinXP, etc. Although these are generally correct for Vista/Win7, there is a section specifically for Vista/Win7 in the newer topic: Getting Started | Vista/Win7 installation notes. If you have Vista/Win7, we suggest you scan the notes below, and then go to the newer, [more specific topic](#) ²³.

During installation all other users must be off the network to prevent interference. If any network errors occur, you need to check with your network people about getting the needed privileges. Most computers with Windows operating systems beginning with Windows2000 require Administrator and/or 'Power user' privileges to install programs. The Stratford program registers some files when the user first logs in so you will need these special privileges at least the first time you run the program. If you get an error like: 'Class not registered' then privileges are likely the problem. If you have a network, each workstation will need Administrator privileges the first time they log into the Stratford program after installing an update. If you get an error, you must quit immediately because the program will not run correctly unless all files

are registered.

At least half of all initial support calls from new users are for the 'privilege' problem.

1. You must initially setup a computer to run the Stratford Program.
2. You should NEVER share the C: drive on the server hard drive. Only share the C:\Stratford folder.
3. On a secondary computer you must go into the \ssiwin\0 directory of the primary computer that has the Stratford Program setup on it.
4. From the \ssiwin\0 directory click the ShortcutSetup.exe icon. This will setup a shortcut on the secondary computer (network workstation) to run the program from the server computer. This will result in something like S:\ssiwin\0\stratford.exe as the program to run. On most installations you do not need to share a network drive on the server as a letter, but we recommend that you do because that will work on all versions of Windows that we have tested.
5. Return to the Desktop and double click on the Stratford icon. You are now running the Stratford Program from the primary computer.

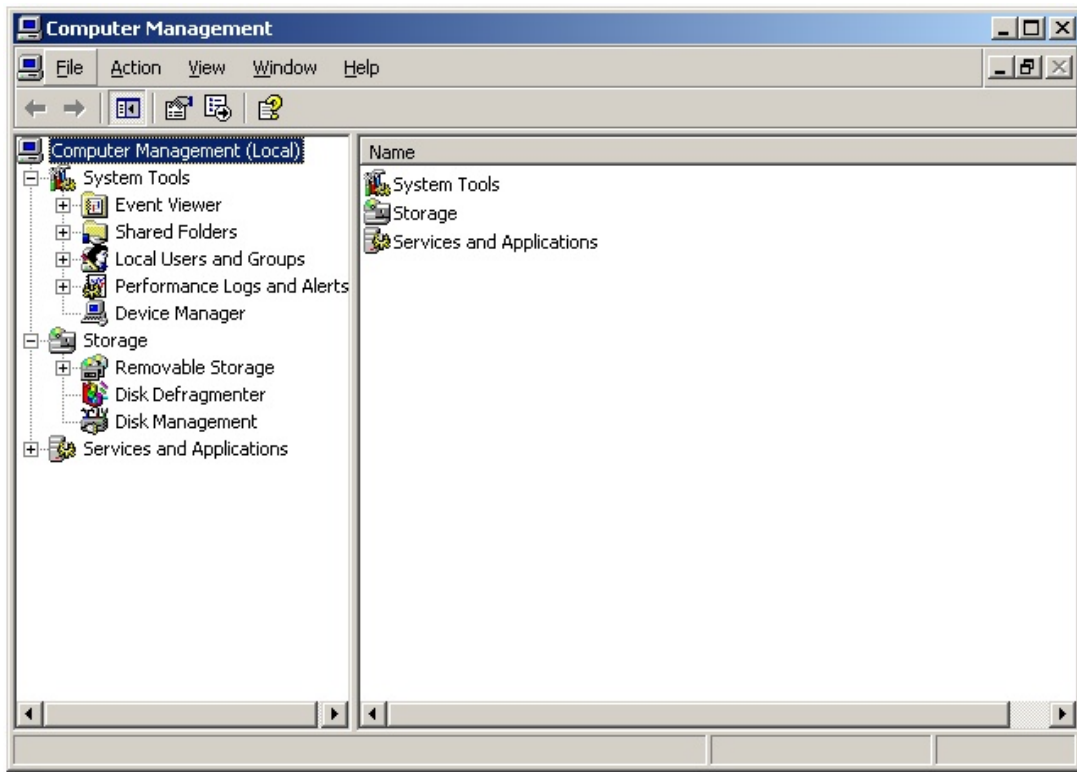
SSI®Note: To run a multiple user network you must have a stable working network setup between the computer that has the program installed and the terminal which you are running it from.

You can check your privileges this way on Windows2003 server. Your operating system should be similar:

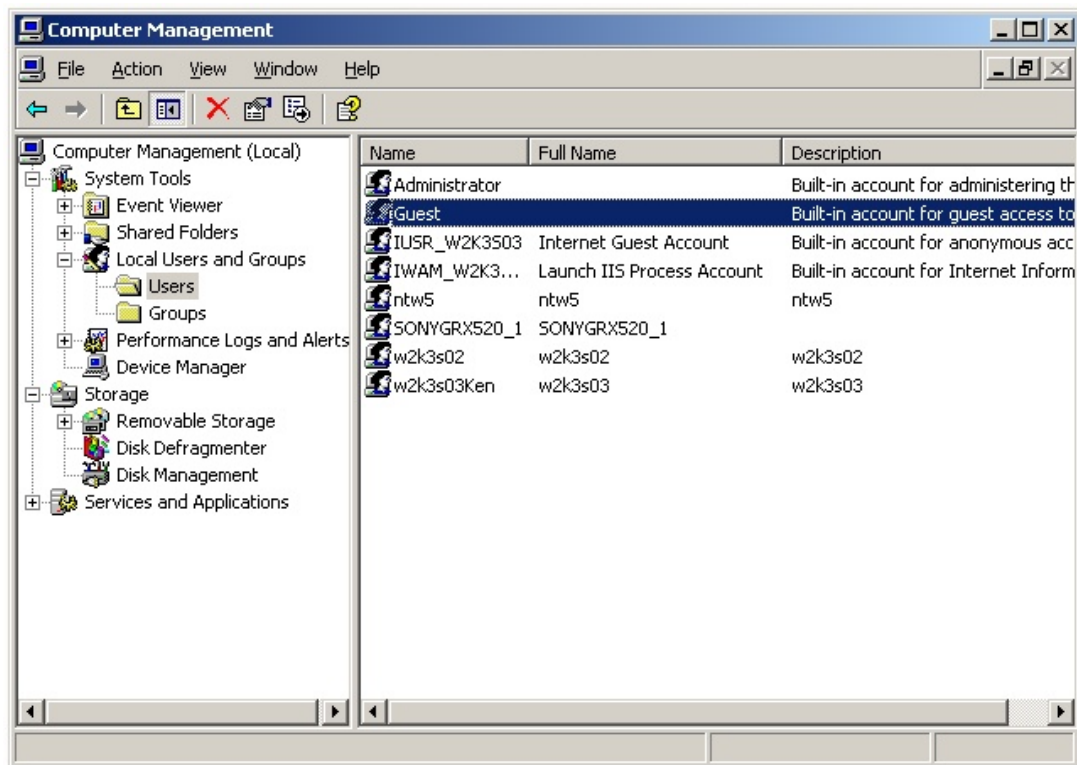
1. Press the Start button on your task bar - in the lower left corner of your screen:



Next select 'All programs' then 'Administrative tools' then 'computer management'

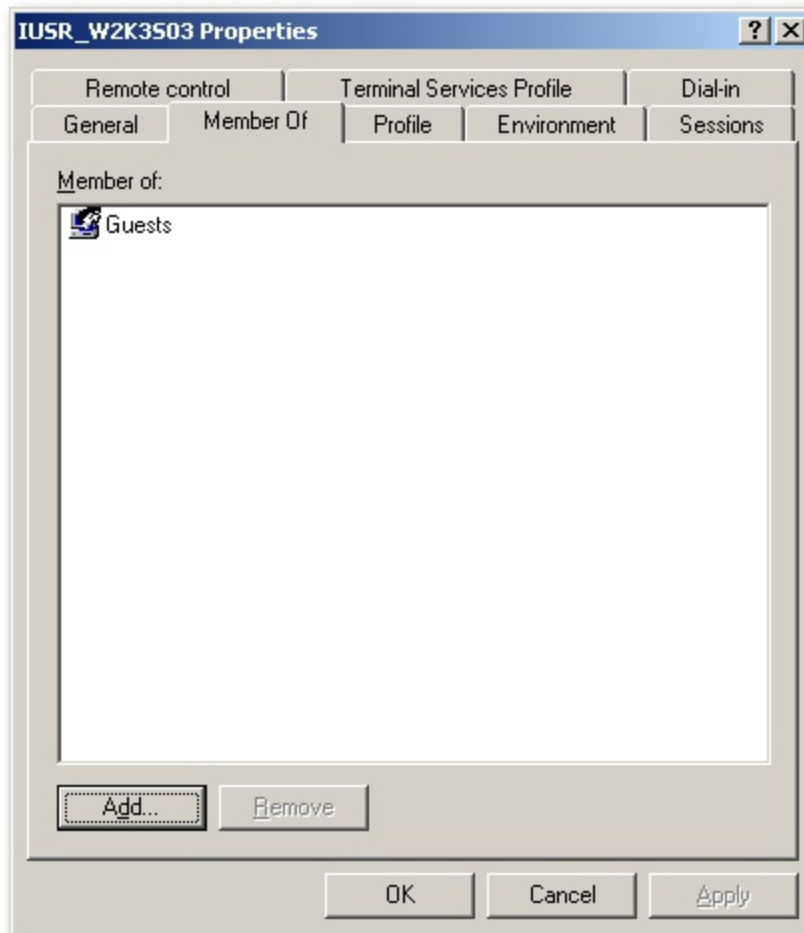


From this screen click on 'Local Users and Groups'.

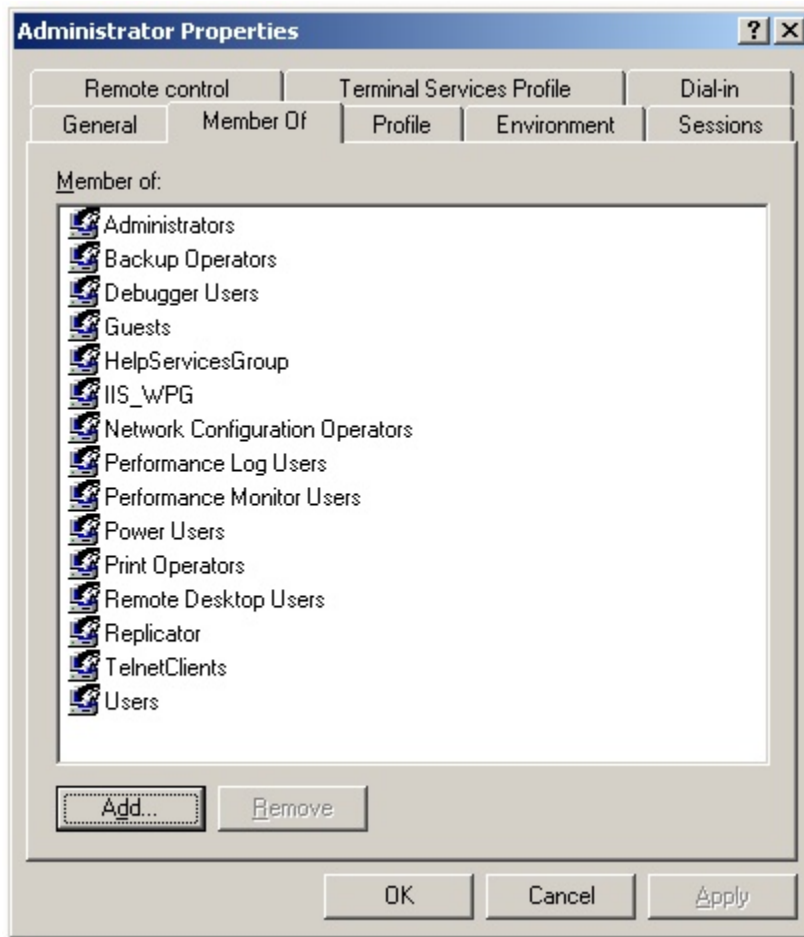


From this screen click on the user name that you logged in with then click on 'Properties'

You will get a new screen with the tabs near the top. Click on the 'Member of' tab and you will see what privilege group(s) you belong to.



This user only belongs to the 'Guest' privilege group. This user cannot install programs on this computer.



This user can do anything. While we don't recommend that you belong to this many groups, you do need to belong to the Administrators' group. Some operating systems will let you install programs with the 'Power Users' privilege group.

Most knowledgeable network administrators do not recommend doing your day to day work with 'Administrator' privileges. You can accidentally do severe damage to your computer with Administrator privileges - possibly without even realizing it until sometime later. It is a pain-in-the-neck to log out and then log in with a different user name, do something, and then log out and re-log in with your usual user-name - this means you have to shut your computer down 2 times. This is why when you work on Unix/Linux, you can quickly change to the 'Supervisor' privilege (same as Windows administrator) - do something and change back without shutting down the system as you must do in Windows. You can do it in Linux in 1 second but in Windows it may take several minutes. Oh well, maybe someday..

We recommend that you only use Administrator privileges to install a new program and/or an update to the Stratford program. After you install the update and login in one time, your files will be registered and then you should do your day-to-day work with 'Users' privileges. You should look at this requirement as something that is part of maintaining your computer, not as something difficult that you hate to do. If you want to take advantage of the incredible power of a computer, you must assume the maintenance responsibilities such as doing a daily backup.

2.3 Starting to Work at the Terminal

Sit in front of your display (also known as a terminal, CRT, display, or VDT).

Your display and computer should always be left on. Some screens darken automatically after a while (these systems have a screen saver) and others may need to have the brightness and contrast knobs turned down. First, try pressing any key (it is best to use a key like [SHIFT] or move the mouse). If you do not see anything on the screen, then turn both the brightness and contrast control knobs. If the terminal is not on, you will need to turn it on.

SSI®Note: Leaving your equipment on will cause your system to require fewer repairs. Do not worry about the computer using too much electricity. The computer and peripherals draw very little power.

This does not apply if you are not going to use the computer for many hours. In that case you may want to turn it off. Many people set a schedule so the computers does an automatic backup at 1am and a virus check at 2am, etc. If you depend on your computer to do important work, you should think about various utility programs that will keep it in good running condition and possibly tell you of a potential problem before you lose any data.

2.4 Basic Terminology

This is for the beginning SSI® user and assumes you have no prior computer experience.

There are five key facts to remember if you are a new user:

- If you learned to type many years ago, you were taught to use the letter "el" (l) in the place of the number one (1). This program distinguishes between the letter and the number; the letter "el" (l) cannot substitute for the number one (1).
- You cannot use the letter "oh" (O) to represent the number zero (0), the program distinguishes between the letter and the number.
- Whenever you have completed entering your answer to a question (filling information into a field) you must press [Tab]. See the brackets around the word "enter" and "return"? These brackets mean that you should press a key on your keyboard called an "enter" or "return" key; you are not typing in the word enter or return.
- There are three keys on your keyboard (Shift, Alt, and Ctrl) which you will use in conjunction with other keys. For example, you may be asked to press [Ctrl+W]. For these keys, you must hold down the [CTRL] key while you press [W] key.
- You should be in Caps Lock and Num Lock when using SSI. To produce a lowercase letter without removing [CAPS LOCK], just hold down the [SHIFT] key while pressing the letter. If you type on the numeric keypad (usually located on the right side of your keyboard) and you do not see numbers appearing on the screen, you need to press the [Num Lock] button to activate the number key pad.

Previously the government agency that administered the Medicare and Medicaid programs was named "The Health Care Financing Administration" or HCFA

Now it is named "Center for Medicare and Medicaid Services" - CMS

If you see HCFA in this or other documents, it probably is the same as CMS

Other

In the program you will see references to various database table records (computer disks/folders/directories). This may be a foreign concept to you. Think of it as drawers or shelves or paper folders in a filing cabinet where you can put information in an organized/sorted manner so you can retrieve it quickly. You may have paper folders now where you keep patient charts, accounts payable receipts, etc.

For example:

1. You can put patients in the 'patients file folder'
2. You can put charges and payments in the 'transaction folder'

Some other references may not be quite so straight forward, but we have to call them something. We have defaulted to terminology that you can see in programming specifications that the government publishes. These specs are used by Stratford to publish software that will produce reports and files that are accepted by payers. This enables our clients to be paid for the services they provide to patients.

For example, we use 'Laboratories' in various screens. Depending on what you think a 'Laboratory' is, we may not mean exactly what you think. Yes, we think a 'Laboratory' does lab tests such as an SMA24, CBC, etc, but more than that we think of it as a separate company or entity, unrelated to the provider that provides services that the patient receives, possibly because the provider orders it. So, if you get an X-Ray, we could think of the Radiology company as a 'Laboratory'

Another example is the word 'Facility'. Again, depending on what you think a 'Facility' is, we may not mean exactly what you think. Yes, a hospital or a nursing home is a facility. So is the provider's office. What a 'Facility' is - is a place/location/address, etc where the provider renders services to a patient.

So what if the Nursing home bills Medicare for services that it provides to the patient? What is it then? Well, if it provides services to a patient, it is a 'provider' - think of it the same as a physician.

So a provider has a billing address which may or may not be the same as the 'Facility' where s/he provides services to patients. A provider may have several different addresses (Facilities) where s/he provides services to patients.

To sum up, Facilities are places/buildings and Laboratories are entities/companies.

More 'other'

We keep insurance names and addresses in the insurance company/payer files.

We keep patient insurance information with the patient's other demographic information such as age.

We keep employer names and addresses in the employer files

We keep the Patient's employer name with the patients other demographic information such as the telephone number.

So why have insurance/payers in a different file from the patient insurance information? 2 reasons (maybe more)

1. Keeping insurance names and addresses and specific details of how to bill them in a separate file makes it easy to access because you may have many patients that subscribe to the same insurance. You do not want to enter that information over and over. You would rather put a simple code in the patient's file that 'points' to the insurance.

2. The patient has insurance information that is different from any other patient, even patients with exactly the same insurance company, group and plan. The patient has a unique ID. The patient has a relationship to the insured. For Medicare, the patient is usually the subscriber. However, for private payers, the subscriber may be a spouse or a parent. All that information is unique to that patient and so it must be kept with the patient. When you send a bill to the payer, you can't simply tell them they owe you \$250.00. They will be somewhat hesitant to pay you. They want more information than that. Much more.

2.5 Notation and Other Information

A specific notation is used to indicate what you type in each field or which keys you should press.

All the keys described, except the arrow keys, are shown in CAPITAL LETTERS and are enclosed in square brackets, for example [ENTER]. The arrow keys are enclosed in square brackets, but the brackets will contain the words telling you which arrow key to use instead of a picture of an arrow, for example, [LEFT ARROW]. When the program asks you something, the question will be MONO SPACED COURIER. The selection that you type or select will be in MONO SPACED COURIER and occasionally for emphasis, bold type.

We recommend using CAPITAL letters when you use the SSI® program. If you are not typing in capitals, press the [CAPS LOCK] key. A green light will light up on the keyboard near the words "caps lock."

2.6 Enter the 'database type'

You must select a 'database type' before you enter any patients.

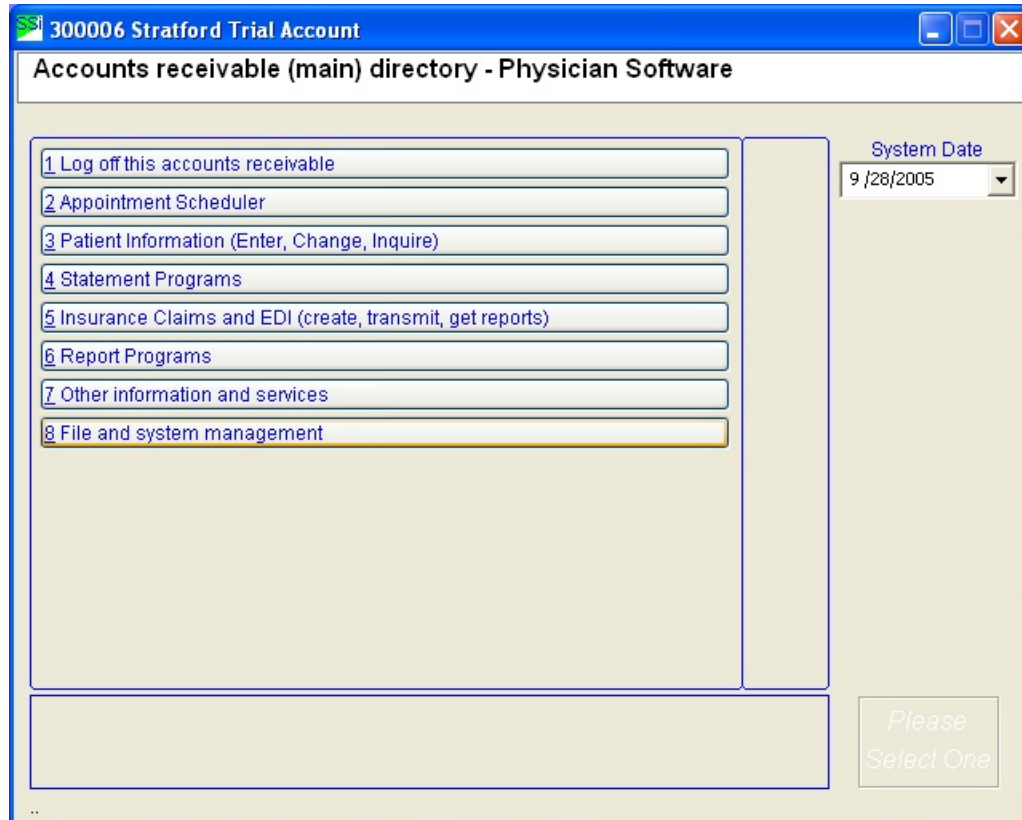
There are 2 main categories of databases in the Stratford design: non-Dental and Dental. There are sub-categories of each.

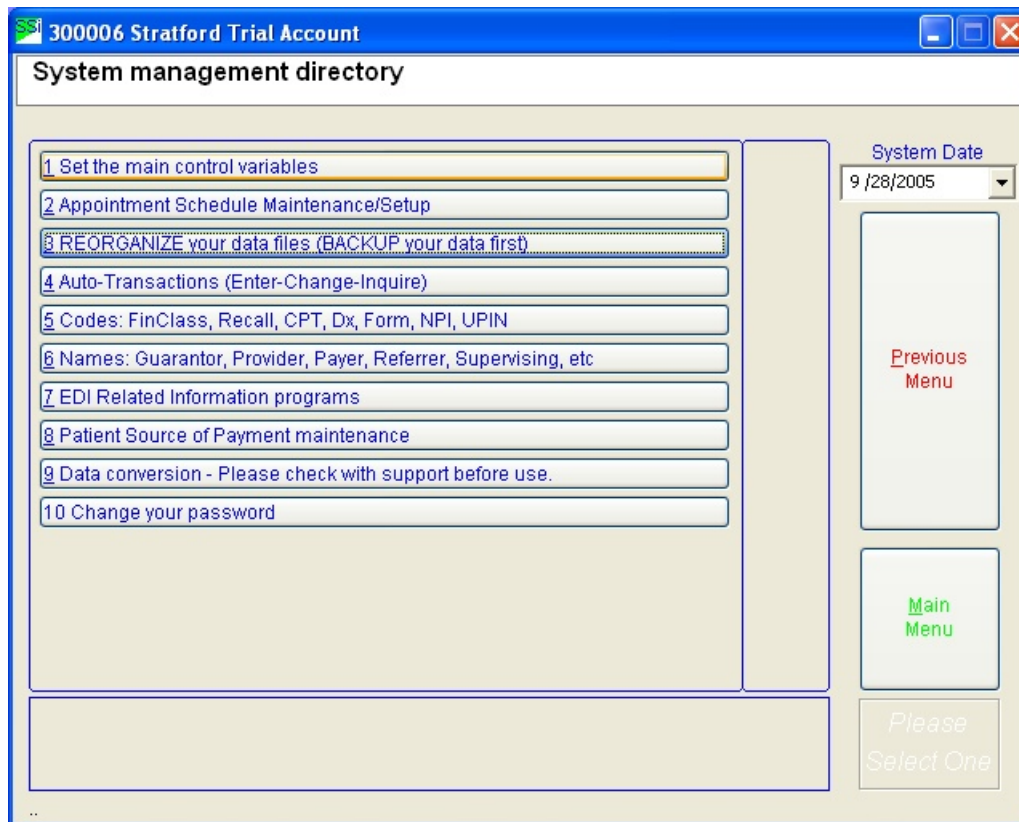
For example, some of the sub-categories of non-Dental are:

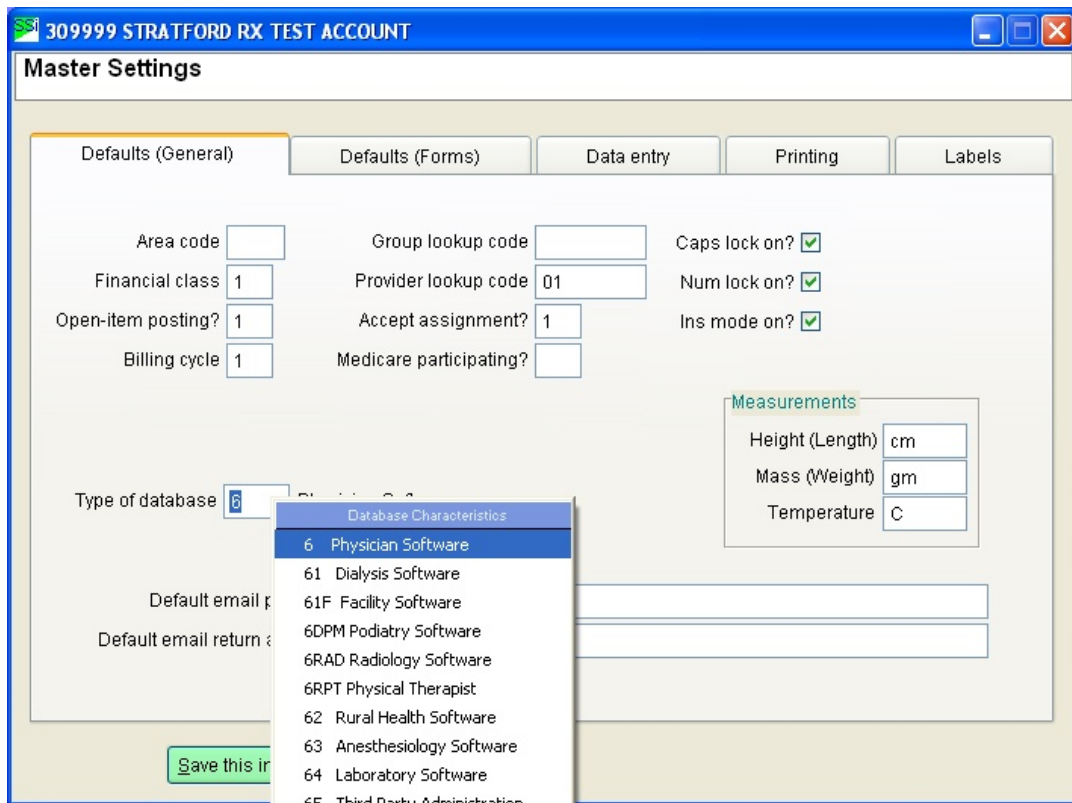
6MD	Physician Software
6DIAL	Dialysis Software
6FAC	Facility Software
6DPM	Podiatry Software
6RAD	Radiology Software
6PT	Physical Therapist
6RURAL	Rural Health Software
6ANES	Anesthesiology Software
6LAB	Laboratory Software
6TPA	Third Party Administration
6SNF	Skilled Nursing Facility
6DME	DME Supplier
6CHIRO	Chiropractor

6AMB Ambulance
6VIS Vision

To check and possibly change the database type, from the main directory, select #8 then #1:







2.7 Financial Classification and Account Type

These phrases are no longer used.

"Account type" meant "financial classification" and so in this and future programs we shall use the phrase "financial classification." The phrase "internal account type" really referred to an internal control setting that the programs used to determine which questions to ask - what data the program needs in order to bill correctly. For example: if this code is "2" then you will be asked for the date of injury and other questions necessary for industrial billing. A second example: if the code is "3" then a "normal" billing cycle means do not send a statement to the patient, since you do not bill a patient with a Medicaid classification. This means you do not need to select "hold statements" for a Medicaid patient. This control code is critical and you will not have a properly functioning program unless you code it properly for each patient. Setting this up properly can prevent many support calls. Now and in the future we shall use the phrase "data control code" to refer to the above setting. Hopefully these new terms are more descriptive.

Question: What is the difference between a data control code and a financial class?

Answer: A data control code is one of the parameters of a financial class. Other than that, the financial class and data control codes are not necessarily related. Financial classes are the names you see on your screen and are virtually unlimited. A financial class is assigned by you to help you do reporting on your accounts. The different financial classes may be added, changed, renamed or deleted by you. When you set up financial classes, remember that the computer cannot read your financial class names and the computer does not know what you

are doing or why you are doing it.. The data control code that you assign to each of your financial classes tell the software how to handle billing for the financial class. There are only four possible data control codes: 1, 2, 3 and 4. The data control code is used by your computer to create forms with different characteristics. For example, a Medicare insurance claim form is not completed the same way as a private insurance claim form. The computer cannot read the word "Medicare" in your financial class name. It depends upon you to assign data control code four (4) to the financial class so it will be able to create the form correctly. When you receive your original software and first account from Stratford, there will usually be four financial classes set up so that you can begin entering patients immediately. Financial class 01 Private will be assigned data control code 1 and financial class 04 (or 'M' or 'MC') Medicare will be assigned data control code 4. We do that because it seems logical. The computer does not care, however, and there is no requirement for you to use it that way. If you want 01 to be Medicare (which is the way most of our Dialysis clients do it), then you can certainly set it up that way. You can name the financial classes the way you want to name them. Why would you create additional financial classes? If you wish to have separate end-of-the-month production reports for Aetna patients versus Blue Shield patients, you need to put the patient accounts into different financial classes. Another reason is you might want some patients posted as "open-item" and others posted as "balance forward." For most users, four financial classes are all you will ever need in order to produce accurate and informative reports while handling all of your billing needs. A pediatrician usually does not bill Medicare or Industrial (workman's compensation) insurance carriers/intermediaries so they need only 2 financial classes. If the pediatrician does not see Medicaid patients then only the 'Private' financial class is needed.

2.8 Electronic Data Interchange (EDI)

In previous documents from Stratford we have used the term "Electronic Claims Submission" or "ECS".

This is being replaced "in the literature" by the more correct term: electronic data interchange. Electronic data interchange (or EDI) is the exchange of information on routine business transactions in a standardized computer format; for example, a data interchange between a Medicare Carrier and a provider. Where did we get EDI? In 1979, ANSI (American National Standards Institute) chartered a new committee, known as the accredited standards committee (ASC) X12, to develop uniform standards for electronic interchange of business transactions. The work of ASC X12 is conducted primarily by a series of subcommittees and task groups whose major function is the development of new, and the maintenance of existing, EDI standards. ASC X12 has more than 600 voluntary members. The reason this is (or will be) very important to almost everyone who is in the healthcare industry is:

The Center for Medicare and Medicaid Services - CMS has adopted the American National Standards Institute, Accredited Standards Committee (ASC) X12.86 Health Care Claim (ANSI 837) as the standard format for the electronic data interchange (EDI) of Medicare claim data for Medicare services. All Medicare Intermediaries will implement this format on or before October 1, 2003.

The ANSI 837 format is the only format that is accepted by Medicare and all other payers.

2.9 Quick Start

After Installing the program from the CD ...

1. Double-click on the Stratford icon on your desktop. In the field that asks for your ID, type in the number of the account you wish to access. Your password is always the word PASSWORD (upper case).
2. Congratulations you are now in the Stratford program.

Making a Backup

ALL COMPUTERS MUST HAVE A FREQUENT BACKUP. THERE ARE NO EXCEPTIONS. WHEN YOUR COMPUTER FAILS, AND IT WILL SOMEDAY, YOU MUST HAVE A BACKUP OR YOU WILL BE FORCED TO TYPE ALL OF YOUR INFORMATION AGAIN.

Daily backup

- Backup your data each day you enter information (information is data).

Complete (System) backup

- Do a complete system backup once a week or month depending on how much information you have entered.
- Make a complete system backup immediately before installing an update that you receive from Stratford
- Make a complete system backup after installing a new update and after you have logged in and confirmed that your programs are working correctly and you can access your information as usual.

Saving Your Work

As you enter data into the program, whether it is a new patient, an office visit, or a payment, SSI® saves your data. You do not have to do a separate save command like you do in word processing and other programs. In order for this to take place, the computer opens and closes many files on your hard disk while you enter data. Therefore it is absolutely critical that you DO NOT reset your computer while you are running the SSI® program. This means do not press [Ctrl+Alt+Delete], do not press the Reset button, and do not turn off your computer while the program is running. Doing so will damage your data files and may require you to restore from a backup! In addition it can cause a failure of your hard drive format and cause you to re-install all your programs. If you want to reset or shutdown your computer for any reason you should first quit all programs and then press the Start button and then click 'Shut down' (this is Windows 2003 server - your operating system may be different).

Many of our support calls relate to resetting the computer while in the middle of the Stratford program. More than half of our long calls (greater than 10 minutes) are for this problem. Our software support does not cover this type of problem since it has nothing to do with our software. We may try to help once but when the same client has this problem over and over we will have them call a different support organization. Any time you reset your computer while you are editing a paper with Word Perfect or writing a check with Quicken, you are likely to corrupt some files and lose data. So take a pro-active stance. Do not reset your computer if you sense something is not right. Resetting the computer will only make matters worse. Many of the reports take valuable time to create. The larger your practice is, the longer things will take to process. A file reorganization can take anywhere from five minutes to two hours or more.

Converting from other Software

If you are a new user of the Stratford Healthcare EDI and Management Software you most likely are converting from some other software that does not work well for you. You want all the features of the Stratford program but usually you do not look forward to entering all the data again. If there are only a few hundred patient accounts, the job goes quickly and you will be learning our program at the same time. The problem is the new client with thousands of patients. We recommend that you enter only the patients who owe you money and enter the rest as they come back for future visits.

System Defaults

. DOT Enter

We use a dot (period or [.]) as a default. Some keyboards will have two periods, one on the number keypad and one on the typing portion of the board. When you type dot [.] [ENTER] the program lets you access information that is already in the computer. For example use this when you are completing the insurance screen; if the "bill to" or guarantor's name is the same as the insured's name then type dot [.] [ENTER]. The program will access the default information. You may use dot [.] [ENTER] to access the patient's name, address and telephone number.

Trial Account

When you hire a new staff person or if you just want to practice without the possibility of "messaging up" your accounts receivable, use your trial account. To get to your trial account, Double-click on the Stratford icon on your desktop. In the field that asks for your ID, type in "TRIAL". Your password is always the word "PASSWORD".

2.10 Vista/Win7 installation notes

Microsoft introduced something they call UAC (User account control). They think this is necessary because the operating system is so vulnerable to viruses and other security problems. If you try to install the Stratford program with this turned on, the operating system will not let you 'register the OLE components'. We have no idea why you need to 'register a component', but that is what Microsoft requires.

To disable the UAC, here is what we recommend:

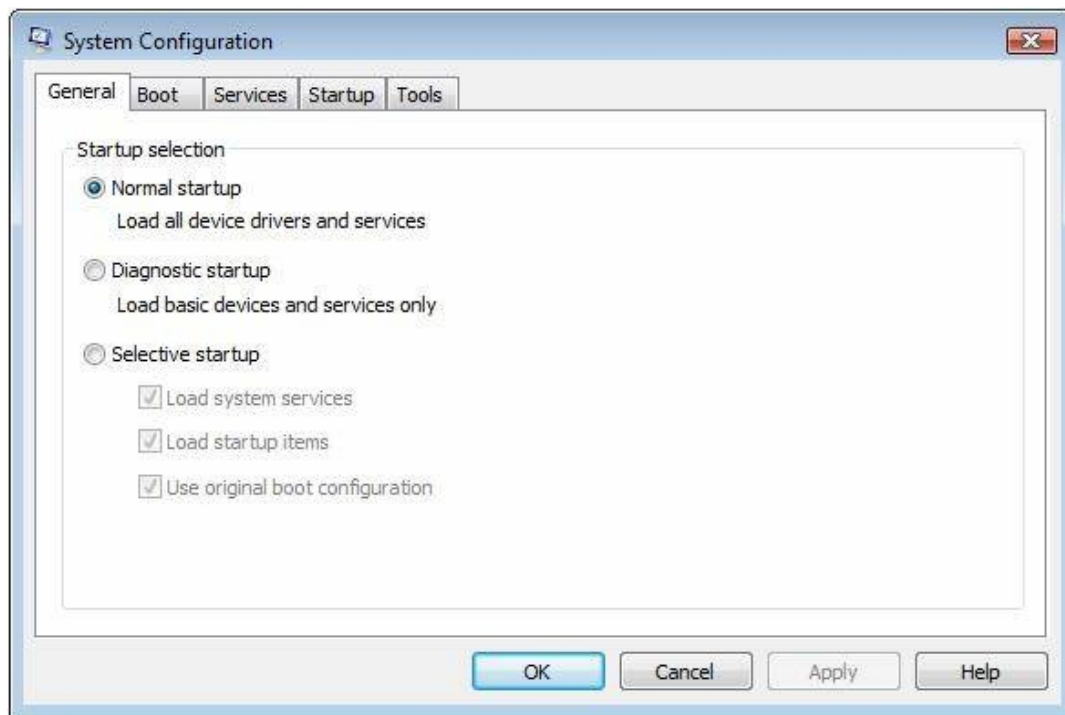
1. Click on **start** in the lower left of your screen

Click on **run....**

Type **MSCONFIG**

Press **Enter**

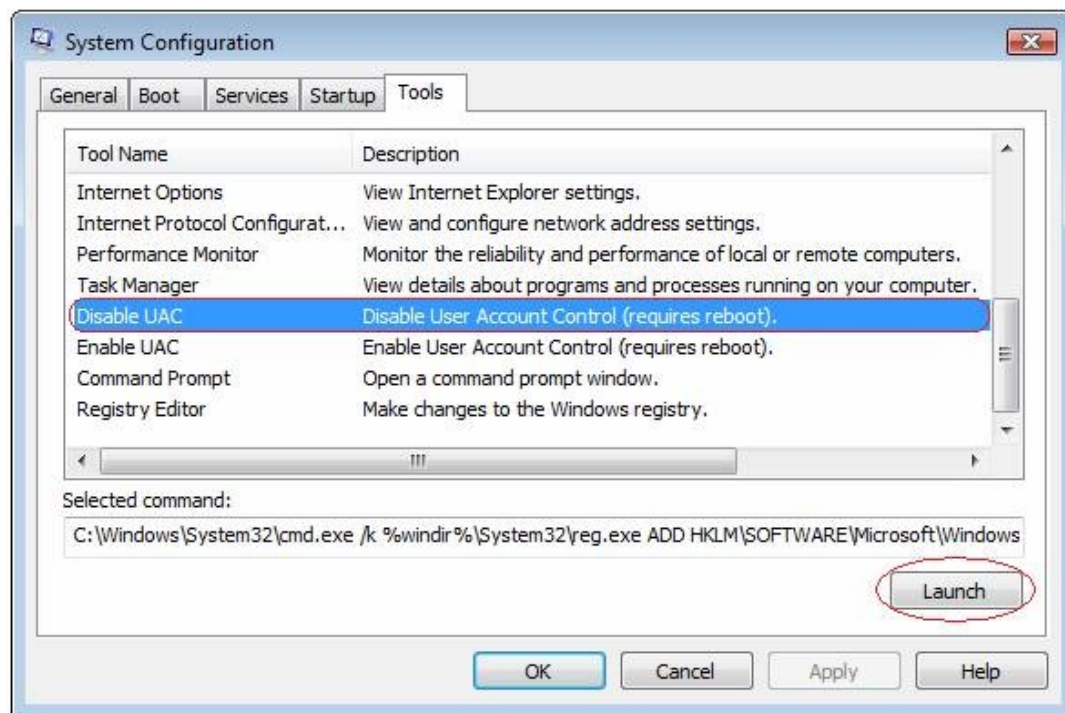
You will see this screen:



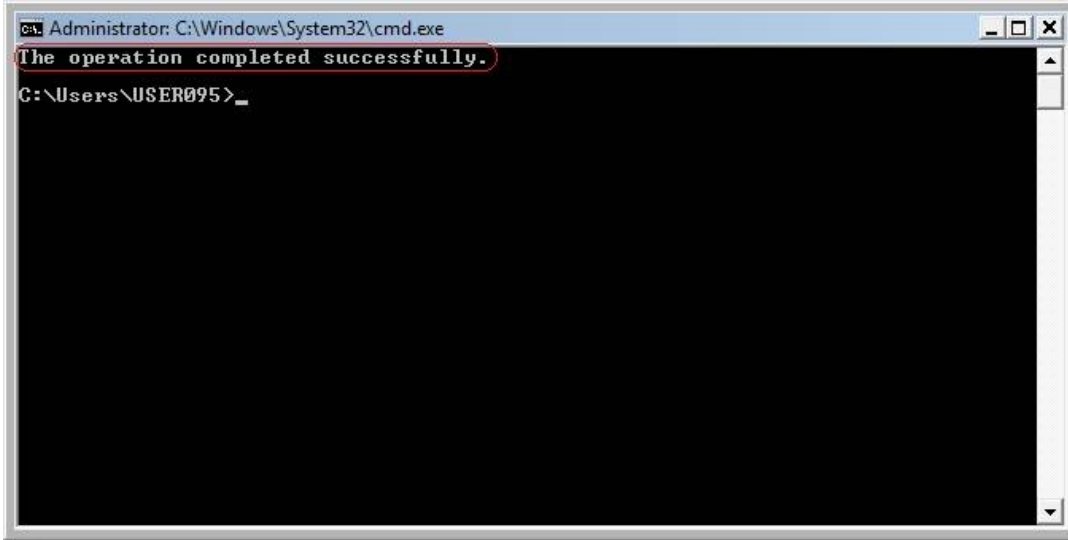
2. Click on the **tools** tab

Scroll down until you see **Disable UAC**

Click on this line.



3. Press the **Launch** button
4. You will see a window open. When it is finished, close the window.



5. Close the MSCONFIG window.
6. You will probably need to reset your computer in order for this change to take effect.

Note: If you already installed the Stratford program and you got 'OLE' errors, don't worry, Just delete 3 directories:

C:\Stratford\ssiwino, 1, 2.

Do not delete any other directories - if you do, you could delete your valuable data.

Now reinstall the program. It is easy, just click on this file:

C:\temp\ssi\setup.exe

Microsoft thinks you should have UAC active. They say it makes the operating system more secure. If you believe Microsoft, you should turn the UAC back on after you install a program like Stratford. You have to decide for yourself. We cannot advise you. We have no idea what UAC does - other than preventing you from installing programs. Regardless of what you decide about UAC, we recommend you get a good security program like those from Avast. Avast knows how to help you with security.

We would appreciate hearing from you if the procedure above does not work or if you had to do any additional steps.

You don't need to read the next section unless you are a 'techy type person' and want to play around with your computer.

Let's say you have administrator privileges on your computer and you think you should be able to install programs but you don't want anyone else to be able to do 'secret' stuff like installing programs. You can turn off the UAC 'security stuff' just for you, the administrator. Here is how:

1. Open the control panel

2. click on 'user account and family settings'. Then click on 'Add or remove user account' (even though we are not going to add or remove a user account)
3. click on the user account you want to change.
4. click on 'Go to the main user Account page'
5. Under 'Make changes to your user account' click on 'change security settings'
6. In the 'Turn on User Account Control (UAC) to make your computer more secure' click to unselect the 'Use User Account Control (UAC) to help protect your computer'. Click 'ok'
7. Reboot your computer to activate the change.

2.10.1 Setting up a Vista/Win7 network

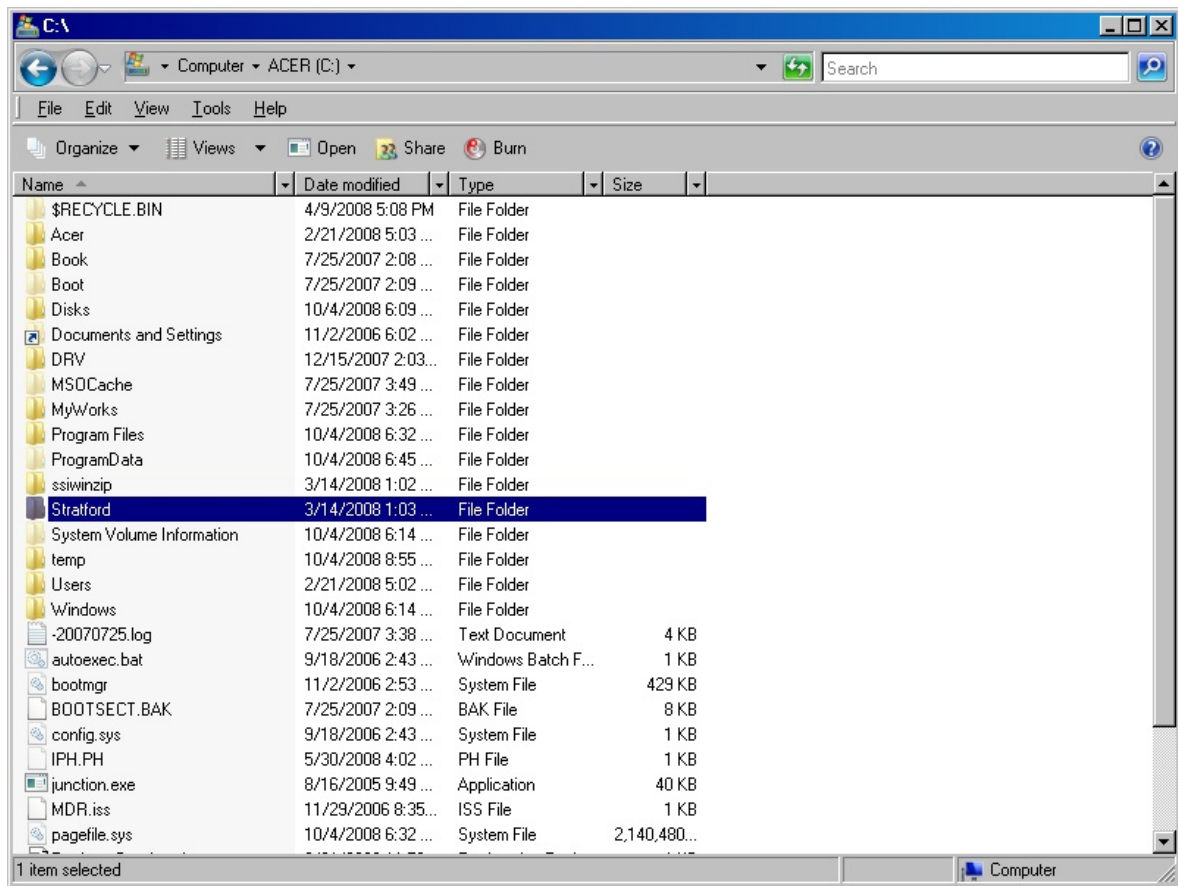
The information below is a supplement to the major topic: Setup for a Network. The information below is specific for the Vista/Win7 windows operating system that was common on computers delivered in 2007 and later. These notes may not be exactly like what you have on your computer as there are many versions of Vista/Win7 and even more 'OEM' versions of those operating systems. We used 2 Acer laptops with Vista Home Premium and 2 Gateway computers.

Use the windows explorer and navigate to the root of your C: drive or the drive where you have installed the Stratford program.

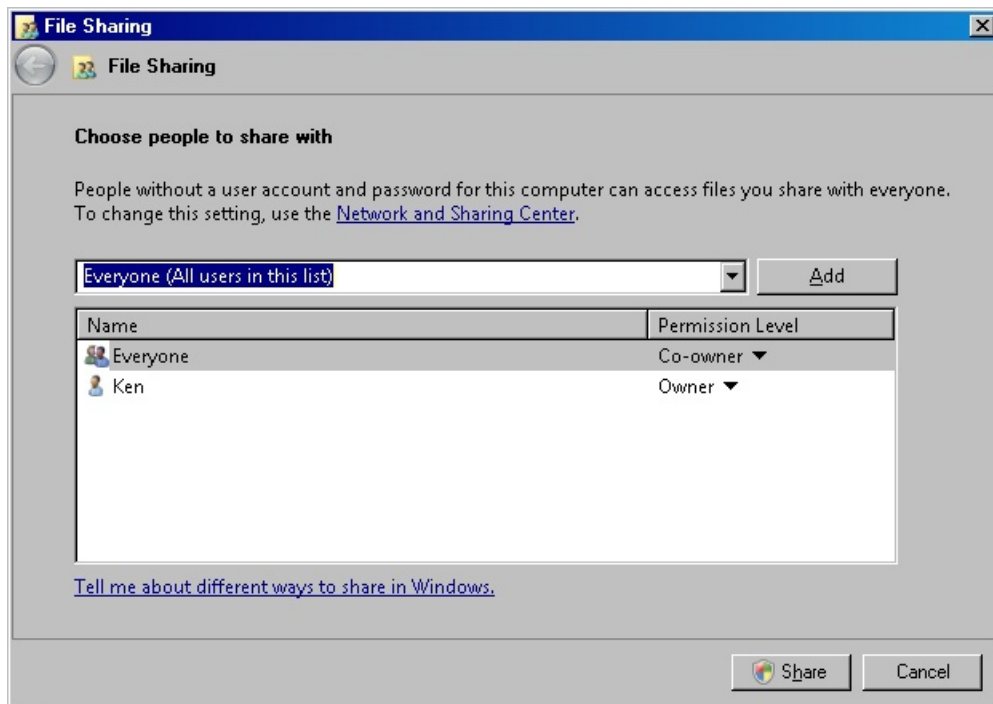
You will share a folder on the 'server' drive so that a networked workstation computer can connect and work with the same data as all other workstations. Below is the preferred method of networking the Stratford program.

***These first few steps are performed on your 'server' computer.
That is the computer that has the Stratford programs and your data.***

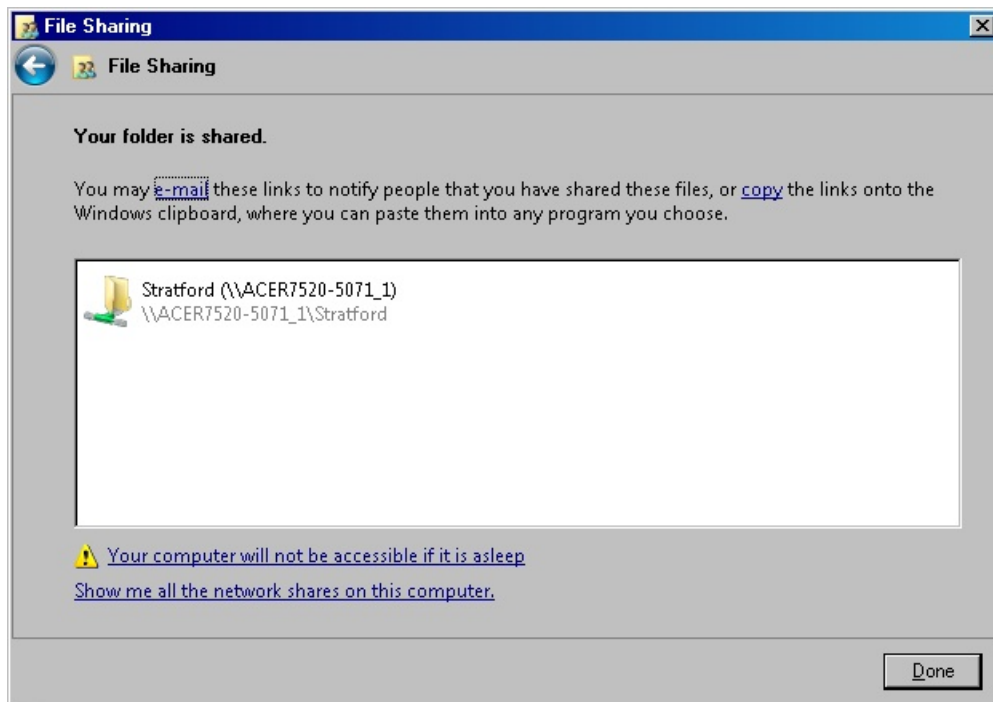
Highlight the 'Stratford' folder. Right-click and select 'Share'



Highlight the 'Everyone' name in the drop-down list. Click the 'Share' button.

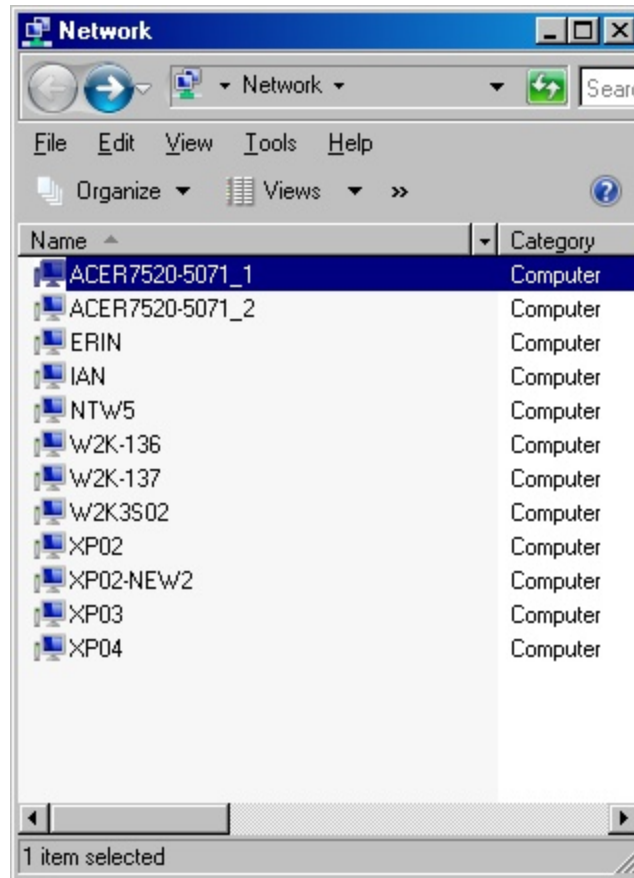


You should see a screen like the one below. Click 'Done'

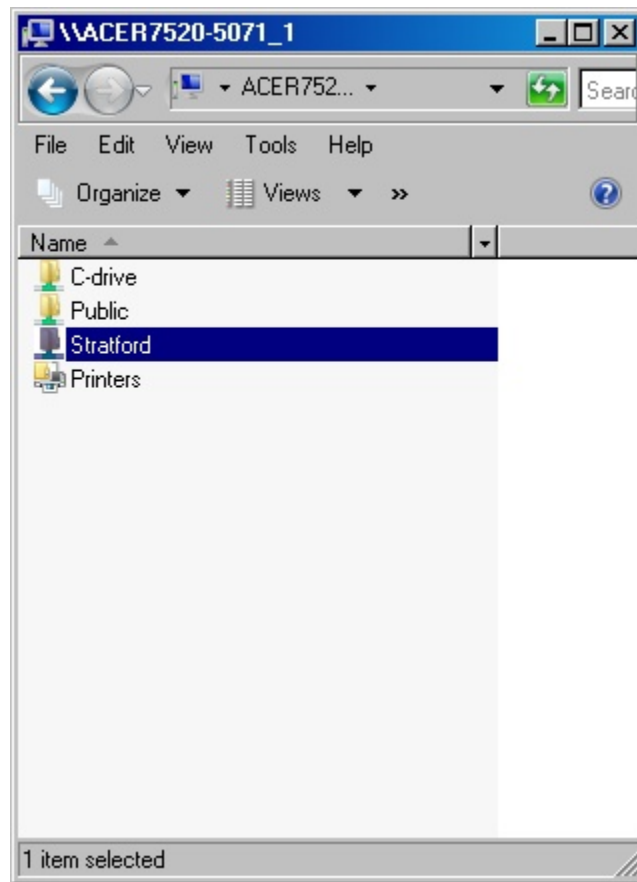


The steps below are performed on each workstation that is connected to the server computer which was configured above.

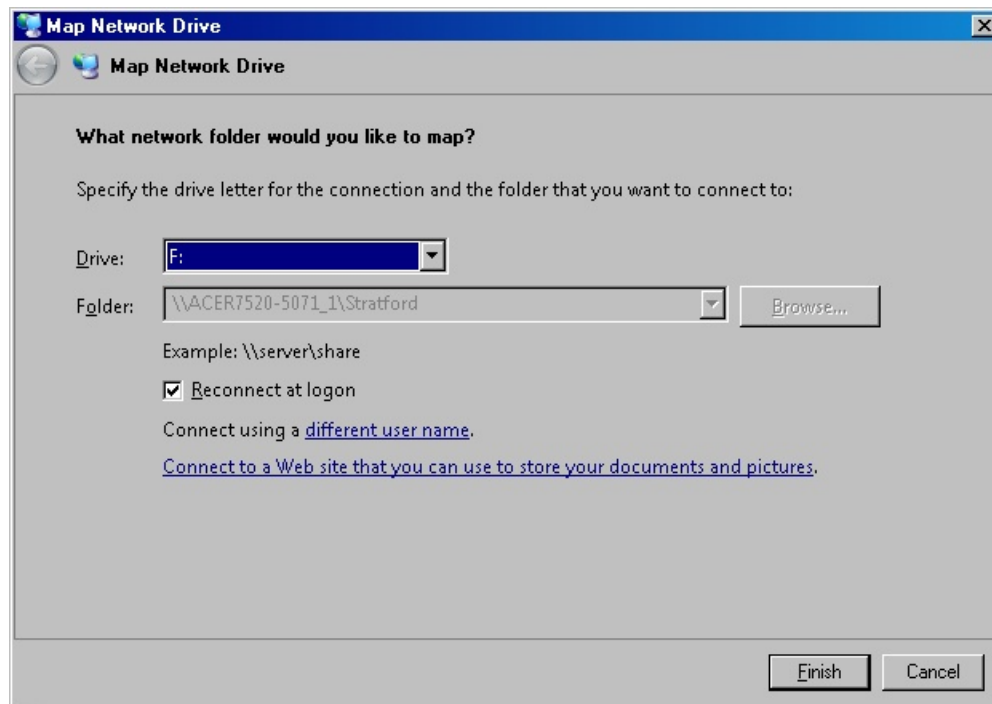
Double-click on the computer name that has the Stratford programs and data (The 'server' computer).



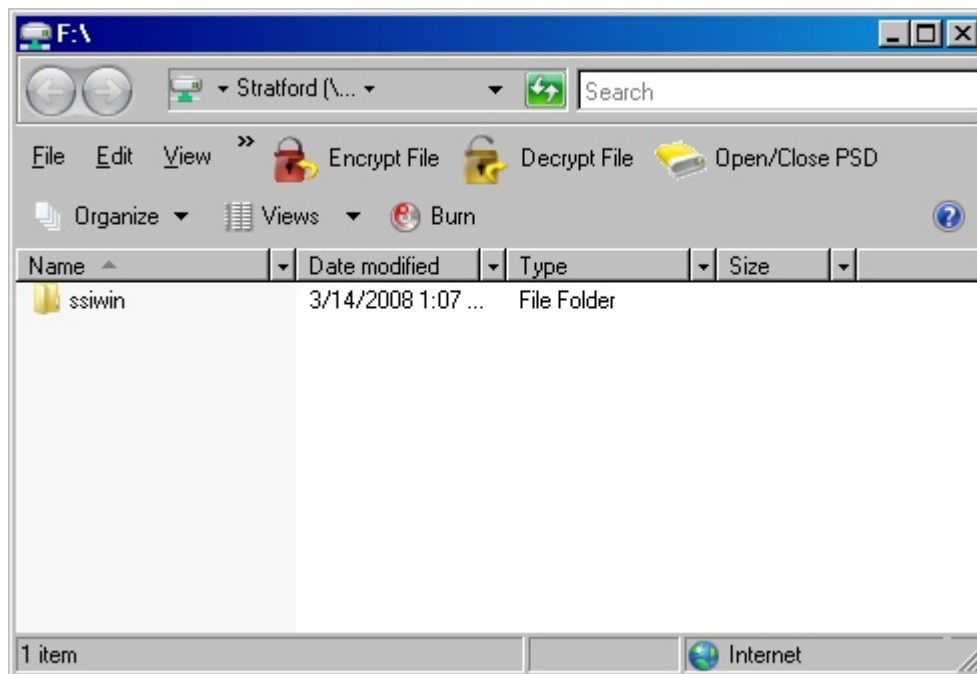
Highlight the shared 'Stratford' folder. Right-click and select 'Map network drive'



Select a drive letter such as 'F:' Your network might be less confusing to support/maintain if the drive letter is the same on all workstations that access the Stratford program on the server computer.



After mapping the shared 'Stratford' folder as F: you should see a screen like this:



Now you can access the main Stratford folder and accounts like this: F:\ssiwins\xxxx where xxxx is the specific folder that has your data. For example, if your Stratford account number is 309999, you would access your data this way: **F:\ssiwins\309999**

You can set up a desktop icon on your workstation manually if you want.

- The 'target' is F:\Stratford\ssiw\0\stratford.exe
- The 'start in' is F:\Stratford\ssiw\0
- The icon file is F:\stratford\ssiw\0\ssiicon.ico

There is a utility that will set it up for you, automatically. Using the Windows explorer, navigate to this utility program: F:\ssiw\0\shortcut.exe. Double-click on this program and you will get a shortcut icon on your desktop like this:



If you get this far, you should be able to click on this icon and start the Stratford program.

Remember that the 1st time you run the Stratford program on a workstation, either a new install or an update, the program will need to register some 'OLE' components on this workstation. The same process will happen on every workstation that runs the Stratford program. The registration process will only work if you have 'Admin' privileges. We do not see any reason for this, but that is the way that Microsoft designed it. We keep hoping that they will do the right thing and get rid of this requirement. After the program is installed, you do not need Admin privileges anymore until the next update.

2.11 Data entry - assigning lookup IDs to names

All names that you enter into the software must have a lookup 'ID'. This includes your patients, providers, insurance payers, referring doctors, subscribers, etc. After the new record is saved,

you do not need to use the ID anymore. You can do your lookup by the name.

When you create a new name record, an ID must be assigned. You have two choices for entering new IDs:

1. Type the ID you want
2. Let the computer assign an ID for you

Automatic assignment of IDs

You can do this by pressing: dot [.] enter in the lookup ID/code field on the lookup name screen. This will bring you to the name Information that is associated with that ID.

Manual assignment of IDs

You can do this by entering an ID in the lookup ID/code field on the lookup name screen. If the software finds a record with that ID, it will display it. If it does not find that ID, it will prompt you whether or not to create a new record with that ID. If you answer yes, this will create a blank record with that ID and take you to the new name screen.

From a Previous System

If you had a different software package before you bought SSI® you may wish to keep using your old IDs. If your old IDs were 9 characters or less (17 for the patient ID), you may continue to use the same ID. If you have Stratford electronically convert your data from your old system to SSI® and the IDs meet the conditions above, you should have the same IDs.

Resetting assignment of IDs

If you want to reset the counter for the next sequential ID, enter the number/pound symbol "#" followed by the last used ID. For example if you want your counter to start with the number 999, you would enter #998. Then the next time you enter "." [ENTER] the next assigned account number will be 999.

If you only enter the single character # (pound sign) the software will look at every record in the file and calculate the next, best account id. If you wanted to, you could always enter # instead of . (dot). Remember that if you have a lot of data, it will slow you down to have the software look at every record in the file every time. We recommend that if you are not happy with the present next ID, you should (1) manually set it (2) use # and have the software calculate the next best ID. After that you should only enter . (dot) for the fastest, next id.

Stratford Software, Inc.
EDI and practice management software

Part



3 Tutorials

Tutorials begin here

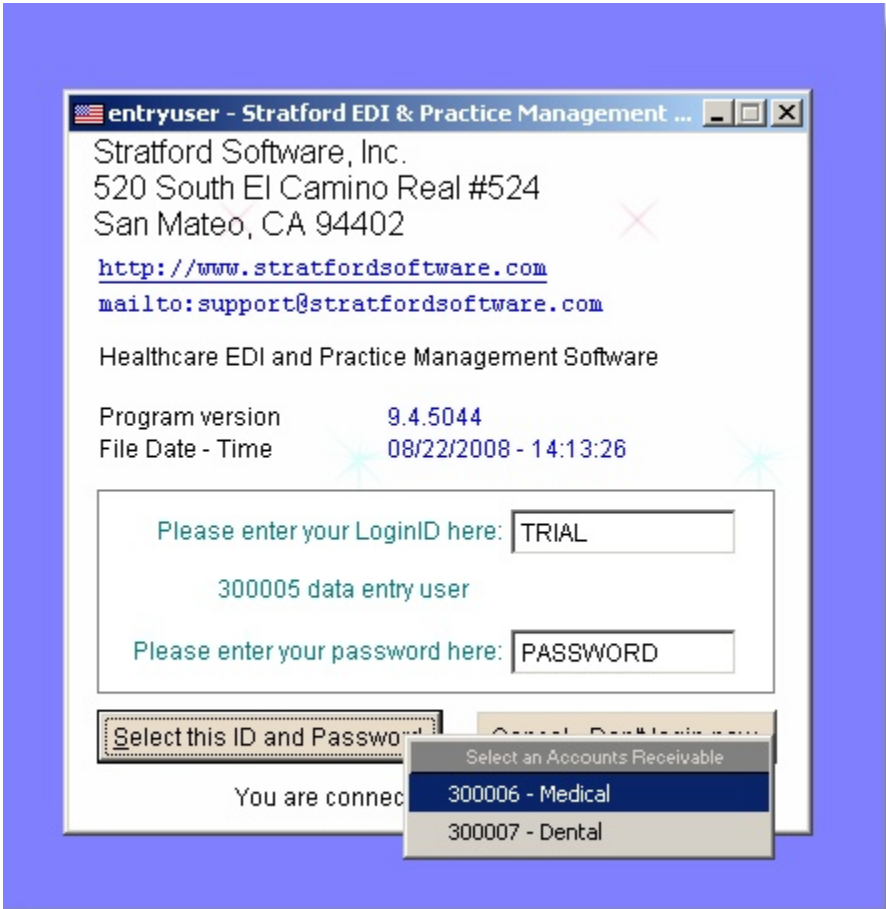
3.1 Medical

Tutorials for the physician/supplier version

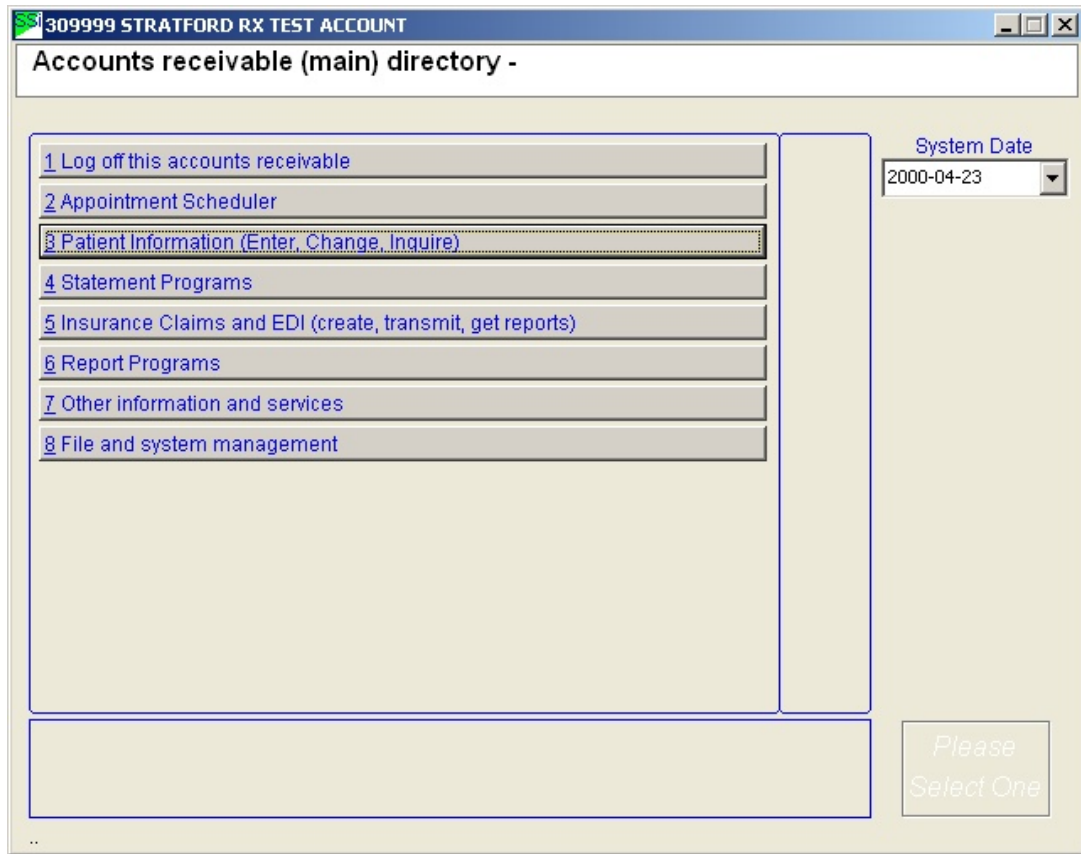
3.1.1 Enter a new patient (Medical)

The first screen (Login Screen) that you see allows you to 'Login' to the system. This is here so that you can password protect your confidential information. Your data is not encrypted, however. A knowledgeable person with the proper software tools can still access your data. The only absolute way to prevent anyone from accessing your information is to keep the hard drive that contains your information in your pocket. While this may not be practical now, it will be in the near future. When you first use the software, you should use the 'trial' account to practice. The user ID and password are already filled in for the trial account so just press the 'Select' button in the lower left corner.

You can also press two keys at the same time: 'ALT' and 'S'. This key combination is indicated by the line under the S in Select. An underlined character indicates that you may use a 'hot-key' combination to access a button.



A small menu will appear. Click on 1 Medical to enter the demo medical account.



You are now in the Main Menu (Physician) screen. Notice the date? It is set to today's date. This date will be used all through the software as a default. So if you are entering transactions for last Friday you can change this date to last Friday's date. You do this by clicking on the date text box. Enter the date that you want mo/dy/year. Do this so you won't have to type it in on the transaction screen.

The first exercise in this tutorial is to enter a patient.

From the main directory (above) Select number '3 Patient information (Enter, Change, Inquire)' You can press the 3rd button with your mouse or the key combination ALT+3.

309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Lookup phone number

Patient Insurance Id Lookup

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
▶ 10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

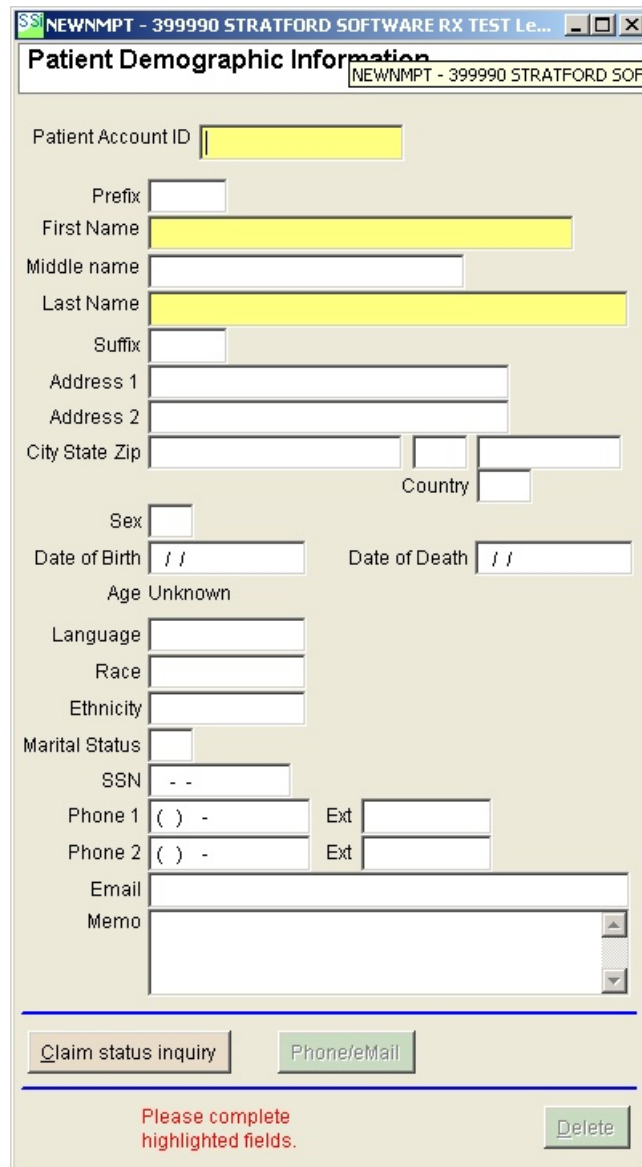
Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior

Next you will see the Lookup Patient Accounts screen that allows you to search for a patient using:

- Patient account ID
- Last name
- First name
- Social Security number
- Phone number
- Patient insurance ID

If you are entering a new patient, from this screen you press the button labeled 'Add New' or the key combination ALT+N to go to the patient entry screen. You may also enter the account ID that you plan to use just to be sure it isn't already in the system. For this tutorial enter '10001' in the text box labeled 'Lookup patient account ID' and press ENTER. You will see a message box that says: 'I cannot find a match for 10001. Would you like to create a new code like this one?' The 'Yes' button is highlighted so you can press the ENTER key to select it. You may also press the 'Yes' button with your mouse or press the key combination ALT+Y.



Patient Demographic Information

Patient Account ID

Prefix

First Name

Middle name

Last Name

Suffix

Address 1

Address 2

City State Zip

Country

Sex

Date of Birth / / Date of Death / /

Age Unknown

Language

Race

Ethnicity

Marital Status

SSN - -

Phone 1 () - Ext

Phone 2 () - Ext

Email

Memo

Please complete highlighted fields.

You are now in the Patient Demographic Information screen. This is the main edit screen that you will use to enter a new patient as well as inquire or change existing patients. Use the TAB key to go from one text box to another. Do not use the ENTER key as it may not allow you to leave an empty text box to go to the next text box. The ENTER key is used to select an item that is highlighted or something you enter in a text box. In order to enter a new patient you must assign an account ID, a first name and a last name. You will notice those boxes are in a

different color. If a field is highlighted then information is required in that field.

You can easily come back to this screen to fill in any missing or incorrect information later. The account ID can be almost anything you can imagine including all alpha and numeric characters as well as spaces and some punctuation characters. For the account ID we will use '10001'. For the last name enter 'LAST NAME' and for the first name enter 'FIRST NAME'. Enter whatever you want in the other text boxes.

Note: if you already have a patient in the system with most information correct for this new patient, you can enter that existing patient's ID in the 'First Name' text box and all the information from that existing patient record will be pulled in. This can save you from having to enter the address and phone, etc. If the first name is different (and/or any other information) just change it before pressing the save button.

NEWNMPT - 399990 STRATFORD SOFTWARE RX TEST Le...
Patient Demographic Information NEWNMPT - 399990 STRATFORD

Patient Account ID 4658798

Prefix

First Name ERMA

Middle name

Last Name TEMPLE

Suffix

Address 1 123 LINCOLN RD

Address 2

City State Zip INDIANAPOLIS IN 46202

Country US

Sex F

Date of Birth 09/09/1979 Date of Death / /

Age 31Y 8M 4W 2D

Language

Race

Ethnicity

Marital Status

SSN 465-87-9800

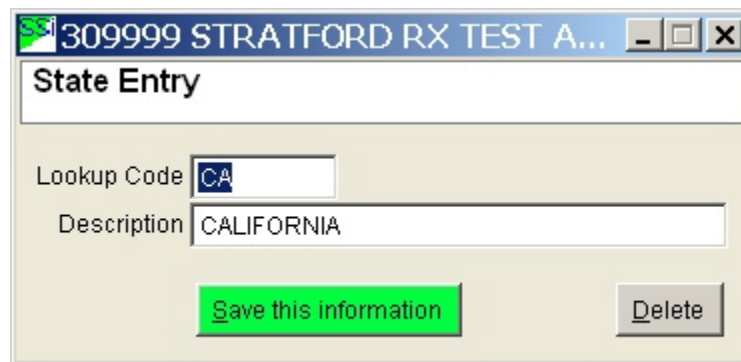
Phone 1 () - Ext

Phone 2 () - Ext

Email

Memo Surescripts test account

- If you enter a state code that is not in the system, this will bring you to the Lookup State Codes screen. If the state code you wanted is not already entered, press 'Add New' button. This will bring up the State Entry. Fill in all the information and click on the 'Save' button. Now click on the 'Select' button to select the state you entered.



309999 STRATFORD RX TEST A...

State Entry

Lookup Code CA

Description CALIFORNIA

Save this information Delete

- If you enter a new zip code, this will bring you to the Lookup Zip Codes screen. Since the zip code you wanted is not already entered, press 'Add New' button or the TAB key.

If you pressed the TAB key, a question box appears and asks you "I cannot find a match for ... Would you like to create a new code like this one. Now Select "Yes".

This will bring up the Zip Code Entry.

The screenshot shows a window titled "309999 STRATFORD RX TES..." with a "Zip Code Entry" dialog box. The dialog box contains the following fields and values:

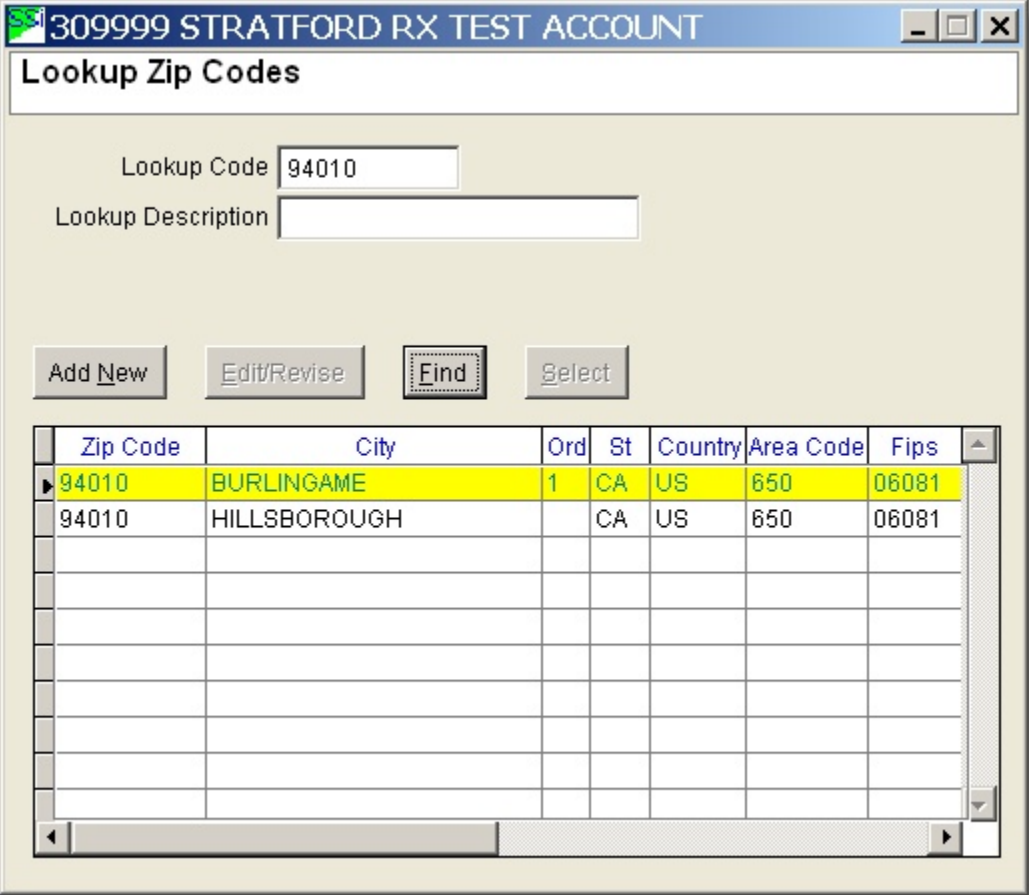
Zip Code	94010
City	BURLINGAME
State	CA
Country	US
<hr/>	
Default Area Code	650
County	SAN MATEO
Preferred Order for Code?	1
TimeZone	PST
Daylight Savings Time?	Y
City code type	D
Zip code type	S
MSA	73
GMT offset	-8
Latitude	37.570237
Longitude	-122.36034

At the bottom of the dialog box, there are two buttons: "Save this information" (highlighted in green) and "Delete".

Fill in all the information. The screen above is what you would find for the Main Stratford support group location.

1. Preferred Order for Code? - this is for the case where there are more than one city assigned to a single zip code. When you enter a zip code, the system will automatically do a lookup and if the city text box is empty, it will automatically be filled in by the city you enter in this screen.
2. County is for the county (or parish) name.
3. Default Area Code: enter the area code you want most often with this zip code.
4. Time zone. For the US, use EST, CST, MST and PST
5. Daylight Savings Time. Enter Y or N.

To finish and save your entries click on the 'Save' button. You are now back in the Lookup Zip Codes screen. The zip code you entered is already highlighted so just press the 'Select' button with your mouse or the key combination ALT+S.



309999 STRATFORD RX TEST ACCOUNT

Lookup Zip Codes

Lookup Code

Lookup Description

Zip Code	City	Ord	St	Country	Area Code	Fips
▶ 94010	BURLINGAME	1	CA	US	650	06081
94010	HILLSBOROUGH		CA	US	650	06081

When you are back in the Patient Demographic Information screen. Finish entering the information and press the 'Save' button with your mouse or the key combination ALT+S.

You are now back in the Lookup Patient Accounts screen This time you can see the patient you entered.

309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
4658798	TEMPLE	ERMA		123 Lincoln F		INDIANAPOLI	IN	46202
10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior

Since we need to enter more information about this patient, press the 'Select' button.

Because this is a new patient, you have not yet entered any financial information. This time the system knows that you must enter at least one financial class so you will see the Patient Billing Information screen before you see the Lookup Billing Accounts for this Patient screen. In the text box labeled 'Patient's financial class' put the single letter 'M' for Medicare and press TAB to go to the next text box. Since you do not have a financial class with a lookup code 'M' in the system, the software 'thinks' you made a mistake or you want to enter a new financial class. You will immediately see the Lookup Financial Class screen.

Financial Class Lookup Code	M
Financial Class Description	MEDICARE
Default class behavior	4 Medicare
Billing Cycle	1 Normal
Default to Open-Item Posting	1 Yes
Show the Write-Off Calculation Window	2 No write off window
Default to 'Accept Assignment'	1 Yes
Default to 'Allow Dunning messages'	1 Yes
Default Payer Form Lookup Code	564

Save this information

This screen allows you to build a financial class record that can be used over and over. Since this is for a financial class that you will use for billing Medicare for many patients, you will want to enter information that can be used for most Medicare patients. You can always change the financial class information for any specific patient in the patient's billing information screen. Again, the 'M' has already been entered in the financial class lookup code text box so just press TAB to move to the next text box. Enter Medicare for the financial class description. The software already knows a lot about Medicare and so it will fill in the blanks correctly for most providers. You can change any information if you wish. When you are finished press the 'Save' button.

Now you are back in Lookup Financial Class the screen. Now you see the Medicare financial class in the grid and it is already selected for you. Press the 'Select' button.

309999 STRATFORD RX TEST ACCOUNT

Patient Billing Information

Account Identifier	4658798	Class	MEDICARE
Name	ERMA	TEMPLE	
Balance	\$308.99		
Patient's financial class	M	MEDICARE	
Class behavior	4	Medicare	
Billing cycle	1	Normal	
Open item posting	1	Yes	
Show write-off calculation window	1	Yes	
Accept assignment	1	Yes	
Dunning	1	Yes	
Form type	564	Medicare	

Press the 'Save' button.

You are now in the Lookup Billing Accounts for this Patient screen. This lists all the billing accounts you have setup for the patient. In this case, you only have one: Medicare.

309999 STRATFORD RX TEST ACCOUNT

Lookup Billing Accounts For This Patient

Account Identifier: 4658798

Name: ERMA TEMPLE

Buttons: Add a New billing account, Edit/Revise this account, Select

Code	Description	Balance	BillCycle	OpenItem	Behavior
M	MEDICARE		Normal	Yes	Medicare

Press the 'Select' button.

This takes you to the main Patient Account Information screen. Here you see the patient demographics as well as the information in the billing record. There are other optional fields that you can use.

309999 STRATFORD RX TEST ACCOUNT

Patient Account Information

Name	First: ERMA	MI:	Last: TEMPLE	Sex:	F	DOB:	03/09/1957	Age:	50Y 5M 1W 5D	Marital:	4 Divorced	SSN:	333-44-5555	Country:	US	Guarantor:	Self
Address1:	123 Lincoln Rd																
Address2:																	
City/State/Zip:	INDIANAPOLIS		IN	46202-													
Phone 1:	(444) 986-0333	Ext:		Patient Account ID:	4658798												
Phone 2:	() -	Ext:		Financial Class:	MEDICARE												
Last Payment:	/ /			Last Statement:	/ /												

Notes

Othrinfo:

SOMETHING:

SOMETHING:

SOMETHING:

MEDICAL RECORDS:

MEDICATION:

VISIT:

COLLECTION:

Miscellaneous

Billing Cycle:

Open Item: Yes

Dunning: Yes

Balance:

1 Transactions

2 Insurance

3 Another Patient

4 Demand Forms

5 Appointments

6 Medical Record

7 Prescription

8 Recalls

9 Credit Card

Save

This completes the patient entry with one billing information record. You can have as many billing information records as you wish. For example a patient may be a private pay patient while employed and then qualify for Medicaid when not working. Since the billing procedures for a private patient are different from a Medicaid patient, the best way to manage this is to enter two billing information records for the patient. This will allow the software to handle things differently when necessary with little or no assistance from you.

The next patient may be much easier to enter. If that patient lives in same city and zip code and is a Medicare billing type, you will not see the screens for building the zip code and financial class records.

From the main Patient Account Information screen you can do your daily entry for all your patients. You can select 1 to enter transactions, 2 to enter insurance or 3 to go to another patient. You can also create demand forms such as statements and insurance forms for this patient. You can also create appointments and an electronic medical record (EHR / EMR, etc).

This will be your main working screen for all patient data entry.

Let's enter an insurance for this patient. Press the '2 Insurance' button. Since you don't yet have an insurance for this patient, you will not see the usual screen. Instead the software will show you the 'Lookup Insurance/payers' forms. To build your first insurance record for this patient, the first thing that you must enter is the Insurance company/Payer. For this patient it will be Medicare. Click on the 'Add New' button to add a new Medicare insurance payer.

399990 STRATFORD SOFTWARE RX TEST

Insurance/payer Entry

Lookup Code

Name

Default class behavior

Default form type

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

NationalPlanID

PPO ID

EDI Code

Contact

ClaimOfficeID

Comment

MediGapID

Memo

NAIC ID

Title XIX

Please complete highlighted fields.

Now you are in the Insurance/Payer Entry screen.

399990 STRATFORD SOFTWARE RX TEST

Insurance/payer Entry

Lookup Code

Name

Default class behavior Medicare

Default form type

Address 1

Address 2

City State Zip

Phone 1 () -

Phone 2 () -

NationalPlanID PPO ID

EDI Code Contact

ClaimOfficeID Comment

MediGapID Memo

NAIC ID

Title XIX

For the lookup code you could use 'M' or 'MC' or 'MCARE' or whatever you wish. We will use 'MC' to avoid any confusion with the financial class (while you are learning). You should know that most people would use 'MC' here because it is easier and the software will not be confused or have any problems knowing what you want. For the payer name type in Medicare. There are other boxes that may or may not need to be entered for your practice. The only text box that you must enter is highlighted in a different color. Here you must enter '4' for 'Medicare class behavior'. The software is programmed to handle 4 types of payers:

- 1 = Private
- 2 = Industrial or workman's compensation
- 3 = Medicaid
- 4 = Medicare

Since you will bill Medicare electronically (You will won't you?, after all, that is Stratford's specialty) you may not be required to fill out the other text boxes. If you send insurance claims on paper, you must fill out the other information.

When you are finished press the 'Save' button.

You are back in the Lookup Insurance, Payers screen. The Medicare payer you entered is already highlighted so press the "Select" button.

You are in the Lookup Form Type screen:

Lookup Code	Description	Form ID	Security	Ask Pt ID?	AskBeg?	AskEnd?
511	Private Pay	511	5	No	No	No
512	Industrial	512	5	No	No	No
513	Medicaid	513	5	No	No	No
564	Medicare	564	5	No	No	No
5canhic	Medicare	5canhic	1	No	No	No

Here you may see some insurance types already entered for you. If you see Medicare, highlight it if necessary with your mouse and press the 'Select' button. If you don't see this form type, you will need to enter it. This trial version should already have Medicare for you.

You are in the Patient Insurance Entry screen:

309999 STRATFORD RX TEST ACCOUNT			
Patient Insurance Entry			
Account Identifier	10002	Class	PRIVATE
Name	JOSEPH		CALVI
Insurance Company Information			
Payer lookup	MEDICARE	ID	MEDICARE
Address 1			Paper Form Type
City St Zip			564
			EDI Form Type
			964
Phone 1	() -		
Subscriber Information			
Subscriber		Relation to patient	18
Address 1			Signature to release info
City St Zip			1
Phone 1	Ph 2	Signature to assign payment	1
Data of birth	/ /	Accept assignment	1
Sex	SSN		
		Id	699012702A
		Group No	
		Grp Name	
		Patient/Member ID	
Employer	ID		
Insurance coverage order	2	Secondary	Active Date
			04/26/2006
Default class behavior	4	Medicare	Inactive Date
			/ /
Edit the EDI Insurance control files		Eligibility inquiry	
		Claim status inquiry	
Save this information			Delete

You will notice that there are some fields highlighted in yellow. These would include the Relation to patient, Signature to release info ... etc. You need to fill out these text boxes with the correct information. For now just enter these values:

- Relation to patient: 1
- Signature to release info: 1
- Signature to assign payment: 1

- Accept assignment: 1
- ID: - enter the patient's Medicare ID#
- Note the 'Patient/Member ID' - this is NOT the subscriber ID. This is an ID that some insurance companies give to each insured member - such as each child in a family (the parent is the subscriber).

These fields are related directly to the CMS 1500 Claim form. If you want more information regarding these fields see Insurance information in this manual.

Click on the 'Save' button to save these information when you are done.

You are now in the Lookup Insurance Coverage for this Patient:

300006 Stratford Trial Account

Lookup Insurance Coverage For This Patient

Account Identifier: 4 Class: MEDICARE

Name: DEB L: MOYEL

Buttons: Add a New insurance for this patient Edit/Revise Select

Order	Lookup Code	Insurance Name	Date Active	Date Inactive
1	4M	MEDICARE	11/19/2004	/ /
2	60054	AETNA	11/19/2004	/ /

Claim Questions (including EDI special information)

You should see the Medicare insurance you entered listed.

Note: Medicare insurance has the 'Order' = 1 so it is primary. Aetna has 'Order' = 2 so it is secondary.

This completes the entry of the first insurance for this patient.

Press Escape to leave this screen and return to the main patient information screen.

You are back in the main Patient Account Information screen.

Let's enter a transaction for this patient. Press the '1 Transaction' button. Since you don't yet have a transaction for this patient, you will not see the usual Lookup Patient Charges, but instead you will be shown the Charge Entry screen:

300006 Stratford Trial Account

Charge Entry

Account Identifier: 4 Class: MEDICARE

Name: DEB L: MOYEL

Balance:

Date	Procedure	Quantity	Description	Amount	POS	Dx 1
11/28/2004				0.00		
	Mod 1					Dx 2
	Mod 2					Dx 3
	Mod 3					Dx 4
	Mod 4					

Charge balance: 0.00

Provider:

Print anywhere?

Print on insurance?

Print on statement?

Optional 'to' date: / /

TOS: g

Research Code:

OTAF: 0.00

Allowed amount: 0.00

Audited? N

EOM Audit? N

User ID: TRIAL

Active Date: 11/28/2004

Printed on Insurance: -----

Printed on Statement: -

Date last ins print: / /

Date last smt print: / /

Please complete highlighted fields.

Delete

The first thing you need to enter a charge. Enter "1" for a charge or press 'TAB' key in the Auto-Transaction lookup code field, which should be the only field highlighted in yellow.

The default date is already entered. This is the date that you put on the main directory screen. You can change it if you want or press 'TAB' to go to the next box.

You must enter a CPT/Procedure code here. After you enter the procedure code press TAB. If the software knows the description of the procedure code you enter, it will automatically fill out the 'Description' text box.

If the software does not know the description of the procedure code you enter you will go to Lookup Procedure Codes screen. You can click on 'Add new' button in the Lookup Procedure Codes screen, to new procedure codes. Fill out the information in the Procedure Code Entry entry screen, and click on the 'Save' button. You should be back at the Lookup Procedure Codes, where you can click on the 'Select' button to select the new code you just entered.

The Modifier (of the CPT/procedure code) is optional. You can enter up to 4 or just press TAB

300006 Stratford Trial Account

Appointment Schedule List Items

This is a header (no Appointments)

Provider Lookup Code

Schedule bar display

Check here to prevent appointments

Display Order Enter a number 1 or greater

Maximum No of Appointments > 1 will allow "double booking"

List Background Color -1 is the default

List Foreground Color -1 is the default

Bar Background Color -1 is the default

Bar Foreground Color -1 is the default

Memo for your use only

All the information should be already be filled in so all you need to do is click on the 'Save this information' button.

You will now be back in the 'Lookup Provider in this Practice' screen. Select the new provider you added.

NEWPTTRNC - 300006 Stratford Trial Account

Payment/adjustment/memo Entry (open-item Posting)

Account Identifier: 4 Class: MEDICARE
 Name: DEB L: MOYEL
 Balance: \$152.00 Accounts Receivable: \$100.00

Selected Charge

Provider	Date	Procedure	Description	Amount	OpenBalance
01	12/22/2004	93000	ELECTROCARDIOGRAM,	100.00	100.00

2

Auto-Transaction lookup code or
 2 = payment
 3 = + Adjustment
 4 = - Adjustment
 5 = print memo
 6 = Nonprint memo

Date: 12/22/2004 Description: Payment Amount: 20.00 Payment

Chk/CreditCard/Cash: 1 Check/ATM/EFT

Source of payment: MEDICARE Order: 1 Primary

CheckNumber: |

Provider: 01

Print anywhere? Y

Print on statement? Y

Print on insurance?

Research Code: |

Audited? N

EOM Audit? N

User ID: TRIAL

Active Date: 12/22/2004

Printed on Insurance: -----

Printed on Statement: -

Date last ins print: / /

Date last smt print: / /

Save this information Delete

In the first field you select the number that corresponds to the type of transaction you wish to make. Then advance through the fields entering the other information. The text box labeled 'Chk/CreditCard/Cash' allows the system to track who paid which charges. This is very important for reporting in the future. For example, if you bill Medicare as a secondary payer, Medicare requires you to report any payments received from the primary payer as well as the amount and other information. The Stratford software is programmed to ask you the appropriate questions.

If this is a check, enter #1 where it says Chk/CreditCard/Cash. This will capture the 'source of payment'. You will see this question:

Stratford

Is this patient's insurance the source of payment?

Yes No

If you answer Yes the next screen will show the insurance payers that you have registered for this patient:

LOOKUPPTIN - 300006 Stratford Trial Account

Lookup Insurance Coverage For This Patient

Account Identifier: 4 Class: MEDICARE

Name: DEB L MOYEL

Buttons: Add a New insurance for this patient, Edit/Revise, Select

Order	Lookup Code	Insurance Name	Date Active	Date Inactive
1	4M	MEDICARE	11/19/2004	/ /
2	60054	AETNA	11/22/2004	/ /

Button: Claim Questions (including EDI special information)

If you select the primary (Medicare) you will go back to the payment entry screen:

NEWPTTRNC - 300006 Stratford Trial Account

Payment/adjustment/memo Entry (open-item Posting)

Account Identifier: 4 Class: MEDICARE

Name: DEB L: MOYEL

Balance: \$152.00 Accounts Receivable: \$100.00

Selected Charge

Provider	Date	Procedure	Description	Amount	OpenBalance
01	12/22/2004	93000	ELECTROCARDIOGRAM,	100.00	100.00

2

Auto-Transaction lookup code or
2 = payment
3 = + Adjustment
4 = - Adjustment
5 = print memo
6 = Nonprint memo

Date: 12/22/2004 Description: Payment Amount: 20.00 Payment

Chk/CreditCard/Cash: 1 Check/ATM/EFT

Source of payment: MEDICARE Order: 1 Primary

CheckNumber: |

Provider: 01

Print anywhere? Y

Print on statement? Y

Print on insurance?

Research Code: |

Audited? N

EOM Audit? N

User ID: TRIAL

Active Date: 12/22/2004

Printed on Insurance: -----

Printed on Statement: -

Date last ins print: / /

Date last smt print: / /

Save this information Delete

If you have enabled the 'EOB' write-off calculation window in the billing account setup for this patient, you will see the following screen after you press the Save button: **(Note: if you do not assign the source of payment to an insurance, you will not see the write-off window)**

SELECTWRITEOFF - 300...

**** Accept Assignment ****

Charges submitted	100.00
Charges approved	
Deductible (Pt owes)	
Insurance should pay	
Net pay (you received)	20.00
OTAF	

Required write off amount	
Other write off amount	
Overpayment	
Patient responsibility	

If this account had Medicare as a secondary payer the screen above would appear differently, see below:

**** Accept Assignment ****

Charges submitted	100.00
Allowed amount	80.00 *
Deductible (Pt owes)	
Insurance should pay	
Net pay (you received)	20.00
OTAF	

Required write off amount	
Other write off amount	
Overpayment	
Patient responsibility	

Note the two fields that you should fill out for MSP (Medicare Secondary Payer) claims: (1) Allowed amount and (2) OTAF (amount you are required to accept as full payment)

If you have the Auto-Writeoff window 'auto-transactions' setup, the " window above will create transactions and post them to the charge/service. For more information regarding the auto-write-off system, how to customize, etc please refer to the tutorial: Setup Write-off window.

After the payment is entered, you will go back to the 'Lookup All Open-item Transactions For This Account'.

The screenshot displays a software window titled "300006 Stratford Trial Account" with a sub-header "Patient Account Information". The form is divided into several sections:

- Name:** First (DEB), MI (L), Last (MOYEL). Sex: F.
- Address:** Address1 (402 MITTNE), Address2 (empty), City St Zip (BURLINGAME, CA, 94010-).
- DOB:** 09/23/1935. Age: 69Y 2M 6D.
- Marital:** 2 Married. SSN: 123-45-6789.
- Phone:** Phone 1 ((650) 231-4578), Ext (empty); Phone 2 ((650) 123-4568), Ext (empty).
- Account Info:** Patient Account ID (4), Financial Class (MEDICARE).
- Guarantor:** DOE, JANE.
- Payment/Statement:** Last Payment (11/28/2004), Last Statement (/ /).
- Notes/Miscellaneous:** Includes fields for "OthrInfo" (SOMETHING), "Billing Cycle" (1), "Open Item" (1 Yes), "Dunning" (1 Yes), and "Balance" (80.00). There are also fields for "MEDICAL RECORDS", "MEDICATION", "VISIT", and "COLLECTION".
- Navigation:** A vertical list of buttons on the right: 1 Transactions (highlighted), 2 Insurance, 3 Another Patient, 4 Demand Forms, 5 Appointments, 6 Medical Record, 7 Recalls, 8 Credit Card, and Save and Exit.

This completes the entry of some transactions for this patient.

3.1.2 Creating Appointments (Medical)

We are assuming here that you have already gone through the "Enter a New Patient" tutorial. If you have not gone through the "Enter a New Patient" tutorial, please go through that tutorial before continuing on this one.

There are two primary ways to enter the Appointment Scheduler. Select number 2 from the main directory or press the appointment button in the main Patient Information screen.

The appointment schedule screens are larger than most of the billing screens. We recommend a minimum resolution of 1024 X 768 so that you are not required to 'scroll' to see all the screen.

If you select number 2 from the main directory, you will go immediately to the scheduler and you will see today's schedule by default.

We assume you entered a new patient and a charge for that patient. This means you will already have a provider in the system.
From the Patient Account Information screen.

300006 Stratford Trial Account

Patient Account Information

Name: First (FIRSTNAME), MI, Last (LASTNAME) | Sex: [] | DOB: [/ /] | Age: unknown | Marital: [] | SSN: [- -]

Address1: [] | Address2: [] | City St Zip: [] [] [-]

Phone 1: () - [] Ext: [] | Phone 2: () - [] Ext: []

Patient Account ID: 10001 | Financial Class: MEDICARE

Guarantor: Self

Last Payment: 08/24/2003 | Last Statement: 08/24/2003

Notes | **Miscellaneous**

OthrInfo: [] | SOMETHING: [] | SOMETHING: [] | SOMETHING: []

VL RECORDS: [] | MEDICATION: [] | VISIT: [] | COLLECTION: []

Billing Cycle: 1 | Open Item: 1 Yes | Dunning: 2 No | Balance: 0.00

1 Transactions | 2 Insurance | 3 Another Patient | 4 Demand Forms | 5 Appointments | 6 Progress Notes | 7 Recalls | 8 Credit Card | Save and Exit

Press 5 Appointments

You are in the Appointment Entry screen. The patient information is already there because you came from the patient information screen. You must enter a Provider for this appointment. In our example from the "Enter a New Patient" tutorial, we added a provider 10001. So enter 10001 in the provider text box.

The screenshot shows a software window titled "300006 Stratford Trial Account" with the main heading "Appointment Entry". The form includes the following fields and controls:

- Account Identifier: 10001
- Name: FIRSTNAME and LASTNAME
- Beginning: Date (8/25/2003) and Time (08:41:00 AM)
- Ending: Date (08/25/2003) and Time (09:23:00 AM)
- Provider: 01 and DRLASTNAME, DRFIRSTNAM
- Special schedule style: (empty field)
- Appointment Notes: (large text area)
- Save this appointment: (button)

An appointment is already setup for today at 8:15. This is OK if the patient just walked in the door and it is 8:15. More than likely it is not, so here are some hints to make any necessary changes:

Date: Highlight the month, day or year. Now you can use the up and down arrows on your keyboard to make quick, small changes. If you press the down-arrow button next to the date field, a calendar will appear so you can select the day from any month and/or year. This is exactly the same feature when you try to change the beginning and ending dates when you demand an insurance claim. (see Creating Insurance Claims Tutorial).

300006 Stratford Trial Account

Appointment Entry

Account Identifier: 10001

Name: FIRSTNAME LASTNAME

Beginning Date: 8/25/2003

Ending Date: 08/25/2003

Time: 23:00 AM

Provider: 01

DRLASTNAME, DRFIRSTNAM

Leave blank for default appearance

Appoint

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Today: 8/25/2003

Give this appointment

Time: Highlight the hour or minute then use the up and down arrows on your keyboard to make quick, small changes or you can type in the number you wish. There are buttons next to the time that allow you to adjust the time with your mouse. The scheduler will ignore the seconds.

300006 Stratford Trial Account

Appointment Entry

Account Identifier

Name

Beginning
Date
Time

Ending
Date
Time

Provider

Special schedule style Leave blank for default appearance

Appointment Notes

Provider: The scheduler will not accept an appointment without a provider. If you enter a provider lookup code and that provider code is not setup for appointments, you will be shown the Lookup Providers in this Practice screen.

- Be sure to choose "Yes" when asked "Do you want to add this provider to the schedule now", when you decide to add a new provider. This will lead you to the screen specifically designed to create a place on the schedule display for this provider.

Note: For the Appointment Notes, you have more room to write than you see on your screen. A new screen will appear if you need extra room to enter more text. Enter anything you wish. This memo like all text boxes is linked to the Windows clipboard so you can copy information from other Windows programs and paste it here.

Press 'Save' on this form and you will go to the Lookup Appointments screen. This shows all the appointments for this patient.

300006 Stratford Trial Account

Lookup Appointments

Account Identifier: 10001

Name: FIRSTNAME LASTNAME

Buttons: Add New, Edit/Revise, Select

Begin Date	Begin Time	End Date	End Time	Provider	Memo
08/25/2003	08:41:00	08/25/2003	09:23:00	01	

You have completed the entry of the first appointment.

We will now assume that you are in the Main Menu (Physician) screen. Select 2 Appointment Scheduler This shows you the Appointment Scheduler for all patients in one graphic display.

300006 Stratford Trial Account

Appointment Scheduler

ID 10001 Name FIRSTNAME LASTNAME Phone 1 () - Ext Phone 2 () - Ext

Aug 2003

Sat	Sun	Mon	Tue	Wed	Thu	Fri
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Monday, August 25/2003

8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00
DRLASTNAME,...								

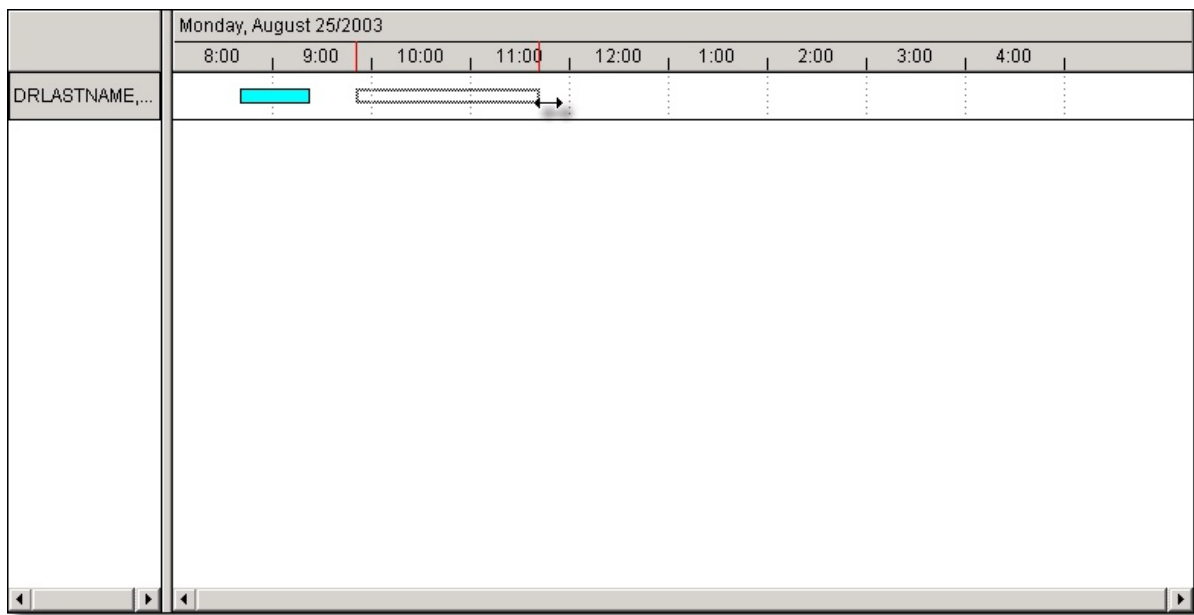
Begin 08/25/2003
End 08/25/2003
System 08/25/2003

Show One Year << Default >> Search / Add Patient Print Schedule

If you went through the first part of this tutorial, adding appointments from the Patient Account Information screen, you will notice a cyan bar on the scheduler. This bar represents the appointment you added from the Patient Account Information screen.

Warning!: This is the step that may cause you problems if you do it before entering a patient and a charge. You need to setup a provider to complete this part. If you don't have a provider setup go through the "Enter a New Patient" tutorial.

To add an appointment simply click and hold down the left mouse button on or near the starting time and drag the cursor to the ending time. For our example you click and hold down the left mouse button near 9:30 and drag it near 11:30.



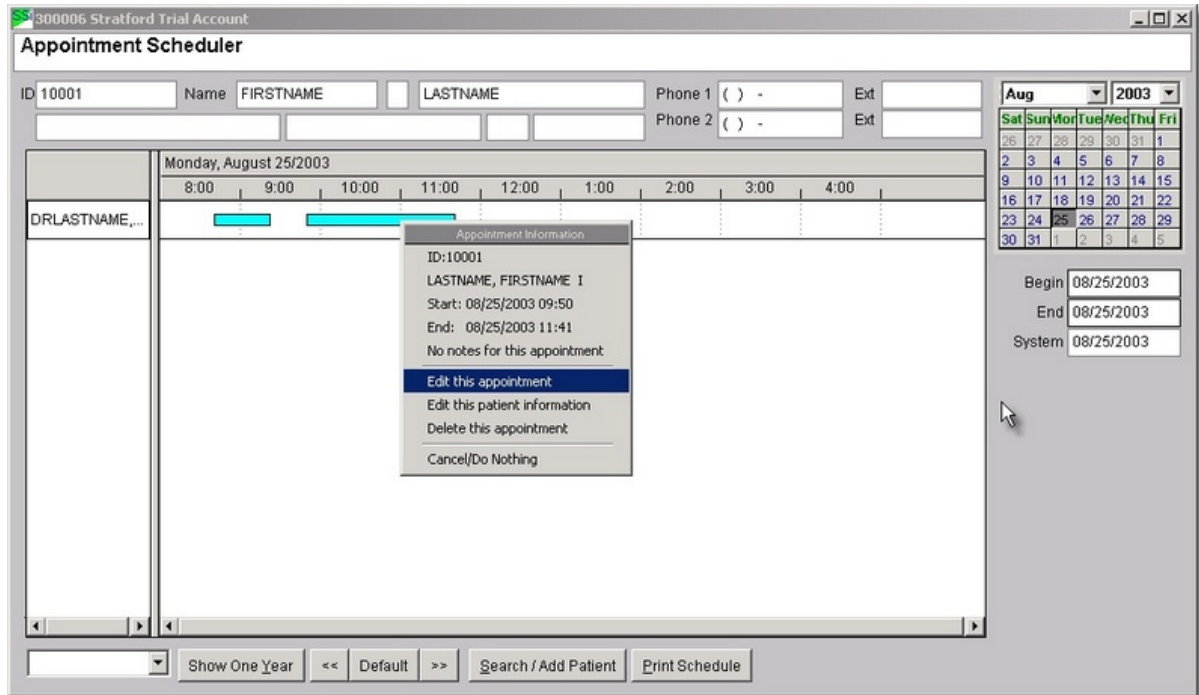
Once you let go of the left mouse button you will get the Schedule Appointment Entry screen:

Now you can select a patient by clicking on the "Patient" button. Select a patient and click on "Save this information". You should immediately noticed a new display bar in the Appointment Scheduler .

Note: You do not have to select a patient in order to enter an appointment. For example you

want to schedule a time for lunch. You can simply just type "Lunch" in the Appointment Description. box.

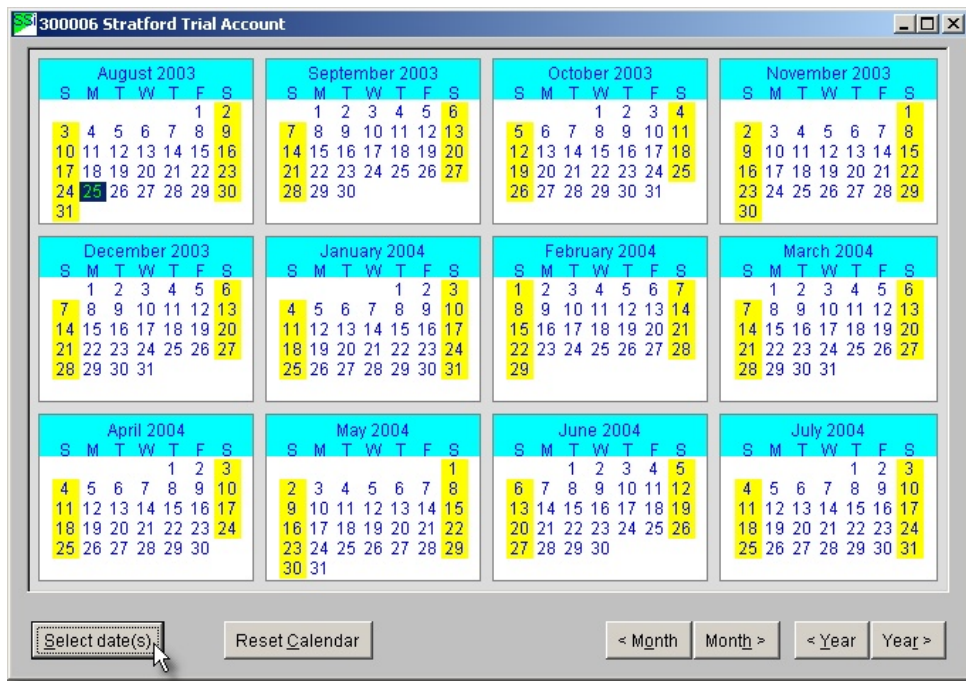
You can edit this new appointment by right-clicking on the new bar. A menu will appear where you can edit/delete the appointment or the modify the patient's information.



You can move the appointment bar by holding down the left click mouse button on the appointment bar and moving the mouse up, down, left or right. Once you release the left mouse button the appointment will stay at the new location.

You can change the appointment display dates by :

- Changing the beginning and/or ending dates
- Clicking a different date on the calendar at the right hand part of the screen.
- Click on the 'Show One Year' button and a display will appear with all of the dates for the next 12 months beginning with the current month. To select a date click on it and then click the "Select Date(s)" button and the appointment scheduler for the new date will appear.



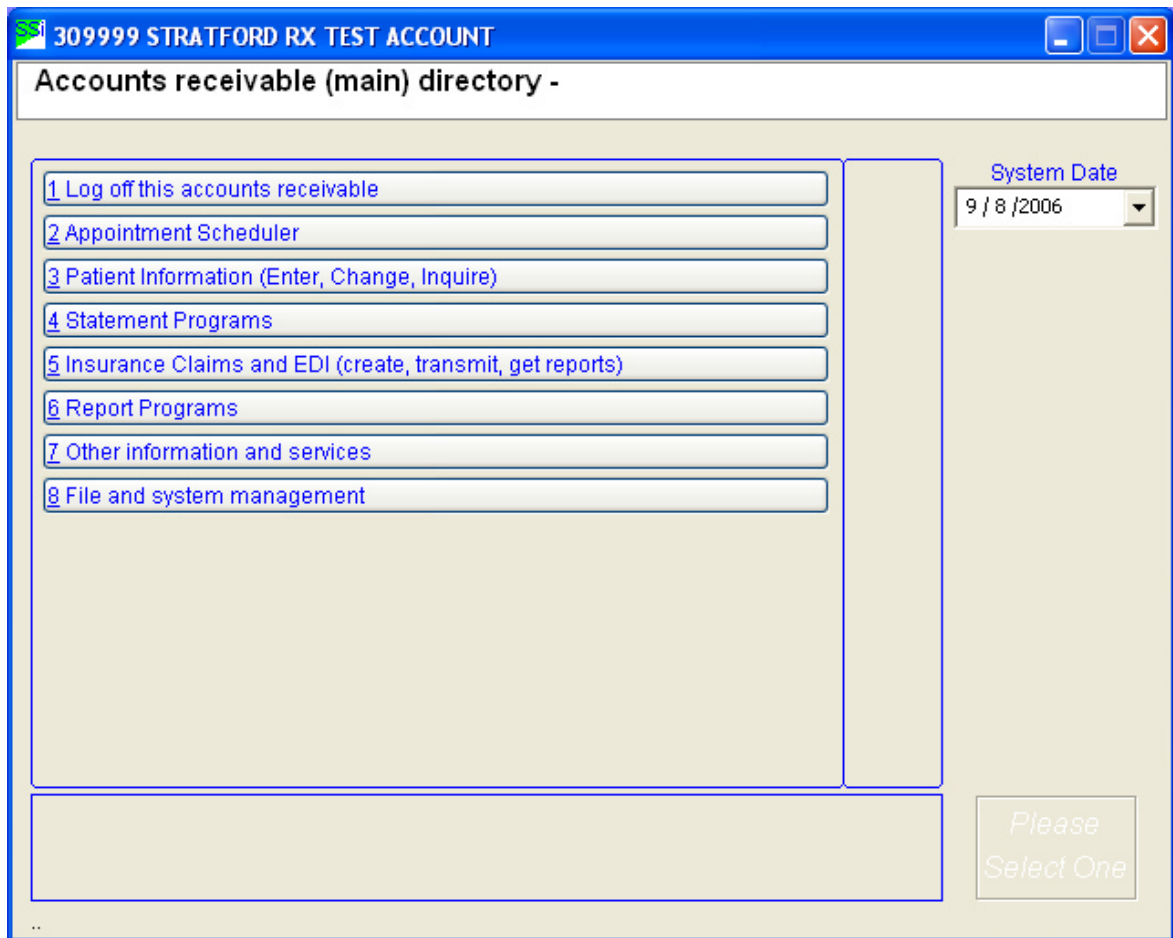
This scheduler is an important tool that may take some time to become familiar with all of its functions. Other features that you can do that will not be covered in this tutorial are:

- Creating an appointment and repeat copies of it until a certain date by setting the repeat box in the Schedule Appointment Entry form.
- Adding different items other than a provider by right clicking on the list of providers on the right on the Appointment Scheduler
- Changing the color of the appointment bar on the Appointment Scheduler by creating a new "Style" in the Schedule Appointment Entry screen.

3.1.3 Demanding Insurance (Medical)

We are assuming here that you have already gone through the "Enter a New Patient" tutorial. Please go through that tutorial before continuing on this one.

From the Main Menu (Physician) directory select number 3 Patient information (Enter, Change, Inquire). You can press the 3rd button with your mouse or enter the key combination ALT+3.



Next you will see the Lookup Patient Accounts screen that allows you to search for a patient using the account number (ID), last name, first name and/or social security number. For this tutorial enter '10001' in the text box labeled 'Lookup patient account ID' and press ENTER. You should see the patient appearing in the grid below. Click on the Patient in the grid then click on the 'Select' button to select this patient.

LOOKUPNMPT - 309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Lookup phone number

Patient Insurance Id Lookup

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
▶ 10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior
▶ 04	MEDICARE	490.28	Normal	Yes	Medicare

You are now in the Lookup Billing Accounts for this Patient screen.

Note: This step could be skipped if you double-click on the financial class (04 MEDICARE) in the lower grid of the picture above. You would go directly to the Patient Account Information screen.

309999 STRATFORD RX TEST ACCOUNT

Lookup Billing Accounts For This Patient

Account Identifier: 10001

Name: KATIE WILDER

Buttons: Add a New billing account, Edit/Revise this account, Select

Code	Description	Balance	BillCycle	OpenItem	Behavior
04	MEDICARE	490.28	Normal	Yes	Medicare

This lists all the billing accounts you have setup for the patient. You should see the: "MEDICARE" billing information appearing in the form's grid. Click on the "MEDICARE" billing information in the grid then click the 'Select' button. This takes you to the main Patient Account Information screen.

309999 STRATFORD RX TEST ACCOUNT

Patient Account Information

Name	First: KATIE	MI:	Last: WILDER	Sex:	F	DOB:	03/05/1933	Age:	73Y 6M 4D	Marital:		SSN:	699-06-1704	Country:	US	Guarantor:	Self
Address1	100 BLACKROCK ROAD																
Address2																	
City/State/Zip	BRIDGEPORT			CT	06605-												
Phone 1	() -	Ext:	Patient Account ID		10001												
Phone 2	() -	Ext:	Financial Class		MEDICARE												
Last Payment	05/04/2006		Last Statement	/ /		\$400.00 is > 210 days past due											

Notes

Miscellaneous

Billing Cycle: 1

Open Item: 1 Yes

Dunning: 1 Yes

Balance: 606.31

1 Transactions

2 Insurance

3 Another Patient

4 Demand Forms

5 Appointments

6 Medication

7 Prescriptions

8 Recalls

9 Credit

10 Exit

Form Selections

1 Demand Statements

2 Demand Insurance

3 Select Insurance

4 Eligibility

5 Select Reports

6 Label

7 Superbill

8 Custom

Cancel

Let's demand an insurance for this patient. Press the '4 Demand Forms' button. You will get a menu with the following selections:

- 1 Demand Statements
- 2 Demand Insurance
- 3 Select Insurance
- 4 Eligibility
- 5 Select Reports
- 6 Label
- 7 Super bill
- 8 Custom

Click on "2 Demand Insurance".

309999 STRATFORD RX TEST ACCOUNT

Patient Account Information

Name: First: KATIE, MI: , Last: WILDER
 Sex: F
 Address1: 100 BLACKROCK ROAD
 Address2:
 City/State/Zip: BRIDGEPORT CT 06605-
 Country: US
 DOB: 03/05/1933
 Age: 73Y 6M 4D
 Marital:
 SSN: 699-06-1704
 Patient Account ID: 10001
 Financial Class: MEDICARE
 Last Payment: 05/04/2006
 Last Statement: / /
\$400.00 is > 210 days past due

Notes:
 Miscellaneous: Billing Cycle: 1
 Open Item: 1 Yes
 Dunning: 1 Yes
 Balance: 606.31

Insurance:
 MEDICARE
 Cancel/Quit

1 Transactions
 2 Insurance
 3 Another Patient
 4 Demand Forms
 5 Appointments
 6 Medical Record
 7 Prescription
 8 Recalls
 9 Credit Card
 Save

Now another pop-up menu will appear that shows this patient's insurance. See the "MEDICARE" selection on this menu in the example above.

Click on the "MEDICARE" selection. The Patient Account Information screen will disappear and a screen will pop up with two fields: (the actual dates may vary)

309999 STRATFORD ...

Beginning Date: 05/10/2006
 Ending Date: 05/10/2006
 Select these dates

These dates are used to determine which transaction(s) you want to appear on the insurance claim. Remember the date in the Charge Entry screen next to the Procedure code field. This is the date of the transaction that will be used for demanding.

In the Patient Account Information screen, press the Escape key or click on the "Save and Exit" button to exit the screen. You should now be at the Main Menu (Physician).

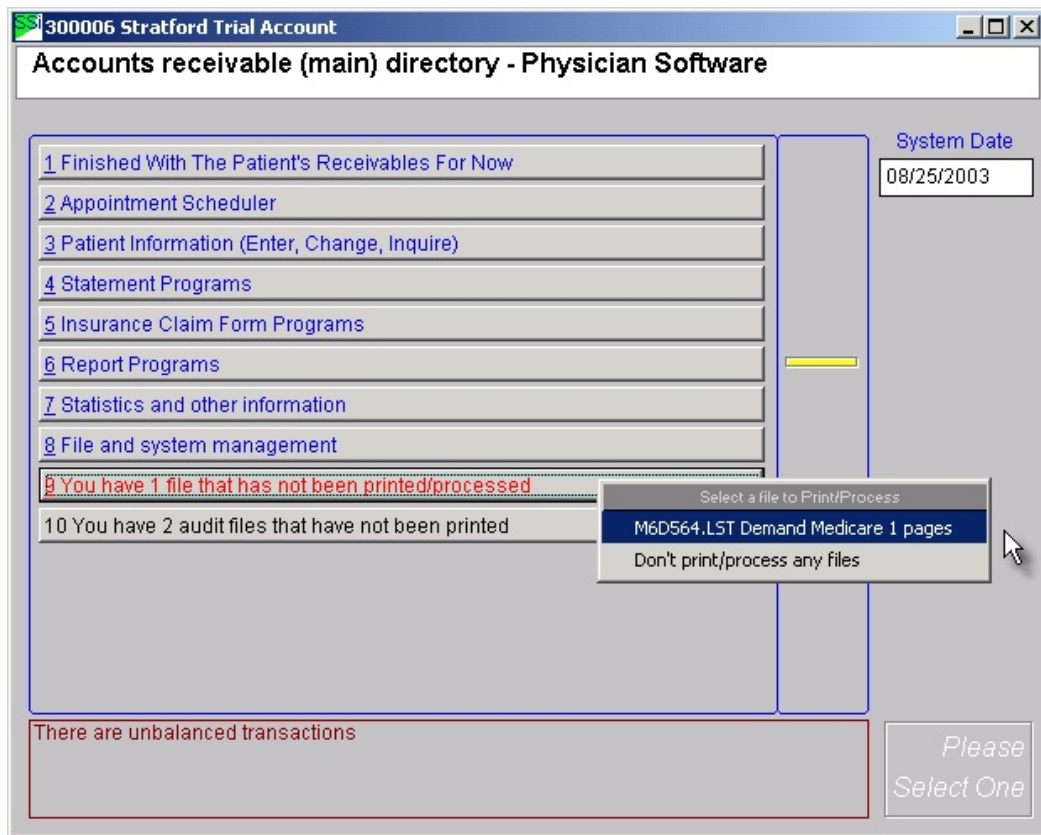
You will notice that you have more selections at the Main Menu (Physician). These new selections will be:

- 9 You have 1 file that has not been printed/processed
- 10 You have 2 audit files that have not been printed

Note: The "1 file" and the "2 audits" may change depending on how many audits and claims are created.

Click on "9 You have 1 file that has not been printed/processed". A menu will appear with selections similar to:

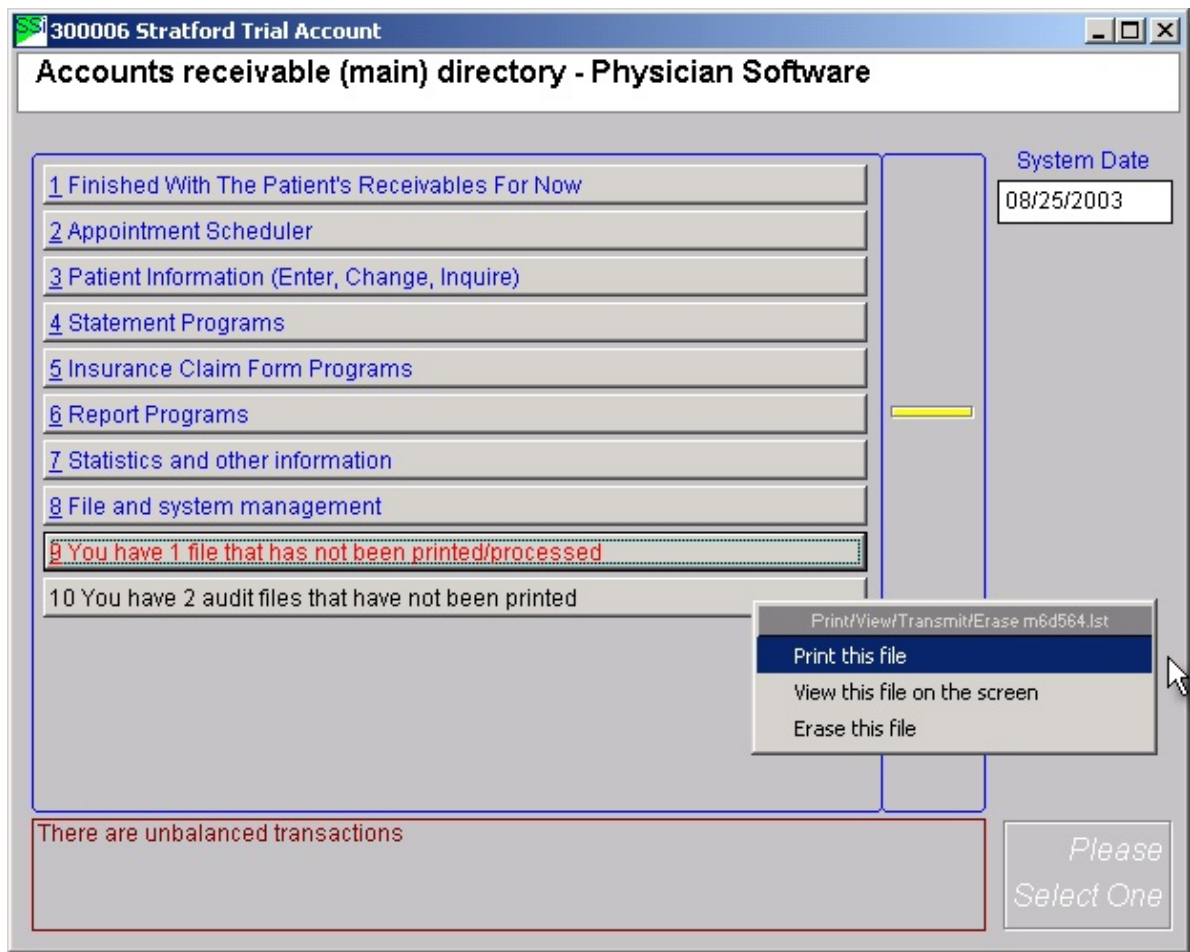
- M6D564.LST Demand Medicare 1 Pages
- Don't print/process any files



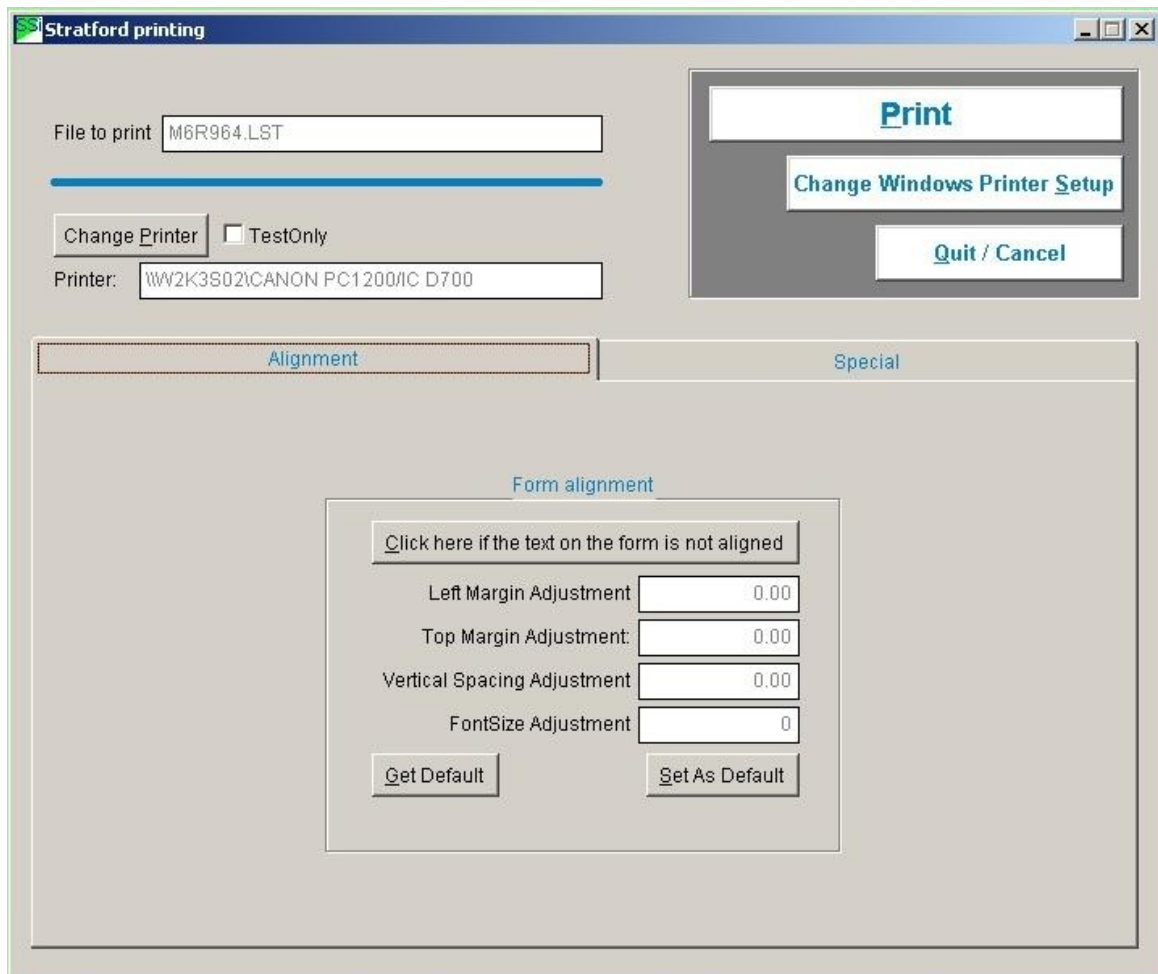
Click on the "M6D564.LST Demand Medicare1 Pages" selection. Another menu will appear with the following selections:

Print this file
View this file on the screen
Erase this file
Transmit this file

Note: You may not see the "Transmit this file" if you are not currently setup to send claims electronically.



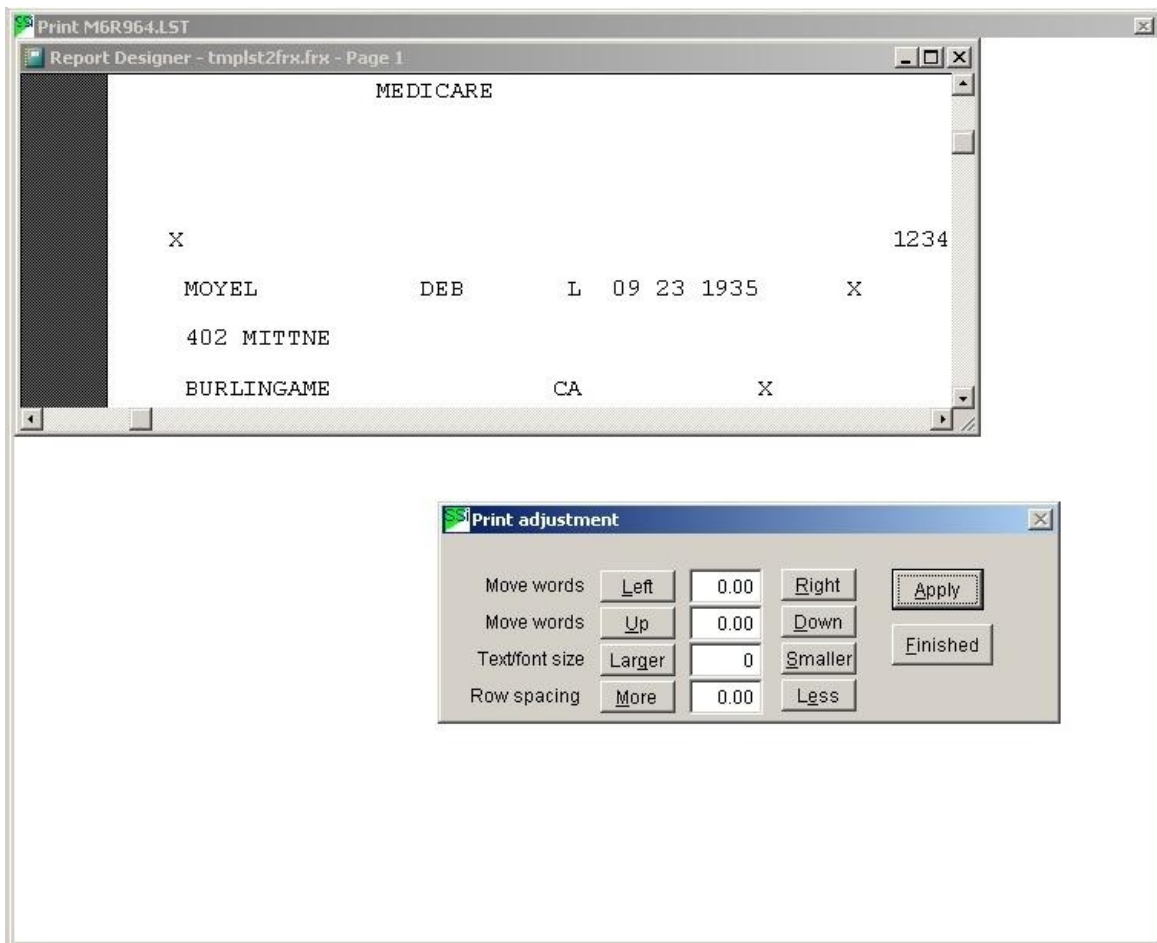
Now click on the "Print this file" selection. The Main Menu (Physician) will disappear and the printing screen will appear. Click on the "Print" button to print the claims. Once the claims are printed you can return back to the Main Menu (Physician) screen.



If the insurance form that gets printed is not lined up on the insurance or other claims form you can make adjustments by clicking on the button labeled

'Click here if the text on the form is not aligned'

A screen will appear that will allow you to make adjustments.



If the text near the top of the insurance form need to moved .10 inch to the right and .15 inch down. You can click on the Right button until the number next to the right button shows .10. Now you can click on the Down button until the number next to the down button reaches .15. Once the adjusts are made you need to click on Apply. Then you need to click on Finish to go back to the print screen.

Once you are back at the print screen you can click on the print button again to see if the text is aligned correctly. Repeat the previous step if you need to make more adjustments.

NOTE: If the text on the top of the form is aligned correctly but the text on towards the button is still off, you need to make More or Less spacing. For example if the text towards the bottom of the form needs to be moved down, you can click on the More button once or twice. Click on Apply then click on Finish and print another copy of the form.

Another way to demand insurance claims.

You want to demand various "Medicaid" insurance claims for more than 1 patient. You might have noticed that it would be very tedious to go into each patient to demand multiple insurance claims. The software is setup so that it can demand all the "Medicaid" insurance claims for all the Medicaid patients. This process will only create insurance claims with charges that haven't been previously demanded.

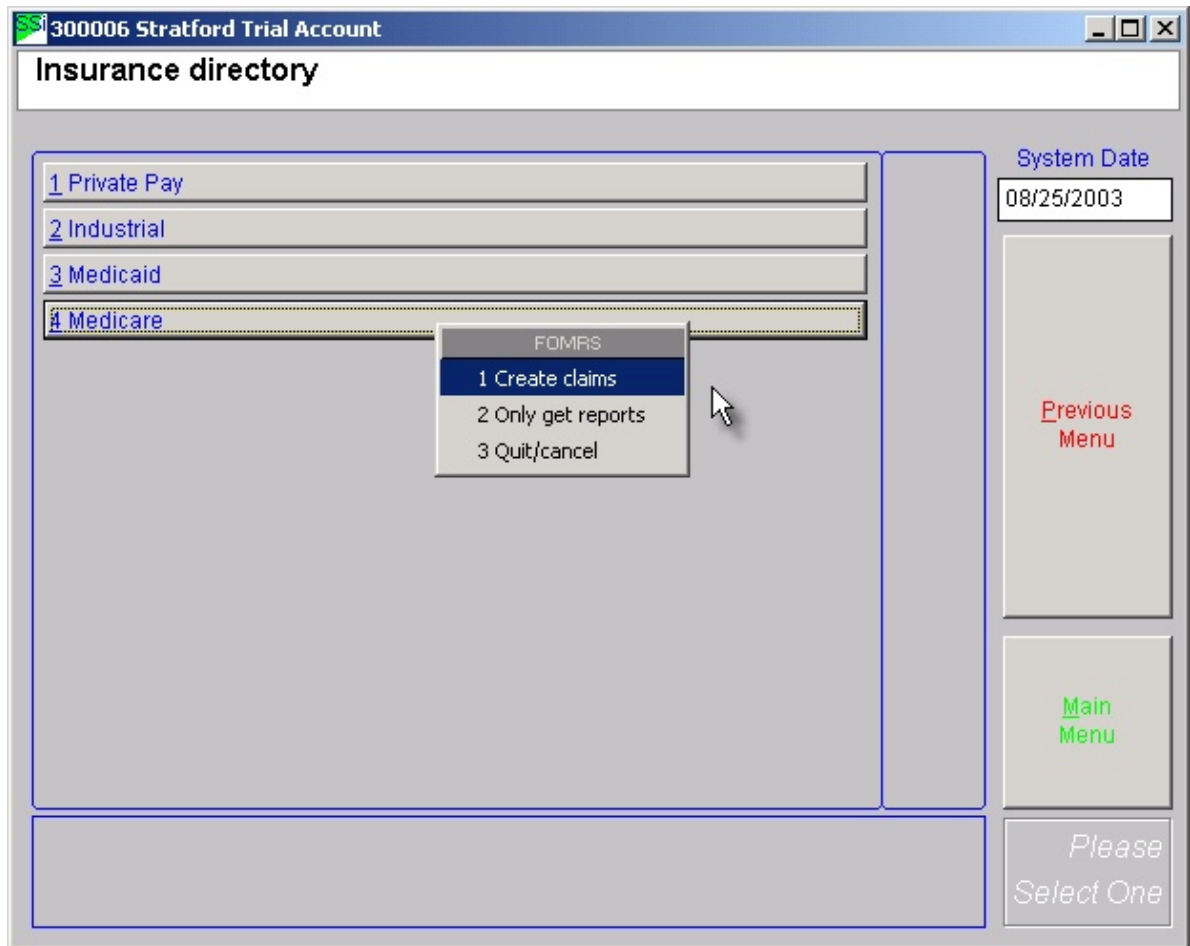
From the Main Menu (Physician) directory Select number 5 Insurance Claim Form Programs.

You can press the #5 button with your mouse or press the key combination ALT+5.

You should then see the Insurance Directory menu.

There is a list of insurance types.

You can click on "4 Medicare .." to demand all the Medicare insurance claims. When you click on the "4 Medicare .." a menu will appear with three selections:



Click on "1 Create claims" to demand all of the claims. To print the claims, return to the main menu. The claims can be printed by using the selections 9 and 10 at the bottom of the main menu. The new claims will be appended to the end of any old claims files if the old claim files are not deleted. This is only specific to the form type. For example, you have an old batch of MEDICARE (564) claims with patients 1, 2, and 3 when you decide to demand more MEDICARE (564) claims, for patient 4, 5, and 6 the result will be that the old batch of MEDICARE claims will now contain claims for patients 1,2,3,4,5,6.

This completes the how to demand insurance claims for a patient.

3.1.4 Sending Electronic Claims (Medical)

We are assuming here that you have already gone through the "Enter a New Patient" and "Demanding Insurance" tutorial. Please go through those tutorials before continuing with this one.

We are assuming you are setup to send electronically to Medicare.

After you have demanded an insurance claims, you should now be at the Main Menu. You will notice that you have two more selections at the Main Menu. These new selections will be:

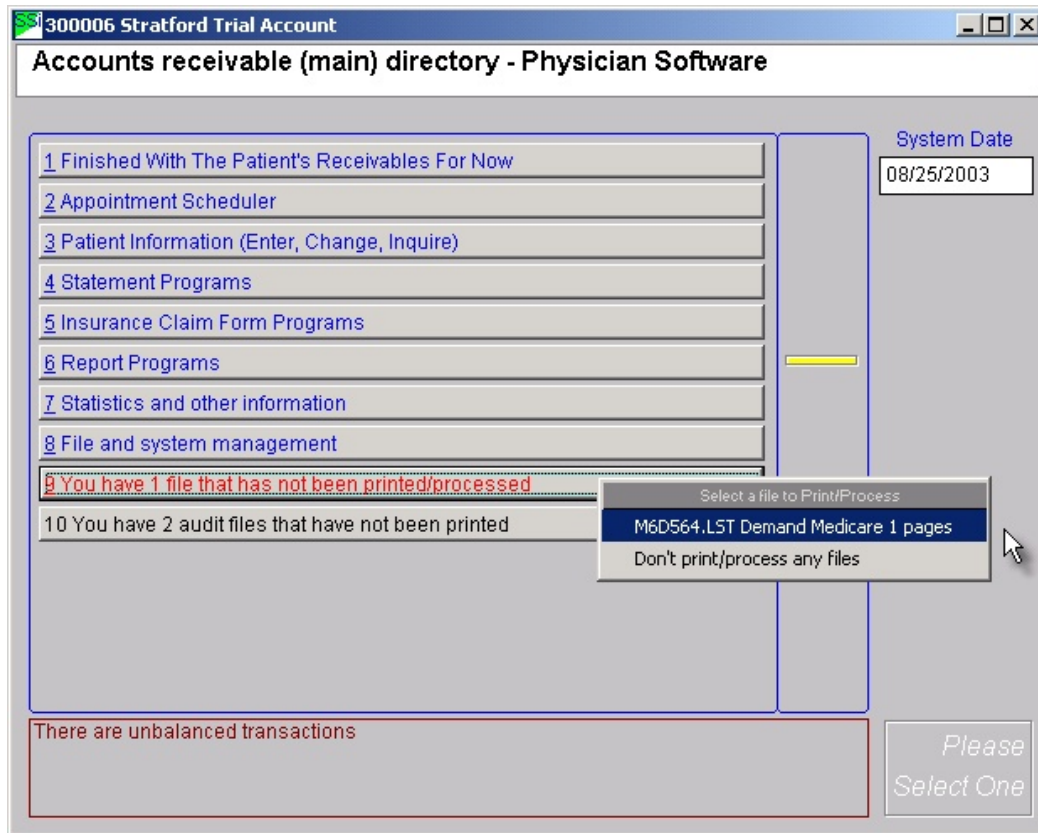
- 9 You have 1 file that has not been printed/processed
- 10 You have 2 audit files that have not been printed

Note: The "1" file and the "2" audits may change depending on how many audits and claims are created.

Click on the "9 You have 1 file that has not been printed/processed" and menu will appear with selections similar to:

M6D564.LST Demand Medicare 2 pages

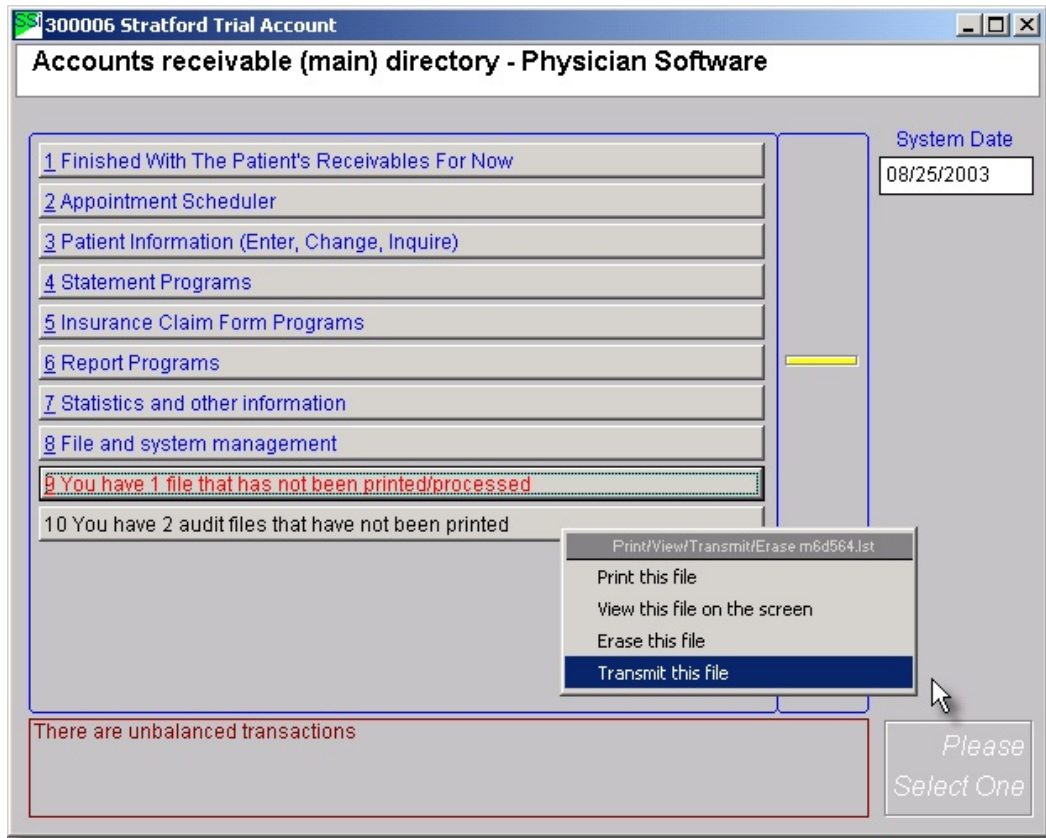
Don't print/process any files



Click on the "M6D564.LST Demand Medicare 1 pages" selection. A new menu will appear

with the following selections:

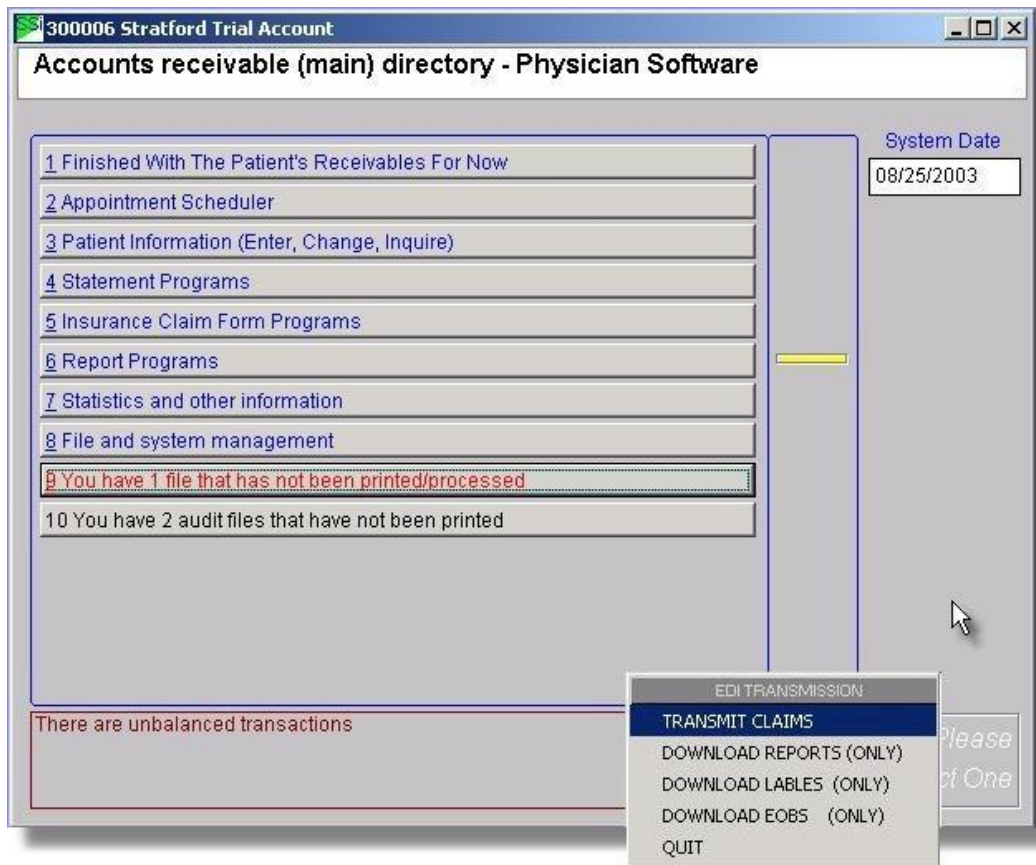
- Print this file
- View this file on the screen
- Erase this file
- Transmit this file



Note: You may not see the "Transmit this file" if you are not currently setup to send claims electronically.

Click on the "Transmit this file" selection. Another screen selection will appear with the following selections:

- TRANSMIT CLAIMS
- DOWNLOAD REPORTS (ONLY)
- DOWNLOAD LABELS (ONLY)
- DOWNLOAD EOBs (ONLY)
- QUIT



Click on the "TRANSMIT CLAIMS" selection. Several screens will appear that will show the progress of the electronic claims being created. If no errors exist in the created electronic claims submission file the Stratford transmit program will run and send the claims automatically. However, if there was an error, you will be returned to the Main Menu (Physician) screen. You can select "10 You have 2 audit files that have not been printed" and view various files, usually the M6R964.CHK file, to see what the errors were.

Another way to demand insurance claims and get electronic reports

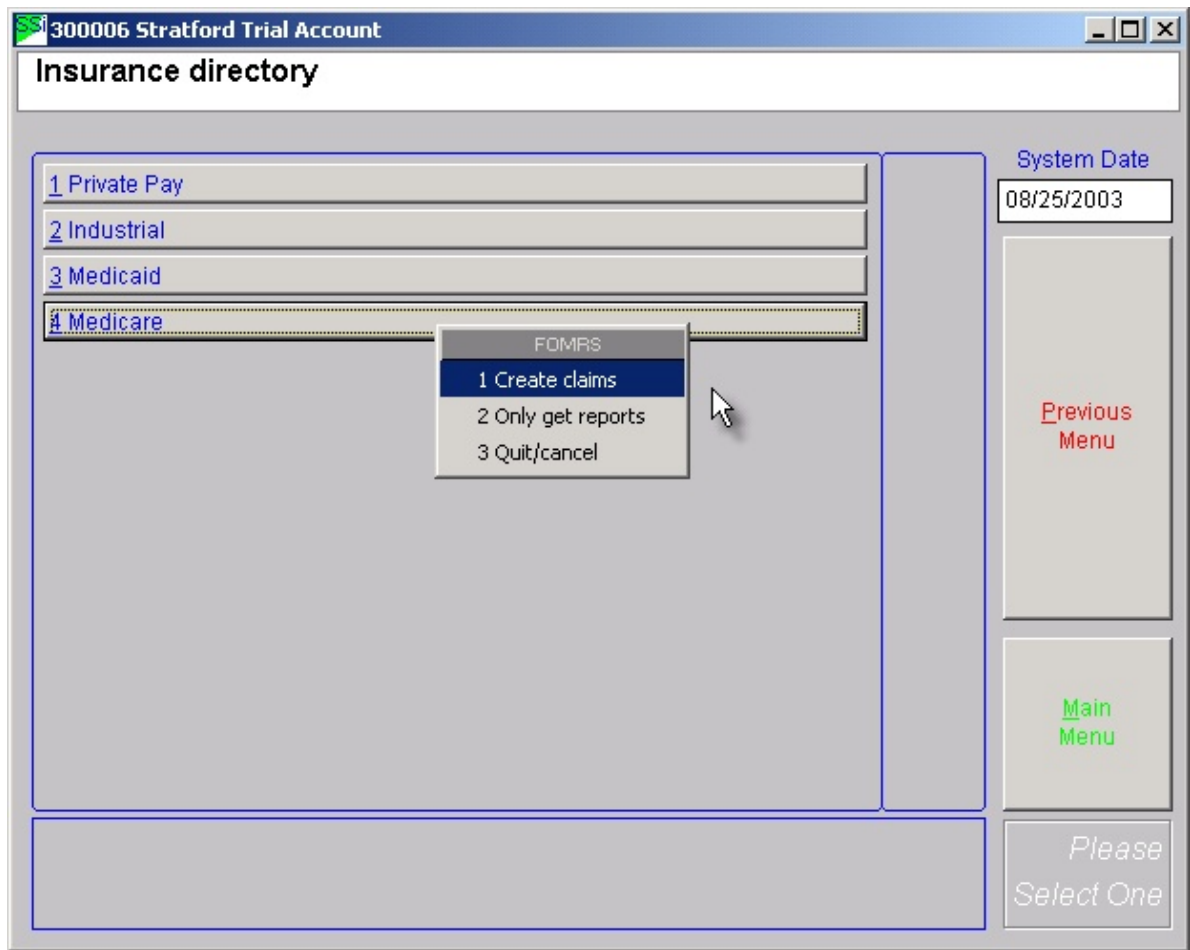
Lets say you want to demand various "MEDICARE" insurance claims from more than 1 patient. You might have noticed that it would be very tedious to go into each patients file to demand their insurance claims. The software is setup so that it can demand all the "MEDICARE" insurance claims for all the MEDICARE patients. This process will only create insurance claims with charges that haven't been previously demanded.

Note: If you do not have any claims demanded in the Main Menu (Physician), you can still access the Stratford transmit program to download reports or other files from the insurance carrier.

From the Main Menu (Physician) directory Select number 5 Insurance Claim Form Programs You can press the 5th button with your mouse or press the key combination ALT+5.

You should see the Insurance Directory menu.

Click on "4 Medicare" to demand all the Medicare insurance claims. When you click on "4 Medicare" a menu will appear with three selections:



Click on "Only get reports." This will run the Stratford transmit program, where you can download reports.

If you click on "Create Claims", the insurance claims will be created in the Main Menu.

The method you use to download reports or other files with the Stratford transmit program will vary depending on the insurance carrier. More detailed, payer-specific instructions will be provided when you are setup for electronic claims submission.

This completes the how to demand insurance claims for a patient.

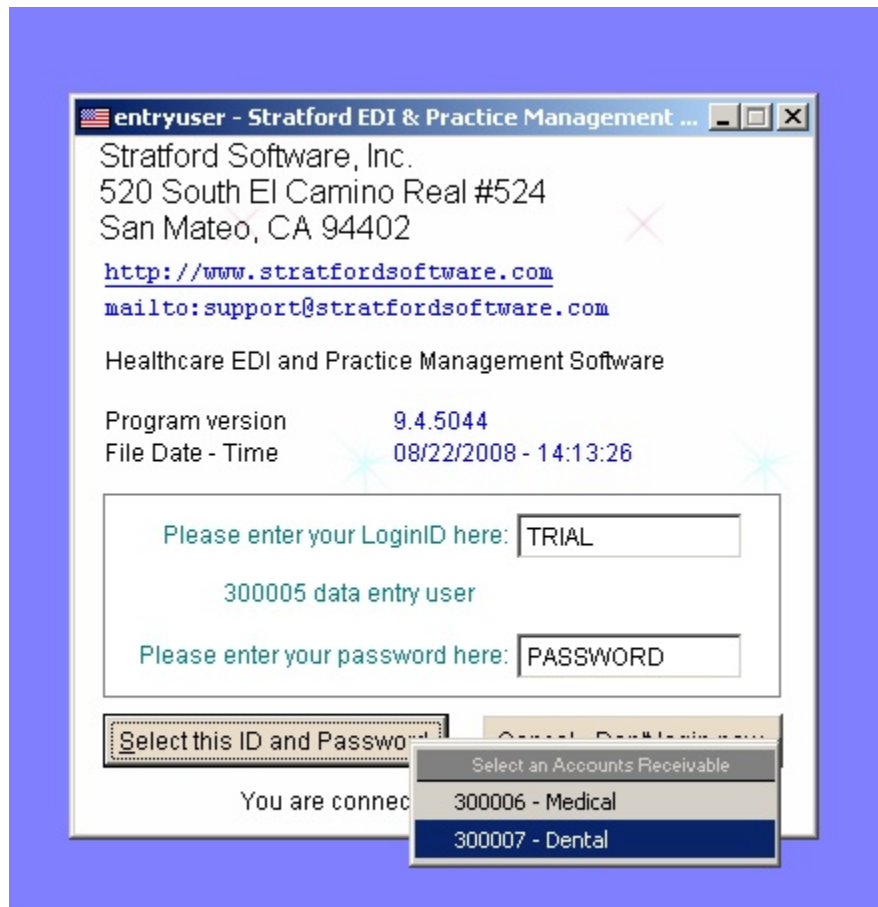
3.2 Dental

Tutorials for the dental version

3.2.1 Enter a new patient (Dental)

The first screen (Login Screen) that you see allows you to 'Login' to the system. This helps you password protect your confidential information. Your data is not encrypted, however. A knowledgeable person with the proper software tools can still access your data. The only absolute way to prevent anyone from accessing your information is to keep the hard drive that contains your information secure. When you first use the software, you should use the 'trial' account to practice. The user ID and password are already filled in for the trial account so just press the 'Select' button in the lower left corner.

You can also press two keys at the same time: 'ALT' and 'S'. This key combination is indicated by the line under the S in Select. An underlined character indicates that you may use a 'hot-key' combination to access a button.



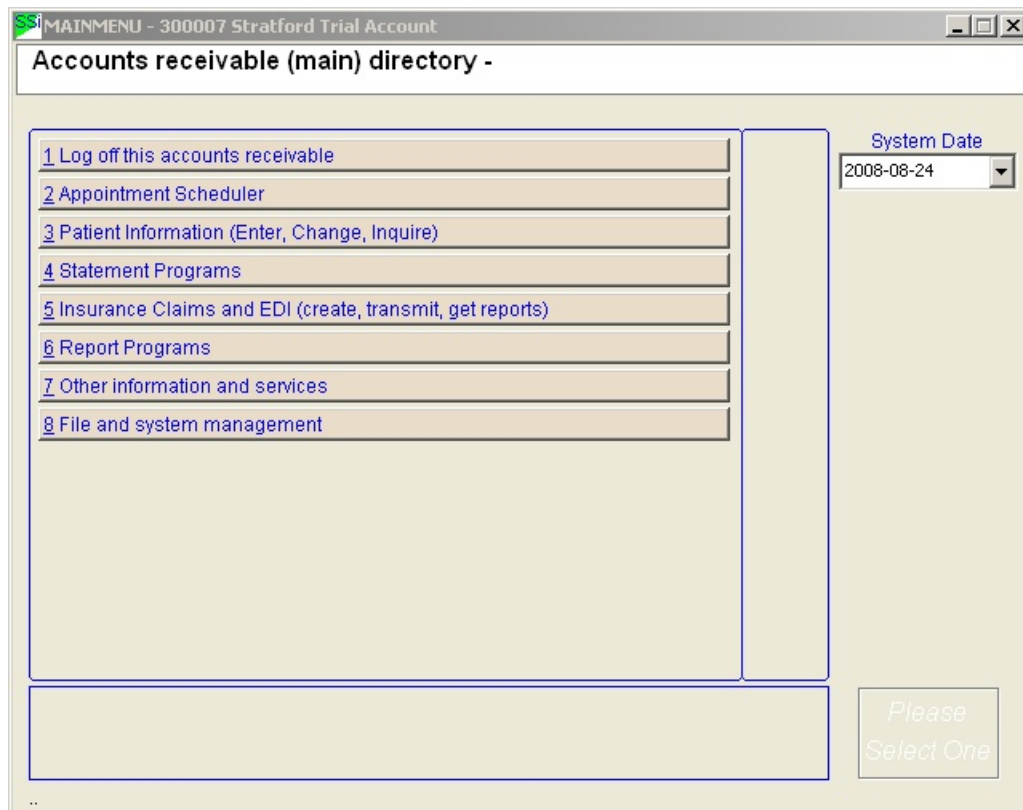
A small menu will appear. Click on 2 Dental to enter the demo medical account.

You are now in the Main Menu screen. Notice the date? It is set to today's date. This date will be used all through the software as a default. So if you are entering transactions for last Friday

you can change this date to last Friday's date. You do this by clicking on the date text box. Enter the date that you want mo/dy/year. Do this so you won't have to type it in on the transaction screen.

The first exercise in this tutorial is to enter a patient.

From the main directory Select number 3 Patient information (Enter, Change, Inquire) You can press the 3rd button with your mouse or the key combination ALT+3.



Next you will see a Lookup Patient Accounts screen that allows you to search for a patient using the account number (ID), last name, first name and/or social security number. If you are entering a new patient, from this screen you press the button labeled 'Add New' or the key combination ALT+N to go to the patient entry screen. You may also enter the account ID that you plan to use just to be sure it isn't already in the system. For this tutorial enter '10001' in the text box labeled 'Lookup patient account ID' and press ENTER. You will see a message box that says: 'I cannot find a match for 10001. Would you like to create a new code like this one?' The 'Yes' button is highlighted so you can press the ENTER key to select it. You may also press the 'Yes' button with your mouse or press the key combination ALT+Y.

LOOKUPNMPT - 300007 Stratford Trial Account

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Lookup phone number

Patient Insurance Id Lookup

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip

Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior

You are now in the Patient Demographic Information screen. This is the main edit screen that you will use to enter a new patient as well as inquire or change existing patients. Use the TAB key to go from one text box to another. Do not use the ENTER key as it may not allow you to leave an empty text box to go to the next text box. The ENTER key is used to select an item that is highlighted or something you enter in a text box. In order to enter a new patient you must assign an account ID, a first name and a last name. You will notice those boxes are in a different color. If a field is highlighted then information is required in that field.

You can easily come back to this screen to fill in any missing or incorrect information later. The account ID can be almost anything you can imagine including all alpha and numeric characters as well as spaces and some punctuation characters. For the account ID we will use '10001'. For the last name enter 'LAST NAME' and for the first name enter 'FIRST NAME'. Enter whatever you want in the other text boxes.

NEWNMPT - 300007 Stratford Trial Account Level:2

Patient Demographic Information

Patient Account ID

Prefix

First Name

Middle name

Last Name

Suffix

Address 1

Address 2

City State Zip

Country

Sex

Date of Birth / / Date of Death / /

Age Unknown

Language

Race

Ethnicity

Marital Status

SSN - -

Phone 1 () - Ext

Phone 2 () - Ext

Email

Memo

Please complete highlighted fields.

- If you enter a state code that is not in the system, you will see the 'Lookup State Codes' screen. Since the state code you wanted is not already entered, press 'Add New' button. This will bring up the State Entry. Fill in all the information and click on the 'Save' button. Now click on the 'Select' button to select the state you entered

- If you enter a new zip code, you will see the 'Lookup Zip Codes' screen. Since the zip code you wanted is not already entered, press 'Add New' button or the TAB key.

If you press the TAB key, a question box appears: "I cannot find a match for Would you like to create a new code like this one. Select "Yes".

This will bring up the Zip Code Entry screen. Fill in all the information and click on the 'Save' button. You will then see the Lookup Zip Codes screen. The zip code you entered is already highlighted so press the 'Select' button with your mouse or the key combination ALT+S.

When you are back in the Patient Demographic Information screen. Finish entering the information and press the 'Save' button with your mouse or the key combination ALT+S.

You are now back in the Lookup Patient Accounts screen This time you can see the patient you entered. Since we need to enter more information about this patient, press the 'Select' button.

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior

Because this is a new patient, you have not yet entered any financial information. This time

newveac - 300007 Stratford Trial Account

Financial Class Entry

Financial Class Lookup Code	DC
Financial Class Description	DCAL
Default class behavior	3 Denticaid/Denti-cal
Billing Cycle	1 Normal
Default to Open-Item Posting	1 Yes
Show the Write-Off Calculation Window	2 No write off window
Default to 'Accept Assignment'	1 Yes
Default to 'Allow Dunning messages'	1 Yes
Default Payer Form Lookup Code	DCAL

Save this information

You will see the 'Lookup Financial Class' the screen. Now you see the Denticaid financial class in the grid and it is already selected for you. Press the 'Select' button.

Patient Billing Information

Account Identifier: 10001 Class:

Name: FIRSTNAME LASTNAME

Balance: Accounts Receivable:

Patient's financial class: DC DCAL

Class behavior: 3 Denticaid/Denti-cal

Billing cycle: 1 Normal

Open item posting: 1 Yes

Show write-off calculation window: 2 No write off window

Accept assignment: 1 Yes

Dunning: 1 Yes

Form type: DCAL

You are now in the Lookup Billing Accounts for this Patient screen. This lists all the billing accounts you have setup for the patient. In this case, you only have one: Denticaid. Press the 'Select' button.

Code	Description	Balance	BillCycle	OpenItem	Behavior
DC	DCAL		Normal	Yes	Denticaid

This takes you to the main Patient Account Information screen. Here you see the patient demographics as well as the information in the billing record. There are other optional fields that you can use.

This completes the patient entry with one billing information record. You can have as many billing information records as you wish. For example a patient may be a private pay patient while employed and then qualify for Denticaid when not working. Since the billing procedures for a private patient are different from a Denticaid patient, the best way to manage this is to enter two billing information records for the patient. This will allow the software to handle things differently when necessary with little or no assistance from you.

The next patient may be much easier to enter. If that patient lives in same city and zip code and is a Denticaid billing type, you will not see the screens for building the zip code and financial class records.

From the main Patient Account Information screen you can do your daily entry for all your patients. You can select 1 to enter transactions, 2 to enter insurance or 3 to go to another patient. You can also create demand forms such as statements and insurance claims for this patient. You can also create appointments and electronic medical records. This will be your main working screen for all patient data entry.

ENTRYPTP1 - 30007 Stratford Trial Account

Patient Account Information

Name	First FIRSTNAME	MI	Last LASTNAME	Sex		Guarantor	Self
Address1				DOB	//		
Address2				Age	Unknown		
City St Zip			-	Marital			
	Country			SSN	--		
Phone 1	() -	Ext		Patient Account ID	10001		
Phone 2	() -	Ext		Financial Class	DCAL		
Last Payment	//			Last Statement	//		

Notes	Phone/Email	Miscellaneous
OthrInfo		Billing Cycle 1
		Open Item 1 Yes
		Dunning 1 Yes
		Balance 0.00
DENTAL RECORDS		
MEDICATION		
ALLERGIES		
COLLECTION		

- 1 Transactions
- 2 Insurance
- 3 Another Patient
- 4 Demand Forms
- 5 Appointments
- 6 Medical Record
- 7 Prescription
- 8 Recalls
- 9 Credit Card

Save

Let's enter an insurance for this patient. Press the '2 Insurance' button. Since you don't yet have an insurance for this patient, you will not see the usual screen. Instead the software will show you the 'Lookup Insurance/payers' screen. For this patient it will be Denticaid. Click on the 'Add New' button to add a new Denticaid insurance payer.

300007 Stratford Trial Account

Insurance/payer Entry

Lookup Code

Name

Default class behavior Denticaid/Denti-cal

Default form type

Address 1

Address 2

City State Zip

Phone 1 () -

Phone 2 () -

NationalPlanID PPO ID

EDI Code Contact

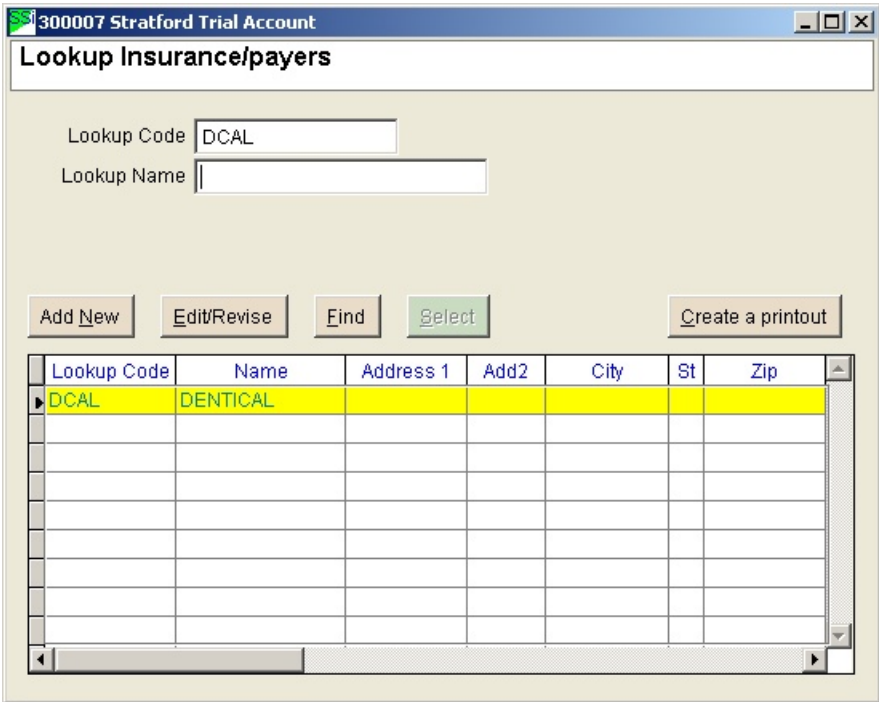
ClaimOfficeID Comment

MediGapID Memo

NAIC ID

Title XIX

You are back in the Lookup Insurance, Payers screen. The DentiCal payer you entered is already highlighted so press the "Select" button.



You are in the Lookup Form Type screen. Here you may see some insurance types already entered for you. If you see DentiCal, highlight it if necessary with your mouse and press the 'Select' button. If you don't see this form type, you will need to enter it. This trial version should already have DentiCal for you.

Lookup Code	Description	Form ID	Security	Ask Pt ID?	AskBeg?	AskEnd?
53dcal	ADA FORM	53DCAL5	No	No	No	No
53dcal-p	ADA Preauthorization Form	53DCAL5	No	No	No	No

You are in the Patient Insurance Entry screen. You will noticed that there are a couple of fields highlighted in yellow. These would include the Relation to patient, Signature to release info ... etc. You need to fill out these text boxes with the correct information. For now just enter these values:

- Relation to patient: 1
- Signature to release info: 1
- Signature to assign payment: 1
- Accept assignment: 1
- ID: (enter their DentiCal ID#)

These fields are related directly to the ADA Claim form. If you want more information regarding these fields see Patient Insurance Entry. Click on the 'Save' button to save these information when you are done.

NEWPTIN - 300007 Stratford Trial Account

Patient Insurance Entry

Account Identifier: 10001 Class: DCAL
Name: FIRSTNAME LASTNAME

Insurance Company Information

Payer lookup: DCAL ID: DENTAL
Address 1: Paper Form Type: 53DCAL
City St Zip: EDI Form Type: 93DCAL
Phone 1: () - ADA FORM

Subscriber Information

Subscriber: Relation to patient: 18
Address 1: Signature to release info: 1
City St Zip: Signature to assign payment: 1
Phone 1: Ph 2: Accept assignment: 1
Data of birth: Id: 123123
Sex: SSN: Group No: Grp Name: Patient/Member ID: Employer: ID:

Insurance coverage order: 1 Primary Active Date: / /
Default class behavior: 3 Denticaid/Denti-cal Inactive Date: / /

You are new in the Lookup Insurance Coverage for this Patient .You should see the DentiCal insurance you entered listed.

LOOKUPPTIN - 300007 Stratford Trial Account

Lookup Insurance Coverage For This Patient

Account Identifier: 10001 Class: DCAL

Name: FIRSTNAME LASTNAME

Buttons: Add a New insurance for this patient Edit/Revise Select

Order	Lookup Code	Insurance Name	Date Active	Date Inactive
1	DCAL	DENTAL	08/24/2008	/ /

Claim Questions (including EDI special information)

This completes the entry of the first insurance for this patient.

Press Escape to leave this screen and return to the main patient information screen.

You are back in the main Patient Account Information screen.

Let's enter a transaction for this patient. Press the '1 Transaction' button. Since you don't yet have a transaction for this patient, you will not see the usual Lookup Patient Charges, but instead you will be shown the Charge Entry.

You are in the Charge Entry.

Enter "1" for a charge or press 'TAB' key in the Auto-Transaction lookup code field, which should be the only text box highlighted in yellow.

You will see the default date already entered. This is the date that you put on the main directory screen. You can change it if you want or press 'TAB' to go to the next box.

You must enter a Procedure code. After you enter the procedure code press TAB. If the software knows the description of the procedure code you enter, you will go on to the next box.

If the software does not know the description of the procedure code you will see the 'Lookup Procedure Codes' screen. You can click on 'Add new' button in the Lookup Procedure Codes screen, to add new procedure codes. Fill out the information in the Procedure Code Entry screen, and click on the 'Save' button. You should be back at the Lookup Procedure Codes, where you can click on the 'Select' button to select the new code you just entered.

The Modifier (of the procedure code) is optional. You can enter up to 4 or just press TAB to go to the next box.

Enter a quantity or press TAB to default to 1 and go on to the next box.

The description should already be filled in. Press TAB to continue.

Enter the amount. \$100.00 can be entered as '100'. The software will default the cents to 00. Press TAB to continue.

You can enter a ToothSurface code here. If the software knows the description of the code, you will go on to the next box. If not, you will go to the 'Lookup ToothSurface' screen where you can enter new codes.

Charge Entry

Account Identifier: 10001 Class: DCAL

Name: FIRSTNAME LASTNAME

Balance: Accounts Receivable:

Date	Procedure	Quantity	Description	Amount	POS	Tooth & Surface
08/25/2003	010	1.0	INITIAL EXAM	10.00	11	

Auto-Transaction lookup code or just press TAB
1=charge (default)
7=Pre-Auth

Start time: Stop time:

Open balance: 0.00

Provider: 01

Print anywhere? Y

Print on insurance? Y

Print on statement? Y

Revenue Code: Research Code:

User ID: TRIAL

Audited? N

EOM Audit? N

Active Date: 08/24/2008

Printed on Insurance: -----

Printed on Statement: -

Date last ins print: / /

Date last smt print: / /

Account running total: 0

Save this information Delete

In the next field enter a provider lookup code. Use any alpha-numeric code you want. For this tutorial, we will enter 01. Press TAB to continue. The system does not have a record for that provider so the program will bring up the 'Lookup Providers in this Practice' screen. To add the new provider, click on the 'Add new' button to bring you to the Provider Entry screen. When entering information for an DDS, do not put the DDS after the last name. Put the title (DDS,

MD, PHD, etc) in the Title box.

NEWNMPV - 300007 Stratford Trial Account Level:2

Rendering Provider Entry

Lookup Code Individual

Name First Name MI Last Name

Address 1

Address 2

City State Zip

Phone 1 Scheduling enabled

Phone 2 Electronic prescriptions enabled

Billing Identification	Prescription IDs	Prescription Other	e-Rx
NPI <input type="text" value="1234567893"/>		CLIA <input type="text"/>	
Tax ID <input type="text" value="123456789"/>		Taxonomy <input type="text"/>	
Tax ID Type <input type="text" value="S"/>		Medicare PIN <input type="text"/>	
Title <input type="text" value="DDS"/>		Medicare UPIN <input type="text"/>	
Specialty Code <input type="text" value="01"/>		Medicaid ID <input type="text"/>	
State License <input type="text" value="C54059"/>		Commercial ID <input type="text"/>	

Facility address on claims
 Enter an office address if different from the address above
 Location NPI

Memo

After you save the provider information, a box will appear that asks you "This provider is not

setup for appointments. Do you want to add this provider to the schedule now?". Click on "Yes". The 'Appointment Schedule List Items' screen should appear.

NEWAPITEM - 300007 Stratford Trial Account

Appointment Schedule List Items

This is a header (no Appointments)

Provider Lookup Code READY DDS, RANDALL

Schedule bar display

Check here to prevent appointments

Display Order Enter a number 1 or greater

Maximum No of Appointments > 1 will allow "double booking"

List Background Color -1 is the default List Sample

List Foreground Color -1 is the default

Bar Background Color -1 is the default Bar Sample

Bar Foreground Color -1 is the default

Memo for your use only

The information should be already be filled in so all you need to do is click on the 'Save this information' button. Now just Select the new provider you added.

Generally, there is no need to answer the remainder of the questions in the Charge Entry screen. You can answer them if you wish. Press the 'Save' button.

You will now go to the Lookup Patient Charges screen.

NEWPTRNC - 300007 Stratford Trial Account

Payment/adjustment/memo Entry (open-item Posting)

Account Identifier: 10001 Class: DCAL

Name: FIRSTNAME LASTNAME

Balance: Accounts Receivable:

Selected Charge

Provider	Date	Procedure	Description	Amount	OpenBalance
01	08/25/2003	010	INITIAL EXAM	10.00	0.00

Auto-Transaction lookup code or:
 2 = payment
 3 = + Adjustment
 4 = - Adjustment
 5 = print memo
 6 = Nonprint memo

Date: 08/25/2003 Description: CHECK Amount: 10.00

Chk/CreditCard/Cash: 1 Check/ATM/EFT: Payment

Source of payment: PATIENT CHECK PAYME Order: 0

CheckNumber:

Procedure: 010

Provider: 01 READY DDS, RANDALL

Print anywhere? Y

Print on statement? Y

Print on insurance? Y

Research Code:

OTAF: 0.00

Allowed amount: 0.00

User ID: TRIAL

Audited? N

EOM Audit? N

Active Date: 08/24/2008

Insurance print? -----

Statement print?

Date last ins print: / /

Date last smt print: / /

Account running total: 0

After the payment is entered, you will go to the Lookup Payments-Adjustments-Memos. When you are finished entering payments, adjustments, or memos, press the Escape key. Again press the Escape key when in the Lookup Patient Charges screen and you will be back at the main Patient Account Information screen.

- 1 Demand Statements
- 2 Demand Insurance
- 3 Select Insurance
- 4 Eligibility
- 5 Select Reports
- 6 Label
- 7 Super bill
- 8 Custom

Click on "2 Demand Insurance". Now another menu will appear that shows the insurance currently setup for this patient. You should see the "DENTICAL" selection on this menu.

Click on the "DENTICAL" selection. Now the Patient Account Information screen will disappear and a screen will pop up with two fields: (the actual dates may vary)

These dates are used to determine which transaction that you want to appear on the insurance forms. Remember in the Charge Entry screen there was a date box next to the Procedure code field. This is the date of the transaction and will be used for demanding.

Lets start with an exercise; first click on the Beginning Date value and change the year to 2001. There are several ways you can change the year. First you must double click on the year so it's highlighted. Now you can:

Use the "Up" or "Down" arrow keys to increase or decrease the date.

Type in the year "2001"

Click on the little down arrow next to the year to get a calendar. To change the year at the top of the calendar click on it this will cause up and down arrows to appear that will allow you to adjust the year.

If you desire to change the month on the calendar you can click on it at the top and a menu will appear from which you can select the desired month.

After you have changed the year, click on the "Select these dates" button. This will create the insurance claims and bring you back to the Patient Account Information screen.

In the Patient Account Information screen, press the Escape key or click on the "Save and Exit" button to exit the screen. You should now be at the Main Menu (Physician).

You will notice that you have more selections at the Main Menu (Physician). These new selections will be:

- 9 You have 1 file that has not been printed/processed
- 10 You have 2 audit files that have not been printed

Note: The "1 file" and the "2 audits" may change depending on how many audits and claims are created.

Click on "9 You have 1 file that has not been printed/processed". A menu will appear with selections similar to:

M7D513.LST Demand Denti-Cal 1 Pages
Don't print/process any files

Click on the "M7D513.LST Demand Denti-Cal 1 Pages" selection. Another menu will appear with the following selections:

Print this file
View this file on the screen
Erase this file
Transmit this file

Note: You may not see the "Transmit this file" if you are not currently setup to send claims electronically.

Now click on the "Print this file" selection. The Main Menu (Physician) will disappear and the printing screen will appear. Click on the "Print" button to print the claims. Once the claims are printed you can click on the "Done" button to return back to the Main Menu (Physician) screen.

If the insurance form that gets printed is not lined up on the insurance or other claims form you can make adjustments by click on the Click here if the text on the form is not aligned. A screen will appear that will allow you to make adjustments.

Lets say the texts near the top of the insurance form need to moved .10 inch to the right and .15 inch down. You can click on the Right button until the number next to the right button shows .10. Now you can click on the Down button until the number next to the down button reaches .15. Once the adjusts are made you need to click on Apply. Then you need to click on Finish to go back to the print screen.

Once you are back at the print screen you can click on the print button again to see if the text is aligned correctly. Repeat the previous step if you need to make more adjustments.

NOTE: If the text on the top of the form is aligned correctly but the text on towards the button is still off, you need to make More or Less spacing. For example if the text towards the bottom of the form needs to be moved down, you can click on the More button once or twice. Click on Apply then Finish and print another copy of the form.

Another way to demand insurance claims.

Lets say you want to demand various "Denti-Cal" insurance claims for more than 1 patient. You might have noticed that it would be very tedious to go into each patient to demand multiple insurance claims. The software is setup so that it can demand all the "Denti-Cal" insurance claims for all the Denti-Cal patients This process will only create insurance claims with charges that haven't been previously demanded.

From the Main Menu (Physician) directory Select number 5 Insurance Claim Form Programs. You can press the 5th button with your mouse or press the key combination ALT+5.

You should then see the Insurance Directory menu.

As you might have notice there is a list of insurance types:

You can simply click on "2 DENTI_CAL FORM .." to demand all the Denti-Cal insurance claims. When you click on the "2 DENTI_CAL FORM .." a menu will appear with three selections:

Click on "1 Create claims" to demand all of the claims. To print the claims refer to selections 9 and 10 under the Main Menu (Physician). The new claims will be appended to the end of any old claims files if the old claim files are not deleted. This is only specific to the form type. For example, you have an old batch of DentiCal claims with patients 1,2, and 3 when you decide to demand more DentiCal(513) claims, say for patient 4,5,and 6 the result will be that the old batch of DentiCal claims will now contain patients 1,2,3,4,5,6.

This completes the how to demand insurance claims for a patient.

3.3 Electronic medical record

Tutorials for the electronic medical record - all versions

EHR - electronic health record (EMR, and others)
Allergies

3.3.1 Electronic Record SOAP

The Stratford program is designed to support standard S.O.A.P. notes.
S = Subjective
O = Objective
A = Assessment
P = Plan

To enter an electronic record for a patient, first lookup the patient account in the usual way. From the main menu select #3, then select your patient and the desired financial class. From the main patient screen, press the button on the right labeled: 6 Medical Record.

309999 STRATFORD RX TEST ACCOUNT

Patient Account Information

Name	First: ERMA	MI:	Last: TEMPLE	Sex:		DOB:	//	Age:	Unknown	Marital:		SSN:	--	Guarantor:	Self
Address1:															
Address2:															
City St Zip:															
Phone 1:	() -	Ext:	Patient Account ID:		10001		Financial Class:		MEDICARE						
Phone 2:	() -	Ext:													
Last Payment:	//	Last Statement:	//												

Notes

OthrInfo:

SOMETHING:

SOMETHING:

SOMETHING:

MEDICAL RECORDS:

MEDICATION:

VISIT:

COLLECTION:

Miscellaneous

Billing Cycle:

Open Item: Yes

Dunning: Yes

Balance:

1 Transactions

2 Insurance

3 Another Patient

4 Demand Forms

5 Appointments

6 Medical Record

7 Prescription

8 Recalls

9 Credit Card

Save

Next you will see the lookup screen where you can add a new electronic medical record or edit an existing electronic medical record. You can also print a copy of the medical record that is highlighted.

999990 STRATFORD SOFTWARE RX TEST

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account
 Name: Felecia A Founder User ID: 399990

Add a new Prescription for this patient Edit/Revise

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	REOPRO INJECTION
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	REOCYTE PLUS COMPLEX CAPSU
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	ZYVOX ORAL SUSPENSION
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	ZYVOX TABLETS
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	REOPRO SOLUTION

Add a new Allergy for this Patient Edit/Revise

Date	Allergies

Beginning & Ending
 Date: 11/20/2005 11/20/2005
 Time: 08:57:00 AM 09:00:00 AM

Copy previous EMR

Temperature: _____
 Respiration: _____
 Pulse: _____
 Height: _____
 Weight: _____

Pain: _____ Recommended by JCAH (0-100%)
 Smoking status: _____

B/P Systolic: _____
 B/P Diastolic: _____

Calculate BMI

Notes: Add SOAP Template Only show my entries Restore display

Standard SOAP NOTES This is a note that was written on 11/24/2009

<-----> Subjective <----->
 CC-:
 HPI-:
 Location-:
 Quality-:
 Severity-:
 Duration-:
 Timing-:
 Context-:
 Modifying factors-:
 Associated signs and symptoms-:
 ROS-:
 Constitutional symptoms (e.g., fever, weight loss)-:
 Eyes-:
 Ears, nose, mouth and throat-:

Save this information Delete

This screen has text boxes for the standard vital signs. If you enter the vital signs here it will make reporting much easier as the values will go into a standard database table field where it can be sorted and selected for various types of reporting. The other option is to enter the signs into the edit box at the bottom. If you do not label the lines in the edit box in some standard way it will make reporting much more difficult.

Some notes:

- The Height is stored in the system in centimeters.
- The Weight is stored in the system in kilograms.
- The Temperature is stored in the system in Celsius.

You may enter the height in inches, the weight in pounds and the temperature in Fahrenheit if you wish. The screen will display both units of measure:

999990 STRATFORD SOFTWARE RX TEST

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account
 Name: Felecia A Founder User ID: 399990

Buttons: Add a new Prescription for this patient | Edit/Revise

Beginning & Ending Copy previous EMR

Date: 11/20/2005 11/20/2005
 Time: 08:57:00 AM 09:00:00 AM

Temperature: 37.4
 Respiration: Celsius or Fahrenheit?
 Pulse: 1 Celsius 2 Fahrenheit
 Height:
 Weight:

B/P Systolic: B/P Diastolic: Calculate BMI

Notes: Add SOAP Template Only show my entries Restore display

Standard SOAP NOTES This is a note that was written on 11/24/2009

Subjective: <----->
 CC-: <----->
 HPI-: <----->
 Location-:
 Quality-:
 Severity-:
 Duration-:
 Timing-:
 Context-:
 Modifying factors-:
 Associated signs and symptoms-:
 ROS-:
 Constitutional symptoms (e.g., fever, weight loss)-:
 Eyes-:
 Ears, nose, mouth and throat-:

Buttons: Save this information | Delete

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOCAIN CUSTOM SPINAL ANES
08/21/2009	New	SPINOCAIN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	REOPRO INJECTION
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	REOCYTE PLUS COMPLEX CAPSU
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	ZYVOX ORAL SUSPENSION
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	ZYVOX TABLETS
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	REOPRO SOLUTION

Buttons: Add a new Allergy for this Patient | Edit/Revise

Date	Allergies

999990 STRATFORD SOFTWARE RX TEST

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account
 Name: Felecia A Founder User ID: 399990

Buttons: Add a new Prescription for this patient | Edit/Revise

Beginning & Ending Copy previous EMR

Date: 11/20/2005 11/20/2005
 Time: 08:57:00 AM 09:00:00 AM

Temperature: 37.4 Celsius is equal to 99.3 Fahrenheit
 Respiration: 20 Centimeters or Inches?
 Pulse: 90 1 Centimeters 2 Inches
 Height: 175.3
 Weight:

B/P Systolic: B/P Diastolic: Calculate BMI

Notes: Add SOAP Template Only show my entries Restore display

Standard SOAP NOTES This is a note that was written on 11/24/2009

Subjective: <----->
 CC-: <----->
 HPI-: <----->
 Location-:
 Quality-:
 Severity-:
 Duration-:
 Timing-:
 Context-:
 Modifying factors-:
 Associated signs and symptoms-:
 ROS-:
 Constitutional symptoms (e.g., fever, weight loss)-:
 Eyes-:
 Ears, nose, mouth and throat-:

Buttons: Save this information | Delete

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOCAIN CUSTOM SPINAL ANES
08/21/2009	New	SPINOCAIN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	REOPRO INJECTION
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	REOCYTE PLUS COMPLEX CAPSU
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	ZYVOX ORAL SUSPENSION
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	ZYVOX TABLETS
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	REOPRO SOLUTION

Buttons: Add a new Allergy for this Patient | Edit/Revise

Date	Allergies

999990 STRATFORD SOFTWARE RX TEST

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account User ID: 399990

Name: Felecia A Founder

Buttons: Add a new Prescription for this patient Edit/Revise

Beginning & Ending Copy previous EMR

Date: 11/20/2005 11/20/2005

Time: 08:57:00 AM 09:00:00 AM

Temperature: 37.4 Celsius is equal to 99.3 Fahrenheit

Respiration: 20 Pain: 30.0 Recommended by JCAH (0-100%)

Pulse: 90 Smoking status:

Height: 175.3 centimeters is equal to 69.0 inches

Weight: 59.0 kilograms is equal to 130.1 pounds

B/P Systolic: B/P Diastolic:

Notes: Add SOAP Template

Standard SOAP NOTES: This is a note that was written on 11/24/2005

Subjective: <----->

CC-: HPI-:

Location-: Quality-: Severity-: Duration-: Timing-: Context-: Modifying factors-: Associated signs and symptoms-: ROS-: Constitutional symptoms (e.g., fever, weight loss)-: Eyes-: Ears, nose, mouth and throat-:

Buttons: Save this information Delete

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	REOPRO INJECTION
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	REOCYTE PLUS COMPLEX CAPSU
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	ZYVOX ORAL SUSPENSION
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	ZYVOX TABLETS
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	REOPRO SOLUTION

Buttons: Add a new Allergy for this Patient Edit/Revise

Date	Allergies

999990 STRATFORD SOFTWARE RX TEST

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account User ID: 399990

Name: Felecia A Founder

Buttons: Add a new Prescription for this patient Edit/Revise

Beginning & Ending Copy previous EMR

Date: 11/20/2005 11/20/2005

Time: 08:57:00 AM 09:00:00 AM

Temperature: 37.4 Celsius is equal to 99.3 Fahrenheit

Respiration: 20 Pain: 30.0 Recommended by JCAH (0-100%)

Pulse: 90 Smoking status:

Height: 69 centimeters is equal to 27.2 inches

Weight: 130

B/P Systolic: 120 B/P Diastolic: 70

Notes: Add SOAP Template

Standard SOAP NOTES: This is a note that was written on 11/24/2005

Subjective: <----->

CC-: HPI-:

Location-: head Quality-: throbbing Severity-: terrible Duration-: for a very long time Timing-: about 11 am every day Context-: only when I read without my glasses Modifying factors-: If I put my glasses on, the pain goes away Associated signs and symptoms-: investment reading makes things worse ROS-: Constitutional symptoms (e.g., fever, weight loss)-: Eyes-: blue Ears, nose, mouth and throat-: yes Cardiovascular-:

Buttons: Save this information Delete

Enter the Smoking status

0, leave blank

- 'current every day smoker' an individual who has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes everyday
- 'current some day smoker' an individual who has smoked at least 100 cigarettes during his/her lifetime and still smokes periodically
- 'former smoker' an individual who has smoked at least 100 cigarettes during his/her lifetime but does not currently smoke
- 'never smoker' an individual who has not smoked 100 or more cigarettes during his/her lifetime
- 'smoker, current status unknown' individuals who were known to have smoked at least 100 cigarettes in the past, but their whether they currently still smoke is unknown
- 'unknown if ever smoked' individual's smoking status is ambiguous

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS

Buttons: Add a new Allergy for this Patient Edit/Revise

Date	Allergies

Notice:

You are warned that a simple BMI calculation is not considered accurate if the age is less than 20 years. The CDC standard calculation for BMI with pounds and inches is: $\text{Weight} / (\text{height} * \text{height})$ Reference: <http://www.cdc.gov/>

We give you a 'rough' interpretation of the BMI for ages 8 - 19 based on the formula: $\text{BMI} * (1.71 - (0.043 * \text{Age}))$. The correct children's BMI interpretation is on the CDC web site using charts for boys and girls. Age and sex make a significant difference for children's BMI interpretation.

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account
 Name: Felecia A Founder User ID: 399990

Buttons: Add a new Prescription for this patient | Edit/Revise

Beginning & Ending Copy previous EMR

Date: 11/20/2005 11/20/2005
 Time: 08:57:00 AM 09:00:00 AM

Temperature: 37.4 Celsius is equal to 99.3 Fahrenheit
 Respiration: 20 Pain: 30.0 Recommended by JCAH (0-100%)
 Pulse: 90 Smoking status: 6
 Height: 175.3 centimeters is equal to 69.0 inches
 Weight: 59.0 kilograms is equal to 130.1 pounds

B/P Systolic: B/P Diastolic:

Calculate BMI 19.20 = Ideal weight

Buttons: Add SOAP Template | Only show my entries | Restore display

Notes:
 Standard SOAP NOTES This is a note that was written on 11/24/2009
 CC-: Subjective
 HPI-:
 Location-:
 Quality-:
 Severity-:
 Duration-:
 Timing-:
 Context-:
 Modifying factors-:
 Associated signs and symptoms-:
 ROS-:
 Constitutional symptoms (e.g., fever, weight loss)-:
 Eyes-:
 Ears, nose, mouth and throat-:

Buttons: Save this information | Delete

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOACAN CUSTOM SPINAL ANES
08/21/2009	New	SPINOACAN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	REOPRO INJECTION
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	REOCYTE PLUS COMPLEX CAPSU
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	ZYVOX ORAL SUSPENSION
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	ZYVOX TABLETS
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	REOPRO SOLUTION

Buttons: Add a new Allergy for this Patient | Edit/Revise

Date	Allergies

Buttons:

1. 'Add SOAP template' - this button will enter a template to help you enter notes in a standard way. You may modify this template any way you wish. Note in the example below that the user has set up 3 different templates to use depending on the patient/diagnosis etc.
2. 'Only show my entries' - this button removes the template. Any line that you do not type in will be removed. Blank lines will be removed. The special guides will be removed. You need to try it to see how it works. Don't worry, you can always press the 3rd button to bring everything back.
3. 'Restore display' - this button will display the screen contents the way it was before you pressed the 2nd button.

We have provided a S.O.A.P. template that you can use or you can modify it to better suit your

specialty. The next screen is a sample of a standard S.O.A.P. entry screen after pressing the 1st button ('Add SOAP template')

Note there are some special alignment characters to help guide you through the SOAP template. It is lengthy and you may wish to modify it to better suit your needs. We provide a sample SOAP template file that is loaded into the edit screen. The file we provide is `\ssiwin\2\data300006\m6ptnote.dat` for non-dental and `\ssiwin\2\data300007\m6ptnote.dat` for dental practices. **You must not modify this file in this location.** If you wish to make modifications you must copy this file to your workstation user directory. An example of a workstation user directory is: `\ssiwin\4\Computer\xxxxxx` where `xxxxxx` is the name of the computer that you are using to do entry. If you have more than one workstation and you want some of them to have the same template, we recommend that you only use one workstation until you get the template the way you want, then copy your new file to the other workstation user directories. If you want all workstations to have a certain template, you can put that template in the '`4\Computer`' directory, example: `\ssiwin\4\Computer` -- If you do not understand how to do this, the Stratford support group can help you.

The software will search for your template in this order: (Note: the drive letter is an example. Yours may be different, your computer is named: "workstation01", you logged in with the id "JohnsonMD", your account is 309999)

1. `C:\Stratford\ssiwin\4\LoginID\JohnsonMD\m6ptnote.dat` << works only for JohnsonMD on all computers
2. `C:\Stratford\ssiwin\4\LoginID\m6ptnote.dat` << works for all user logins on all computers
3. `C:\Stratford\ssiwin\309999\m6ptnote.dat` << works for all user logins on all computers working in the 309999 account

4. C:\Stratford\ssiw\4\Computer\workstation01\m6ptnote.dat << works for all user logins on one computer named 'workstation01'
 5. C:\Stratford\ssiw\2\data30000x\m6ptnote.dat << default Stratford template

Note: if you have a template in more than one of these locations, the software will find the first one in the order above and quit looking.

999990 STRATFORD SOFTWARE RX TEST

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account
 Name: Felecia A Founder User ID: 399990

Buttons: Add a new Prescription for this patient Edit/Revise

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	REOPRO INJECTION
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	REOCYTE PLUS COMPLEX CAPSU
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	ZYVOX ORAL SUSPENSION
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	ZYVOX TABLETS
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	REOPRO SOLUTION

Buttons: Add a new Allergy for this Patient Edit/Revise

Date	Allergies

Buttons: Save this information Delete

Note that all the template descriptive guides can be easily removed by pressing the 'Only show my entries' button. The screen below shows what your entries may look like after the template guides are removed.

Adult - routine physical

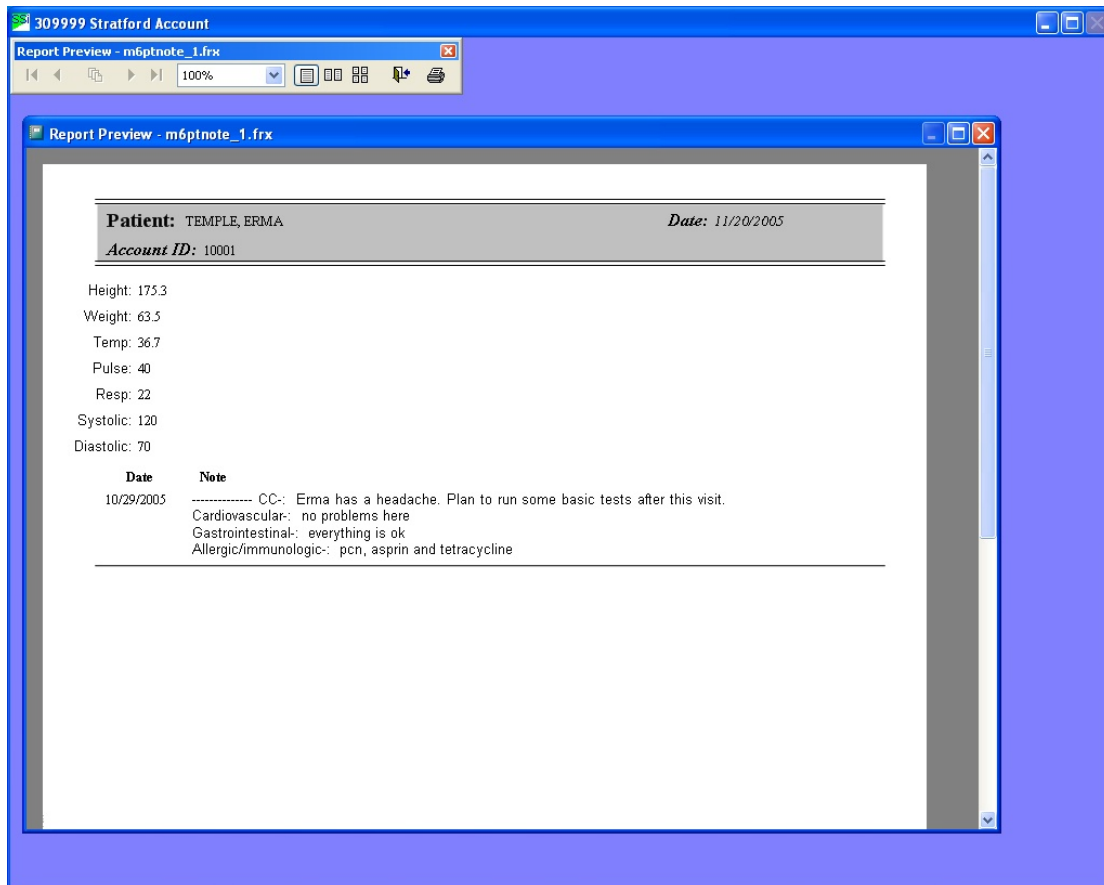
2. C:\Stratford\ssiw\4\Computer\computer1\m6ptnote01.dat -- first line says: SOAP NOTES special for pain (fibromyalgia)

3. C:\Stratford\ssiw\4\Computer\computer1\m6ptnote02.dat -- first line says: SOAP NOTES pediatric special - female pre-puberty

You can make changes depending on what you want to see in the menu. Remember, if you include the words "SOAP NOTES" in this description, this line can be automatically deleted in the final EHR.

Be sure that you press the 'Save this information' button at the bottom of the screen before you exit.

Note that the allergies were entered in the 'free text' portion of the EHR above. You may want to do this because this entire record can be printed and placed in a paper chart if you wish. You can get a report similar to this:



Many healthcare providers keep electronic and paper records.

You can also enter the allergies in a separate table using the 'Add a new Allergy for this patient' button. Having the allergies in a separate table enables accessing and maintaining allergies in other screens. The decision of which (or both) method(s) to use is your decision. Below is the Allergy entry screen that can be accessed from other screens:

309999 STRATFORD RX TEST ACCOUNT

Patient Allergies

ID 10001 Name ERMA TEMPLE

Sex DOB // Age Unknown Phone 1 () - Ext Phone 2 () - Ext

Begin Date 11/20/2005

Allergy PCN

Memo The patient had a severe rash and trouble breathing

999990 STRATFORD SOFTWARE RX TEST

Electronic Medical Record

Account Identifier: TESTG Class: Rx test account Add a new Prescription for this patient Edit/Revise

Name: Felecia A Founder User ID: 399990

Beginning & Ending

Date: 01/24/2006 01/24/2006 [Copy previous EMR](#)

Time: 10:04:00 AM 10:07:00 AM

Temperature:

Respiration:

Pulse:

Height:

Weight:

B/P Systolic:

B/P Diastolic:

Pain: Recommended by JCAH (0-100%)

Smoking status:

[Calculate BMI](#)

[Add SOAP Template](#) [Only show my entries](#) [Restore display](#)

Notes:

Please complete highlighted fields. [Delete](#)

Date	Type	Prescription
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	KEFLEX CAPSULES
08/21/2009	New	PHRENILIN TABLETS
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	SPINOCAN CUSTOM SPINAL ANES
08/21/2009	New	0.30% POTASSIUM CHLORIDE IN 5
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	RENU PLUS PASTE PROPHYLAXID
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	REOPRO INJECTION
08/21/2009	New	REOPRO SOLUTION
08/21/2009	New	REOCYTE PLUS COMPLEX CAPSU
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	0.25% BUPIVACAINE HCL AND EPI
08/21/2009	New	ZYVOX ORAL SUSPENSION
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	ZYVOX TABLETS
08/21/2009	New	PREMARIN TABLETS
08/21/2009	New	FLUORITAB CHEWABLE TABLETS
08/21/2009	New	VEREGEN OINTMENT
08/21/2009	New	REOPRO SOLUTION

[Add a new Allergy for this Patient](#) [Edit/Revise](#)

Date	Allergies

Here we copy the previous record from 11/20/2005 to the current (blank) record dated 01/24/2006

Now you can edit/update this record without needing to re-type the entire text. Just click in the text area and an edit window will appear. See below, the patient no longer has the throbbing headaches.

Note: if you do not have your Stratford dos data installed in **C:\130**, you should not use this tutorial. Please change to the tutorial titled "Convert Data from Stratford Dos non-standard location"

After you confirm where the dos data is installed, you MUST reorganize the dos data before you read anything else in this tutorial. From the dos main menu, select #8, #3, #7 and do a complete reorganization.

You MUST NOT get any errors when you reorganize the dos data. If you do, the conversion will not work. Please contact Stratford support if you get any errors.

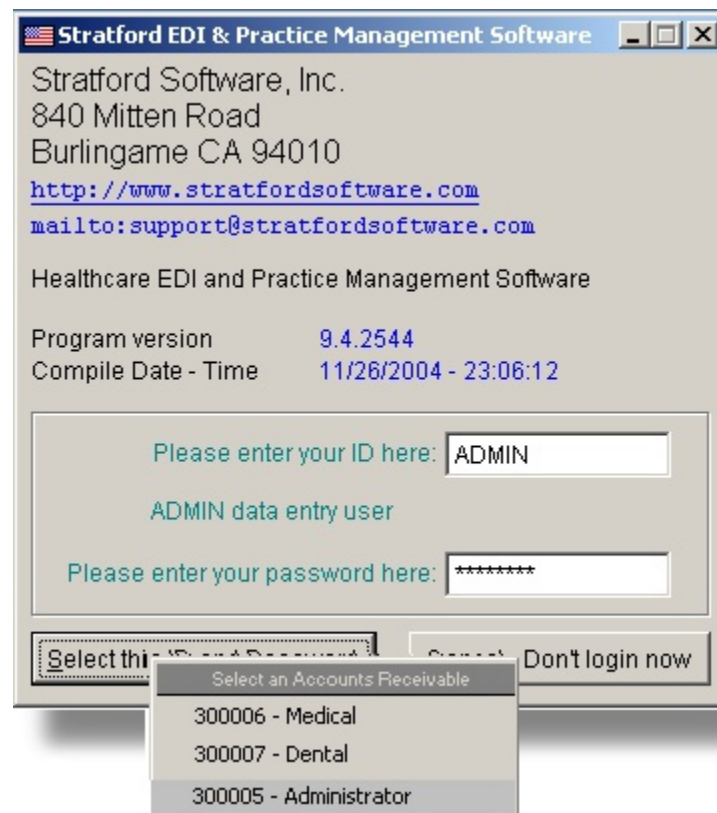
If you get this far, it means that you reorganized the dos data today and you did not get any errors.



Sign on as above to be able to convert. Use the id 'ADMIN' and the word 'PASSWORD' (must be upper case) as the password.

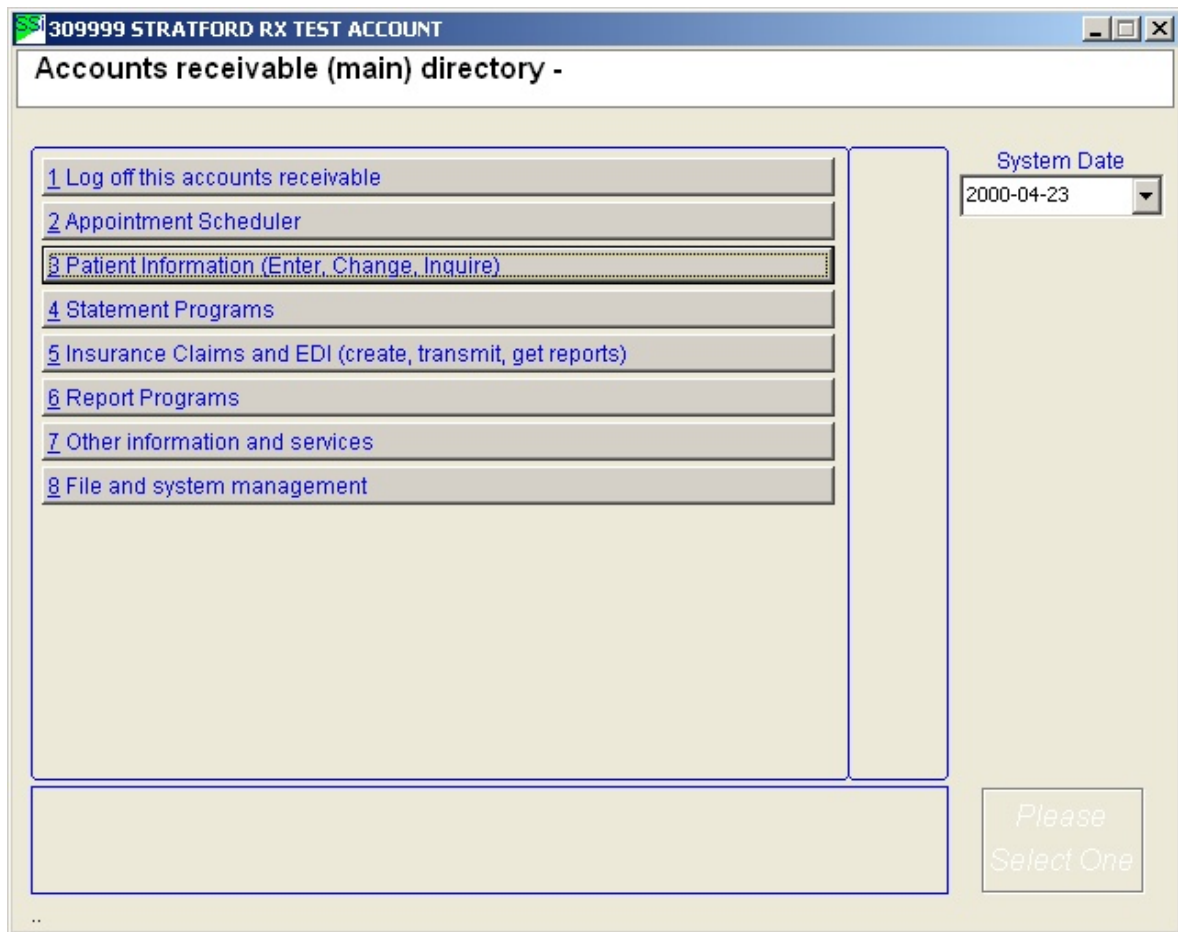
The ***** is actually the word 'PASSWORD' covered by stars so if someone is standing near you, they will not be able to see what you are typing.

Click 'Select this ID and Password' and you will see the screen below:

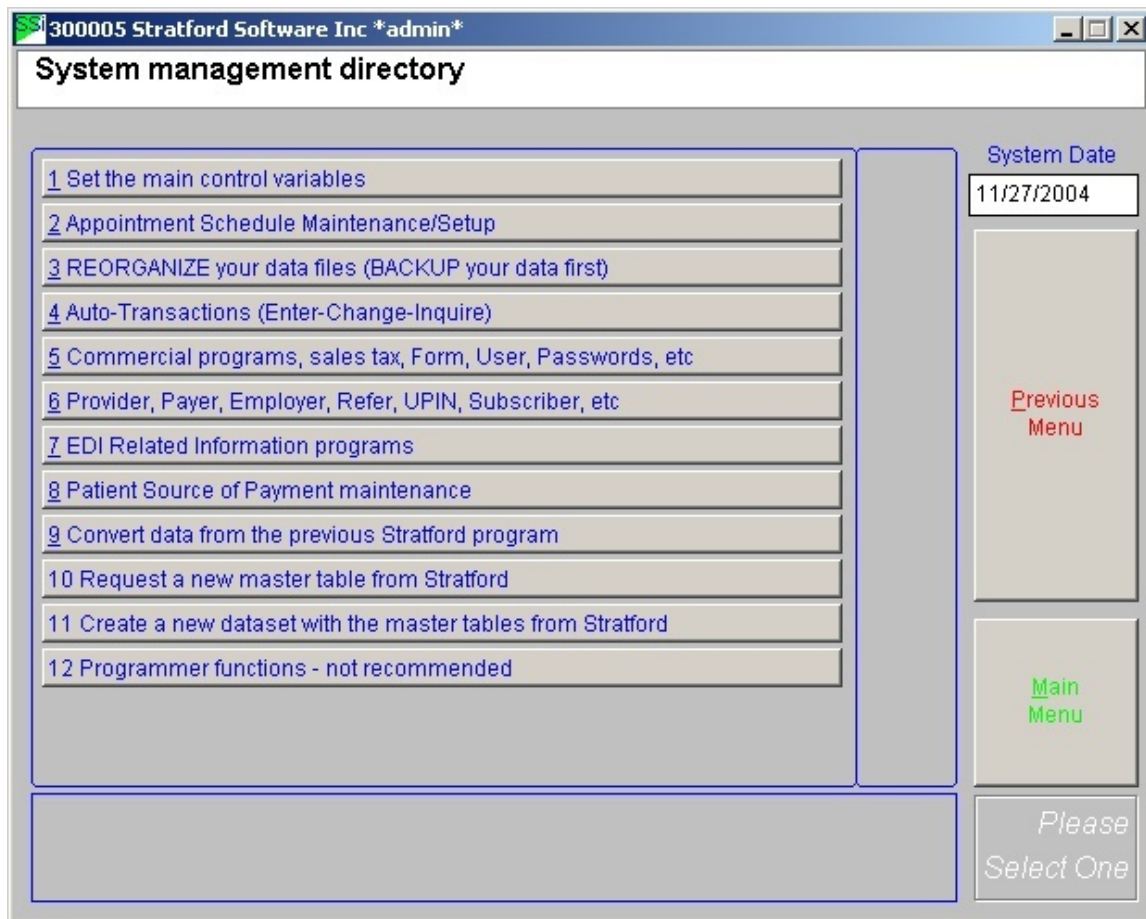


Select 300005 - Administrator

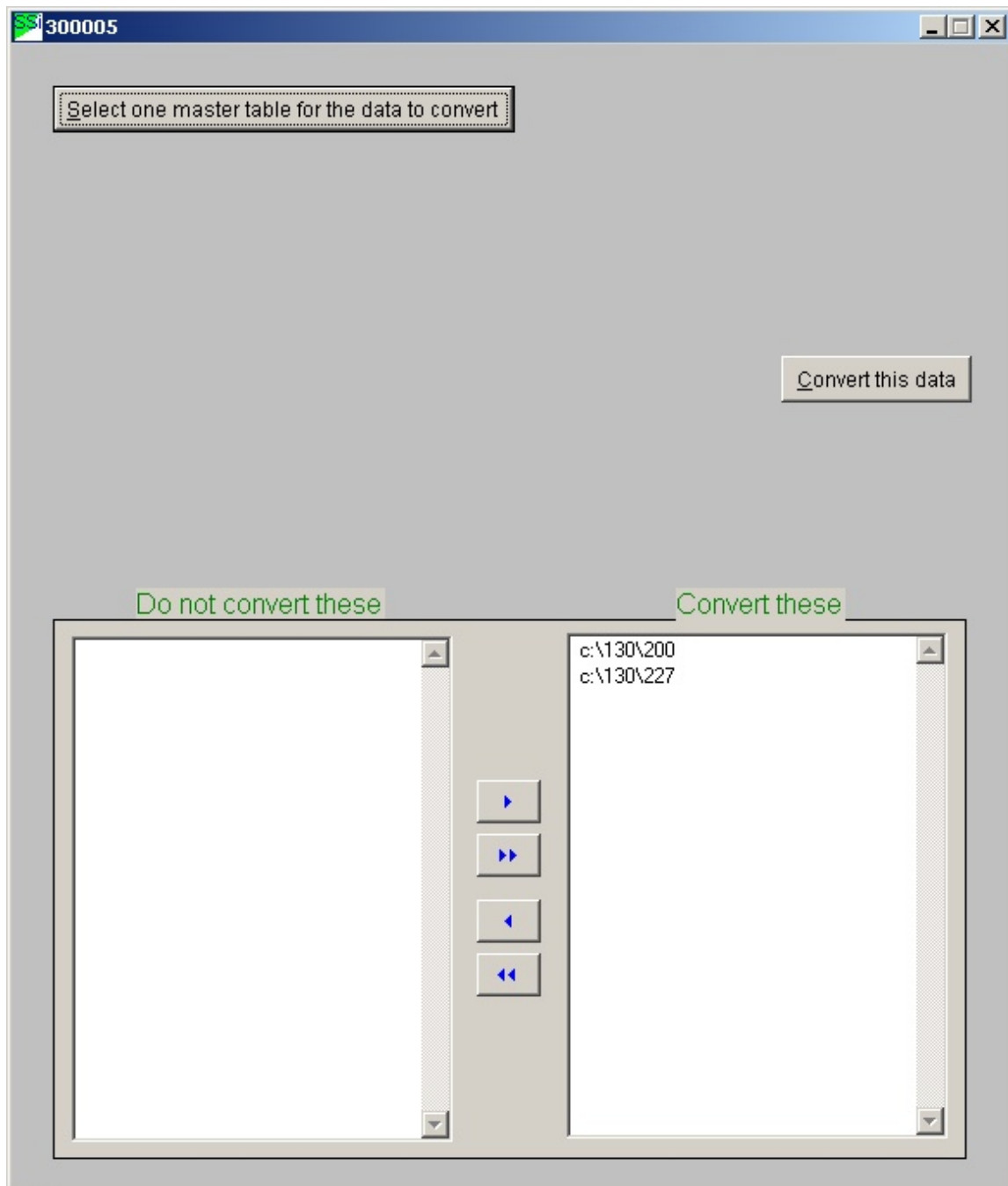
and you will see the screen below:



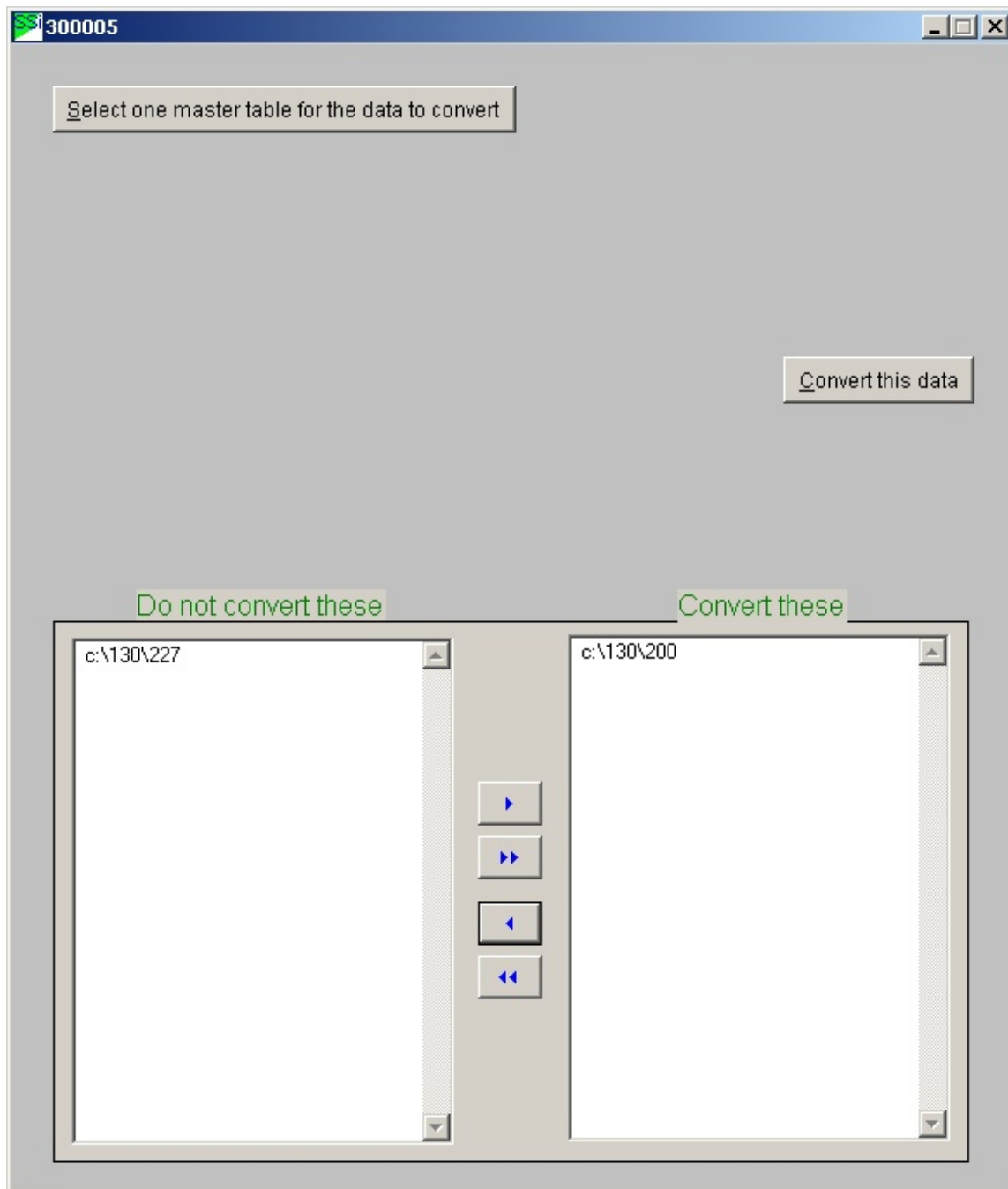
Choose # 8 'File and System Management' and you will see the screen below:



Choose option #9 'Convert Data from the previous Stratford program' and you will see the screen below:



In this example there is an additional account listed in the 'Convert' section. The only one you want in this section is the account you want to convert, such as 130\200. Click once on each of the other folders and then on the < arrow to move it over and you should end up with this screen:



Press the button: "Convert this data"
the program will automatically convert your data.
In this example, only the data in \130\200 will be converted

You will see lots of information scrolling in a window. You do not need to pay any attention to this display. It is there for one reason: so you will know the conversion is working. Note that, depending on the size of your old 'dos' data and the power of your computer, this process can take minutes or even an hour or more. If the screen appears to be 'frozen' - does not move for a long time - you should not do anything. We have seen larger accounts that take 30 - 45

minutes to process a single file. Just leave it alone. Of course, if the screen appears frozen for 2 hours and you are certain that it has not changed at all, then possibly there is a problem. You should be aware that we have done a conversion on an old, very slow 'Pentium III' computer that took an entire weekend (3 full days) to convert an account. You need to be patient. Converting from one type of data file structure to a completely different structure and preserving all the data can be a time consuming process. Also, you should be aware that 'windows programs' do not run as fast (on the same computer) as dos programs. The reason is dos has no graphics and windows has many graphics that must be loaded and displayed. It takes more computer processing time to display graphics than it takes to display simple text that you have in a dos program.

Once the conversion is finished you will see a message that the data was converted successfully. If, for some reason the data does not convert, there will be a 'log' file which documents all the various processes that were performed to convert the data. In the example above the 'log' (audit) would be named: C:\Stratford\ssiw\30xxxx.log (xxxx depends on your account ID). You can view this file with the Windows program: NOTEPAD.EXE. The error will most likely be near the bottom of this log file. Search for 'error'. If you have a software support subscription with Stratford, you may call for help. For the fastest, most accurate support, you should attach this log file to an email and send it to support@stratfordsoftware.com. In the email body you can describe anything that might be helpful. You will probably find this way of obtaining support, at least for a conversion problem, is much better than a phone call. Almost always we can examine the log file and have an answer for you - it may be something very simple to resolve in the dos data.

To access the converted data you will need to exit the conversion program and the menus.

When you get to the logon screen for the ID you will input your account number and the password: PASSWORD (upper case)



then click on "Select this ID and Password"

You should then be in your new account with the converted data.

Be sure to check some patients with recent data.

Be sure you think everything converted correctly. If you think there is any problem, be sure you keep a backup of the 'log' file mentioned above and contact Stratford immediately if you have a software support subscription. Do not make any changes in the newly converted data until you are sure you are satisfied with it and you have made at least one backup - preferably on a CD. If you zip the data first it will be easy to restore and/or examine in the event you need support.

We recommend that you keep permanent backups (preferably on CD) of the old (unconverted) data as well as daily backups of the newly converted data. Remember, if you have hundreds or even thousands or tens of thousands of patients, you probably have 2-20 times that many transactions (or more) and all the insurance and other related data. You could possibly use the system for awhile before you notice a problem. If you have daily backups, the Stratford support group may be able to help you. If you have no backup (or only an old backup), there may be nothing we can do. This is a reminder that you should have a backup at least once every day that you make any changes. Think about what your data is worth to you. Think about how much it could cost you if you have to reenter/reconstruct your data. You should backup at least one time per day on CD and take the CDs offsite and keep them for 6 months or more. Always remember that you are the only one who has your data. Stratford does not have a copy of your data. Even if you have sent data to Stratford in the past to examine for some reason, our policy is that we do not keep copies of client data. We destroy it in a 'confetti shredder' if it is on a CD and/or paper. Stratford does not have access to your data. If you need help, most likely, the first thing we will ask is "do you have a backup."

3.4.2 Convert Data from Stratford Dos non-standard location

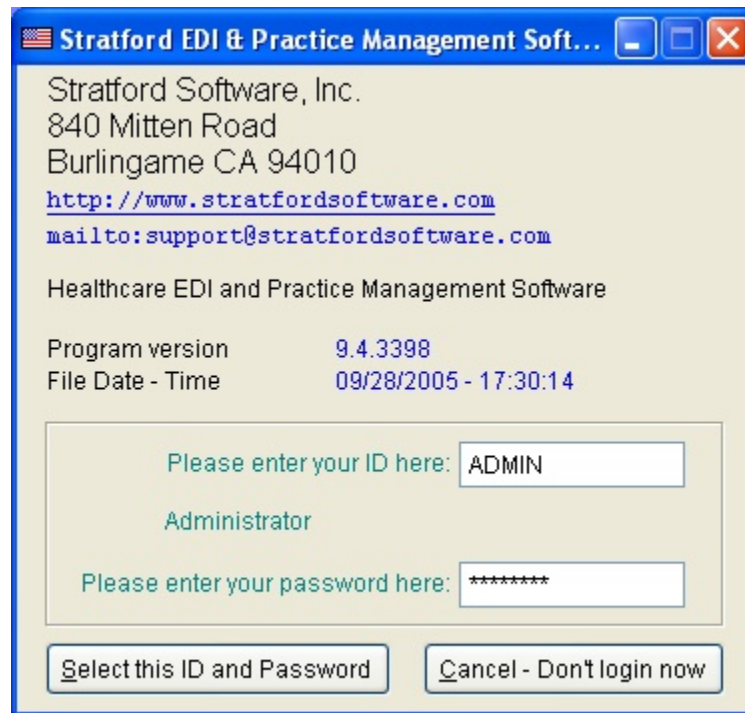
Non-Standard Dos Data location conversion

Converting Data from the Stratford Dos program database structure to the Stratford Windows database structure.

Use this tutorial if you have your Stratford dos data installed in a location other than `\130\xxx`. For example, if you installed the data in:

`c:\program files\130` or
`c:\130data`, etc

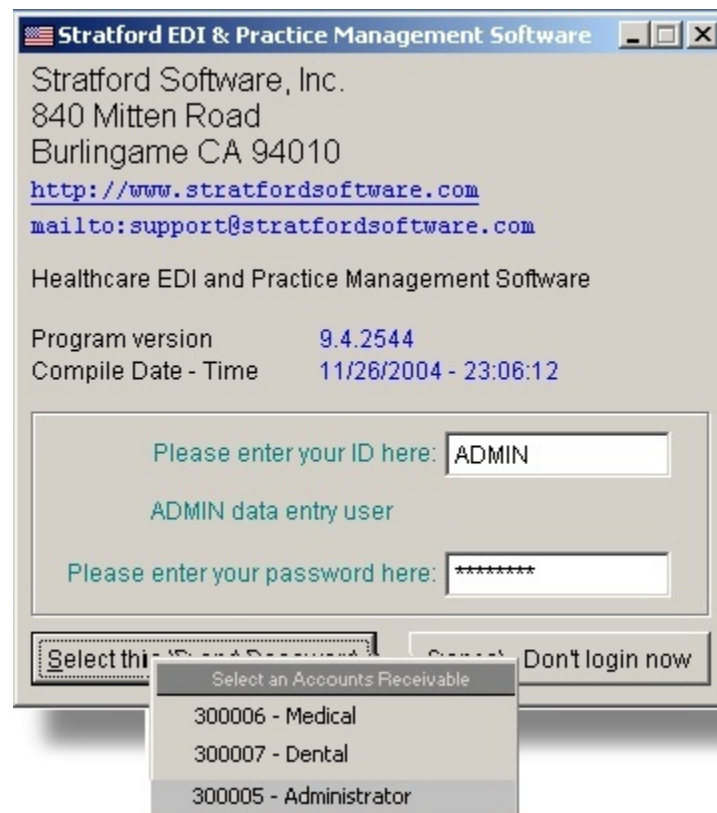
you may use this tutorial as a guide



Sign on as above to be able to convert. Use the id 'ADMIN' and the word 'PASSWORD' (must be upper case) as the password.

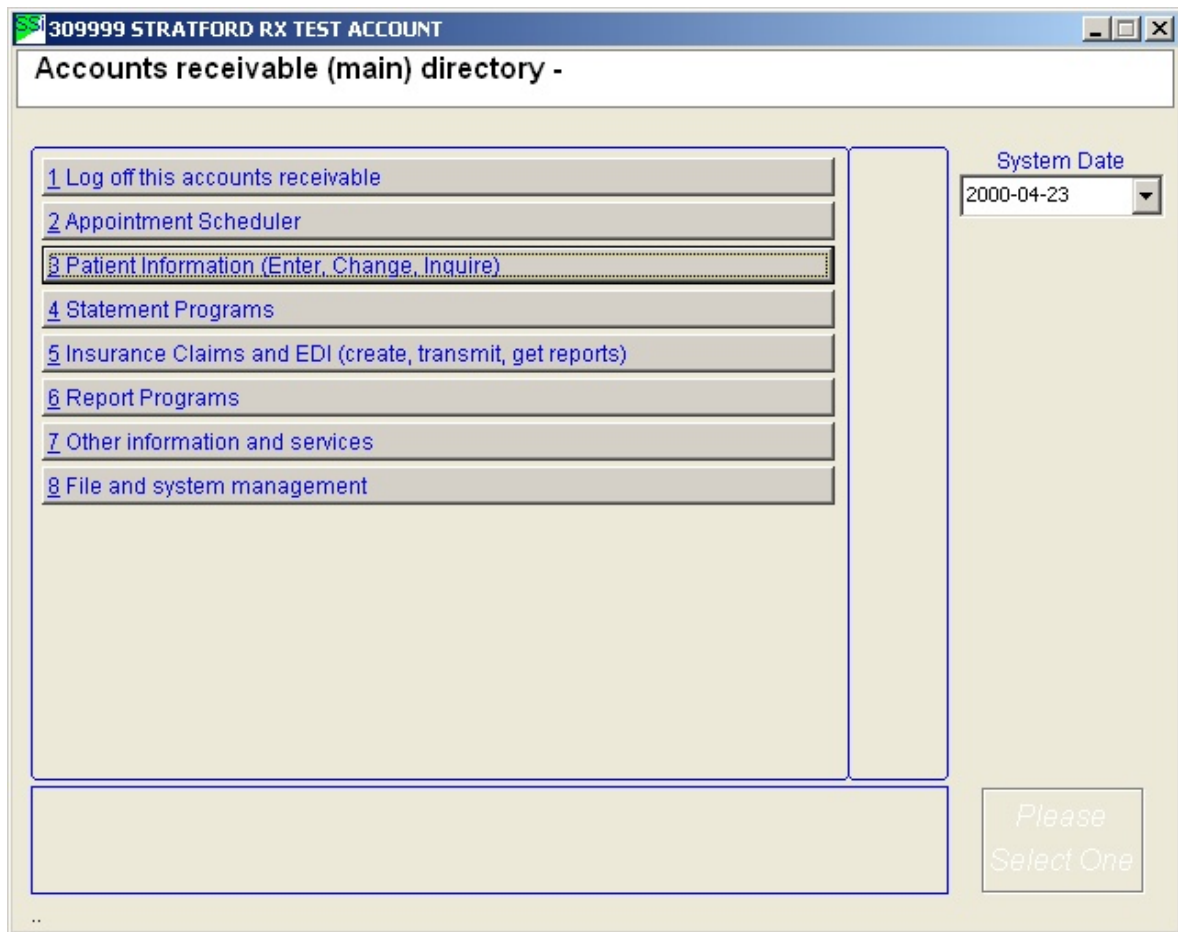
The ***** is actually the word 'PASSWORD' covered by stars so if someone is standing near you, they will not be able to see what you are typing.

Click 'Select this ID and Password' and you will see the screen below:

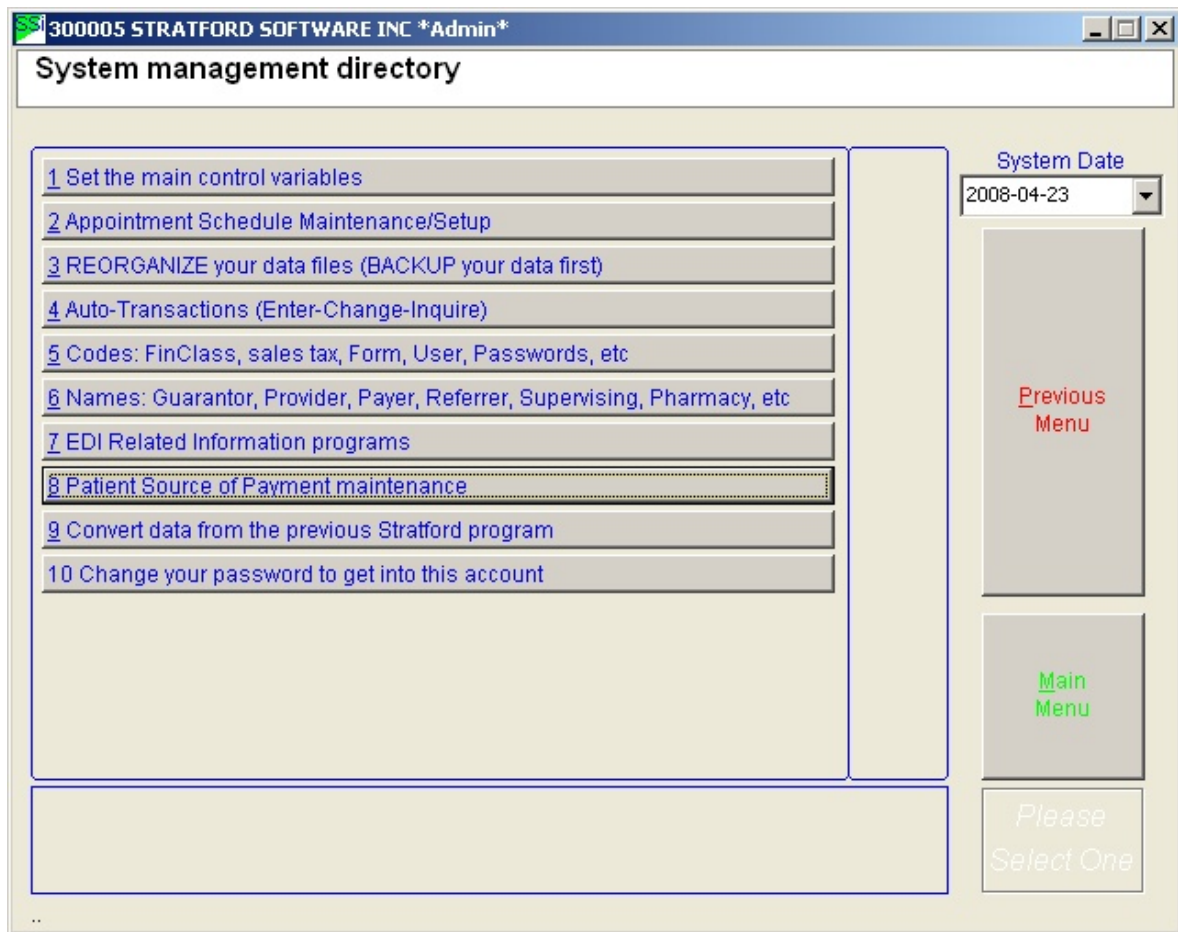


Select 300005 - Administrator

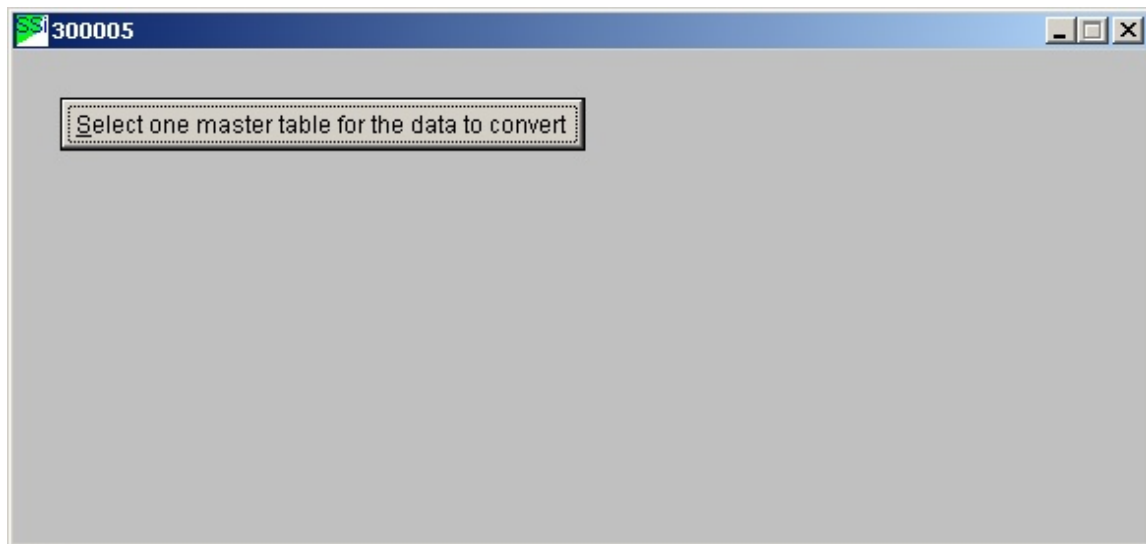
and you will see the screen below:



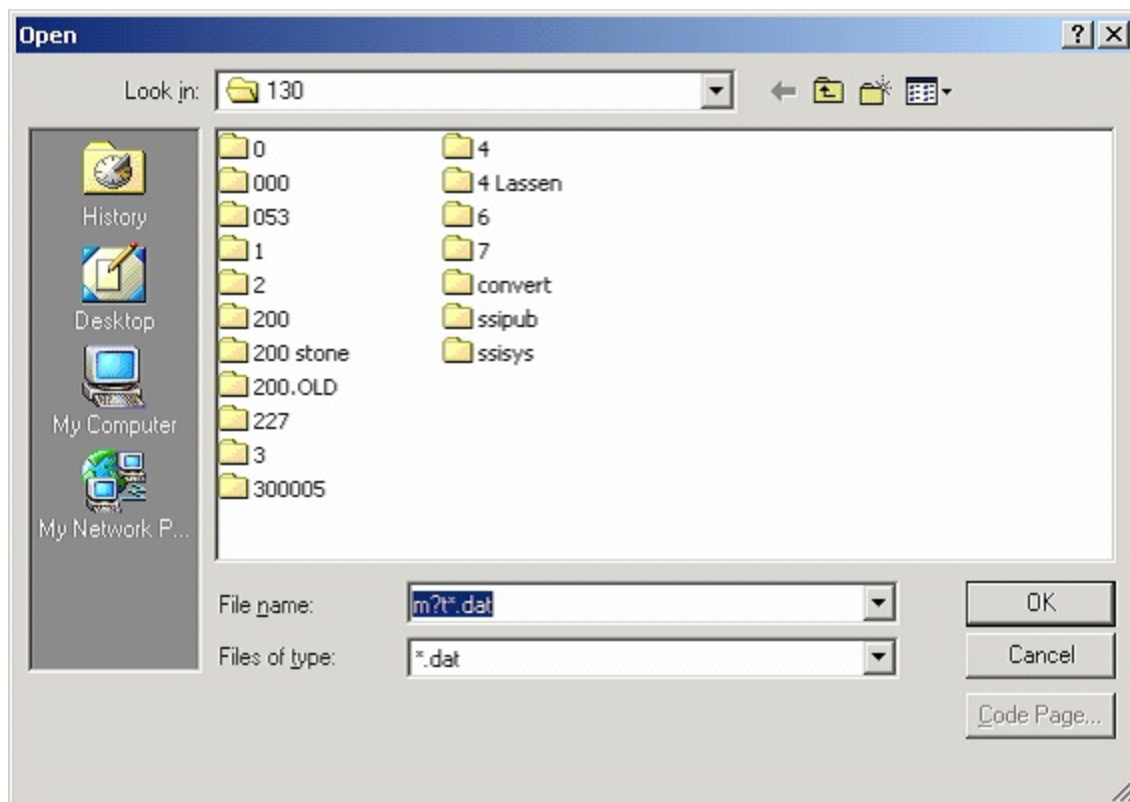
Choose # 8 'File and System Management' and you will see the screen below:



Choose option #9 'Convert Data from the previous Stratford program' and you will see the screen below:

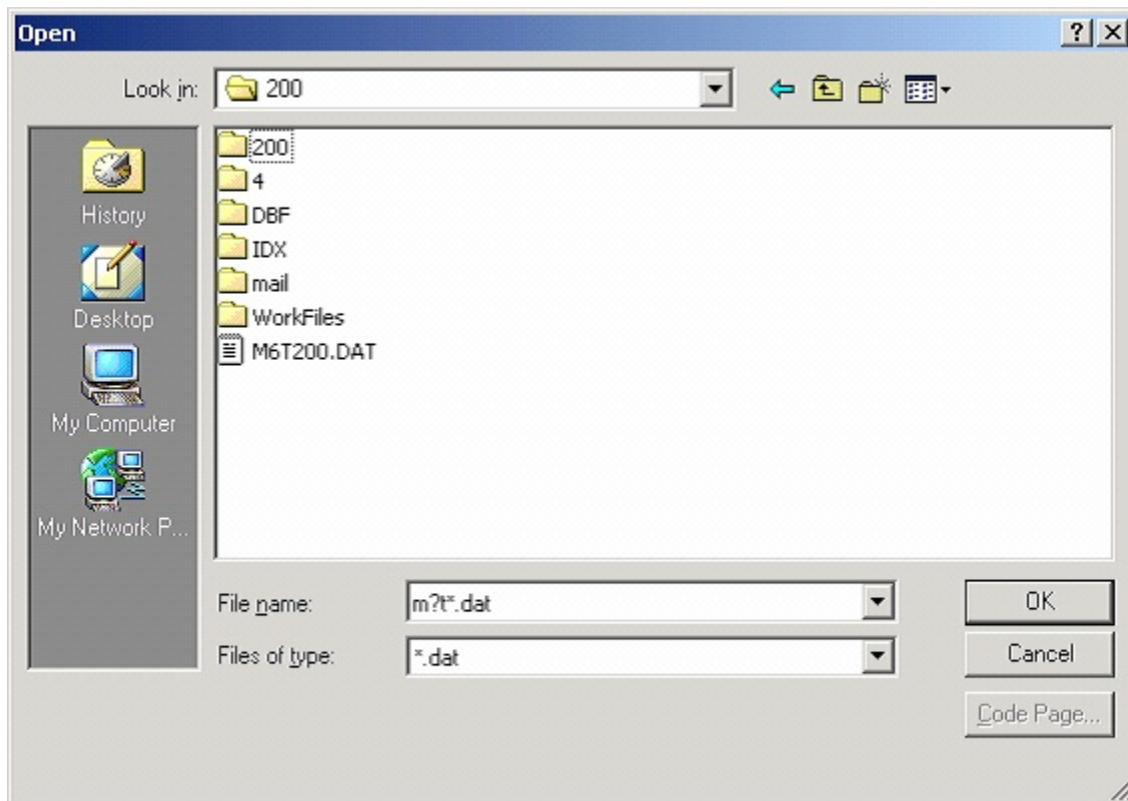


Click on the button on the upper left corner, 'Select one master table for the data to convert' you will see the screen below:



Double click on the folder of the account you want to convert.

in this example it is '200' and you will see the following:



Click on the file 'M6T200.DAT' and click OK

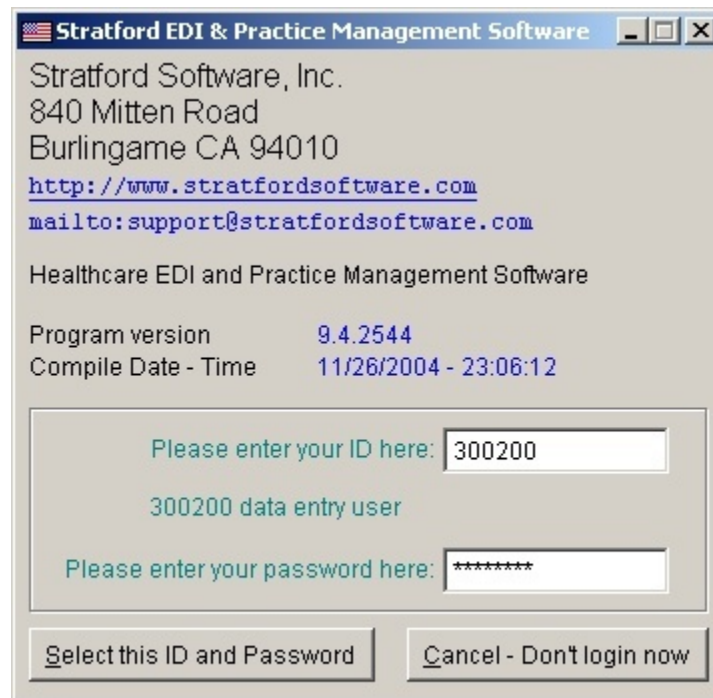
Press the button: "Convert this data"
the program will automatically convert your data.
In this example, only the data in \130\200 will be converted

You will see lots of information scrolling in a window. You do not need to pay any attention to this display. It is there for one reason: so you will know the conversion is working. Note that, depending on the size of your old 'dos' data and the power of your computer, this process can take minutes or even an hour or more. If the screen appears to be 'frozen' - does not move for a long time - you should not do anything. We have seen larger accounts that take 30 - 45 minutes to process a single file. Just leave it alone. Of course, if the screen appears frozen for 2 hours and you are certain that it has not changed at all, then possibly there is a problem. You should be aware that we have done a conversion on an old, very slow 'Pentium III' computer that took an entire weekend (3 full days) to convert an account. You need to be patient. Converting from one type of data file structure to a completely different structure and preserving all the data can be a time consuming process. Also, you should be aware that 'windows programs' do not run as fast (on the same computer) as dos program. The reason is all the graphics. It takes more computer processing time to display graphics than it takes to display simple text that you have in a dos program.

Once the conversion is finished you will see a message that the data was converted successfully. If, for some reason the data does not convert, there will be a 'log' file which documents all the various processes that were performed to convert the data. In the example above the 'log' (audit) would be named: C:\Stratford\ssiw\30xxxx.log (xxxx depends on your account ID). You can view this file with the Windows program: NOTEPAD.EXE. The error will most likely be near the bottom of this log file. If you have a software support subscription with Stratford, you may call for help. For the fastest, most accurate support, you should attach this log file to an email and send it to support@stratfordsoftware.com. In the email body you can describe anything that might be helpful. You will probably find this way of obtaining support, at least for a conversion problem, is much better than a phone call.

To access the converted data you will need to exit the conversion program and the menus.

When you get to the logon screen for the ID you will input your account number and the password: PASSWORD (upper case)



Click on "Select this ID and Password"

You should then be in your new account with the converted data.

Be sure to check some patients with recent data.

Be sure you think everything converted correctly. If you think there is any problem, be sure you keep a backup of the 'log' file mentioned above and contact Stratford immediately if you have a software support subscription.

We recommend that you keep permanent backups (preferably on CD) of the old (unconverted) data as well as the newly converted data. Remember, if you have hundreds or even thousands or tens of thousands of patients, you probably have 2-20 times that many

transactions (or more) and all the related data. You could possibly use the system for awhile before you notice a problem. If you have the backups, the Stratford support group may be able to help you. If you have no backup, there may be nothing we can do. This is a reminder that you should have a backup every day. Think about what your data is worth to you. Think about how much it could cost you if you have to reconstruct your data. You should backup at least one time per day on CD and take the CDs offsite and keep them for 6 months or more.

3.4.3 Convert data from SET70

Conversion from Convert data from Simple Electronic Transmission (SET.1) Version 7.0 to the Stratford Windows version.

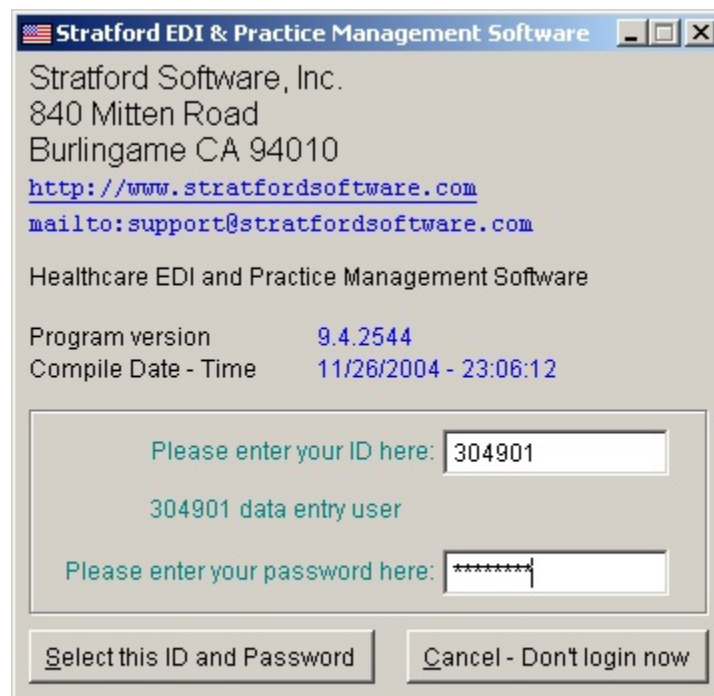
This is the program that was given out to providers in Southern California by Transamerica Medicare and later by NHIC when they took over the contract.

This conversion program requires that you have a newly installed NHIC account installed as usual, example: \ssiwin\304901

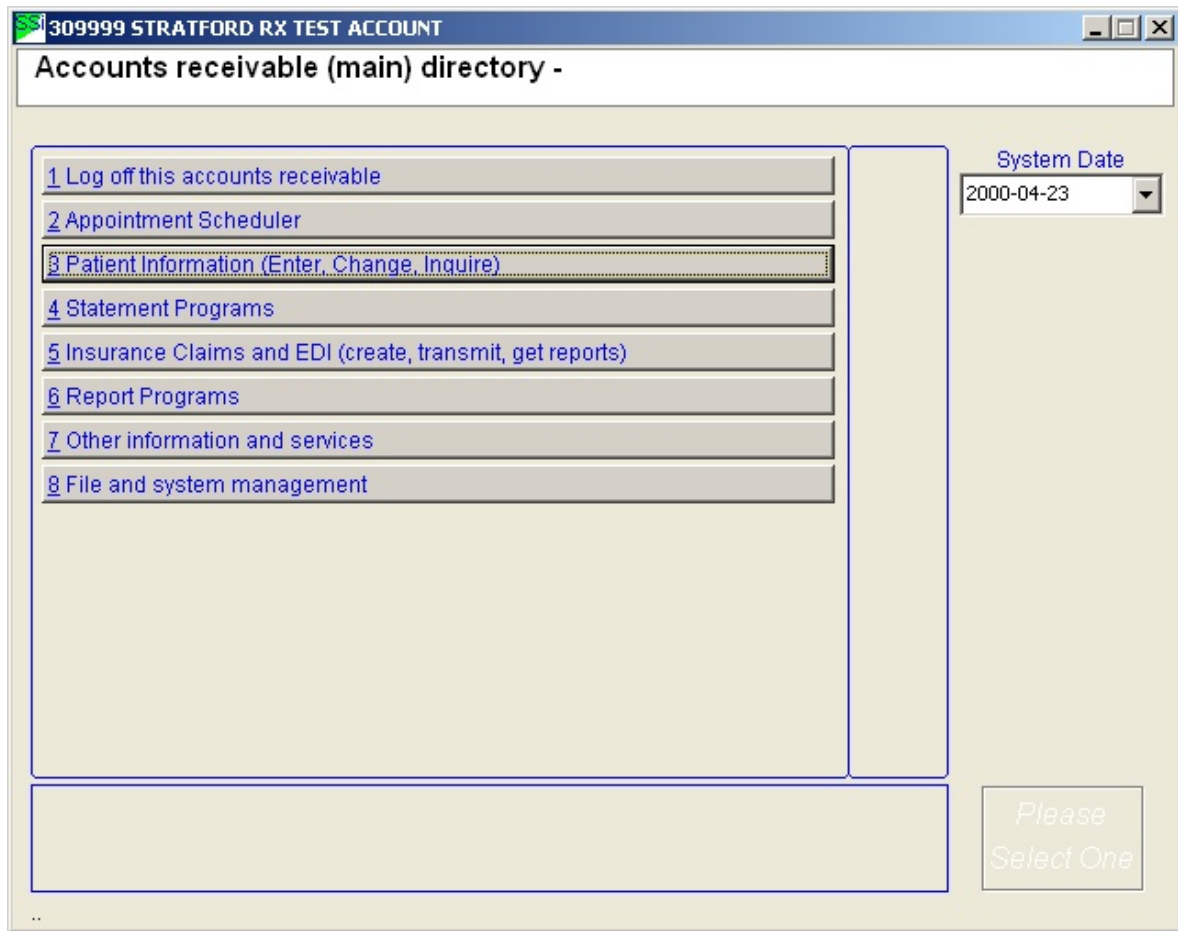
You must also have the SET70 programs installed on the same computer or network. If you have them installed on the same disk in the default location, example: \set70 then the Stratford conversion program will find them automatically and make this process very easy.

Below is a walkthrough that assumes you have these two programs installed in the default locations.

First log into your new NHIC account:

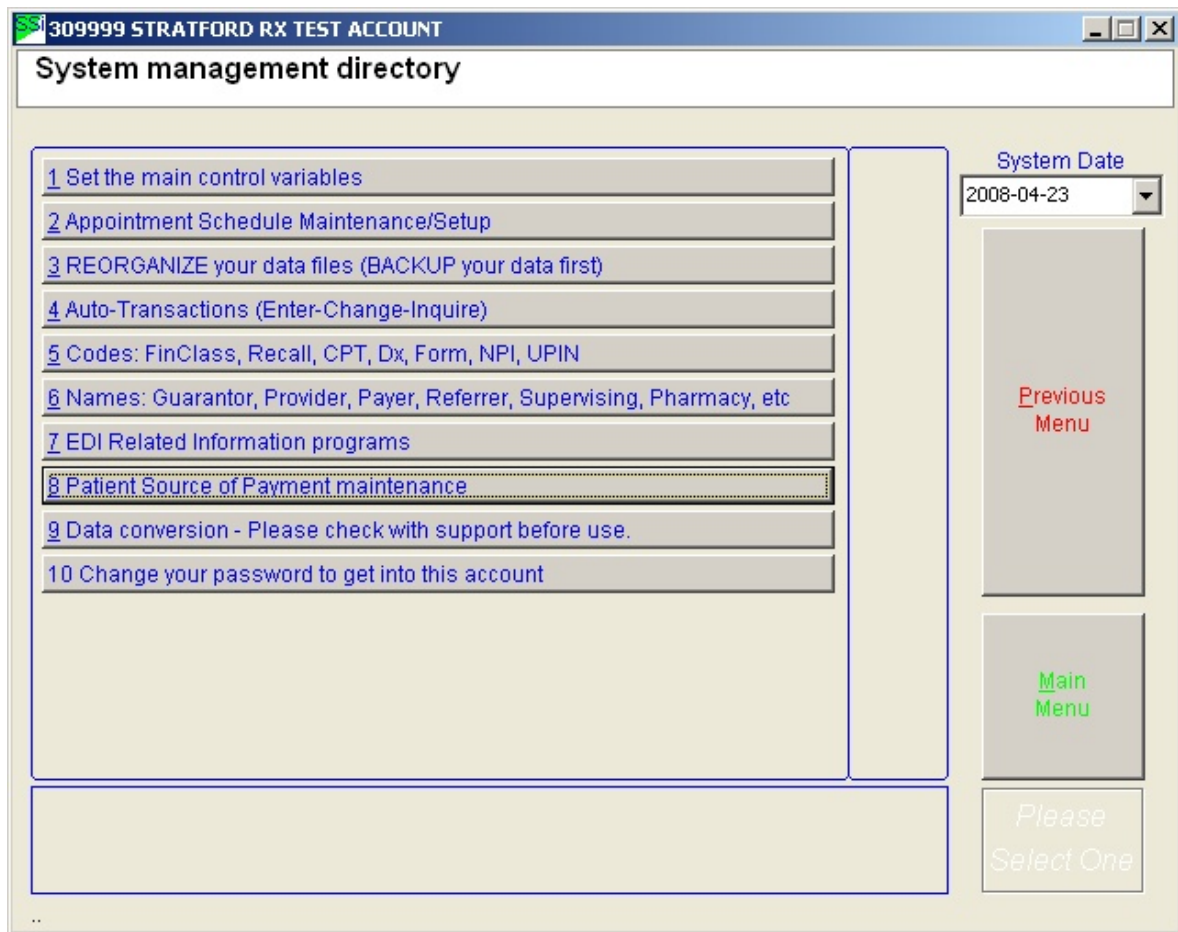


Put in your account number as the ID. Then the password (default: PASSWORD, upper case) and press the button labeled: "Select this ID and Password".



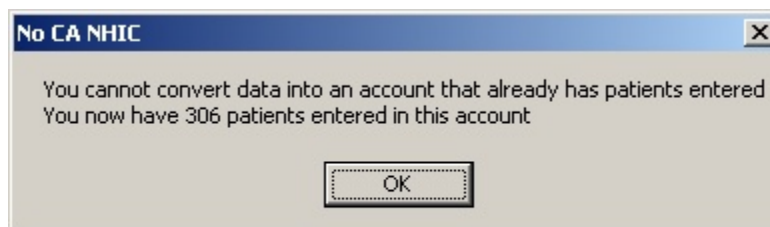
From this main directory select number 8 "File and system management"

Now you will see the screen below:



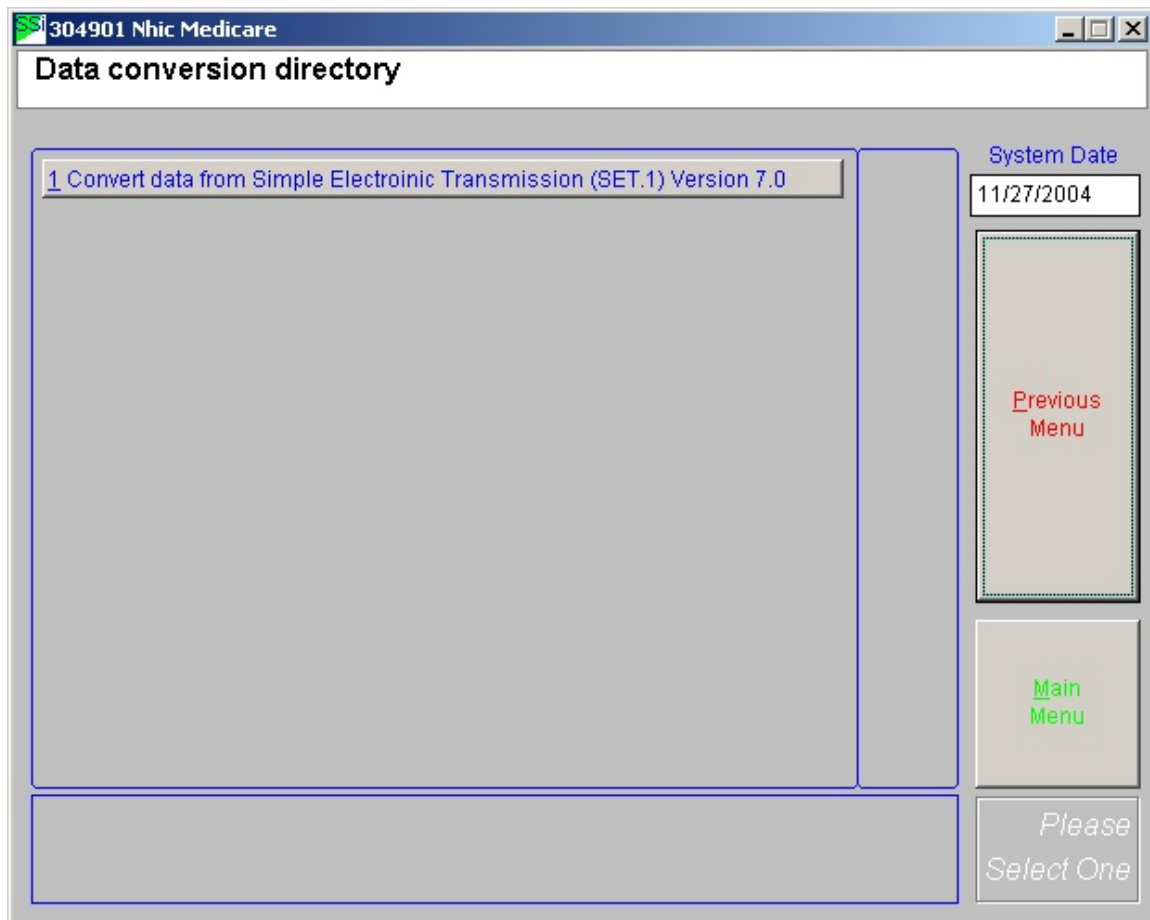
Note that you cannot convert data from any source into your account if you have entered any data. This is very important. The conversion program assumes that you have newly installed programs.

If you do try to convert and import data (by selected #9 - see the graphic above) after you have already entered anything you will see a screen like this:



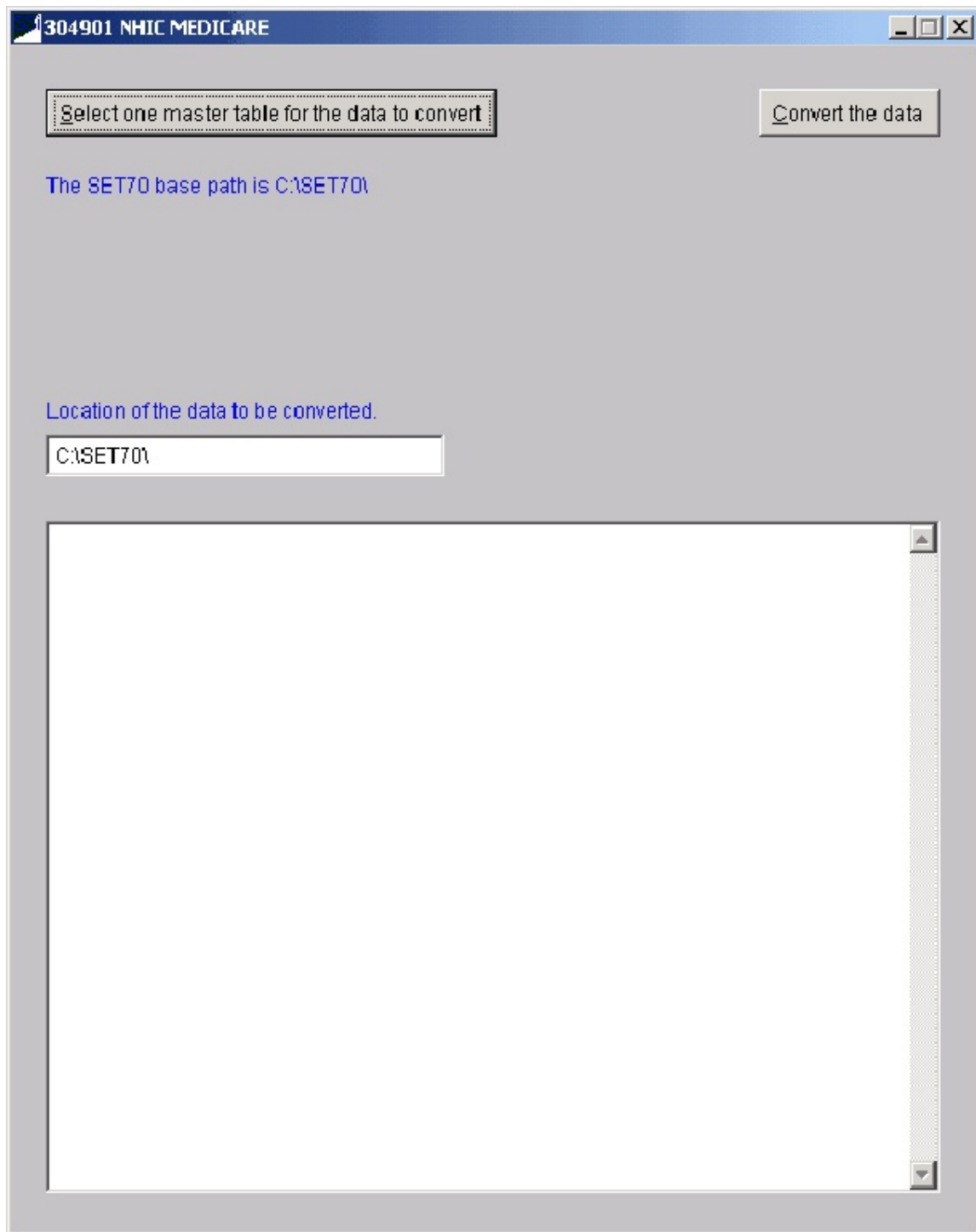
If you have a newly installed account, from the next menu, select number 9 – "Convert data from another software company".

You will see the screen below:



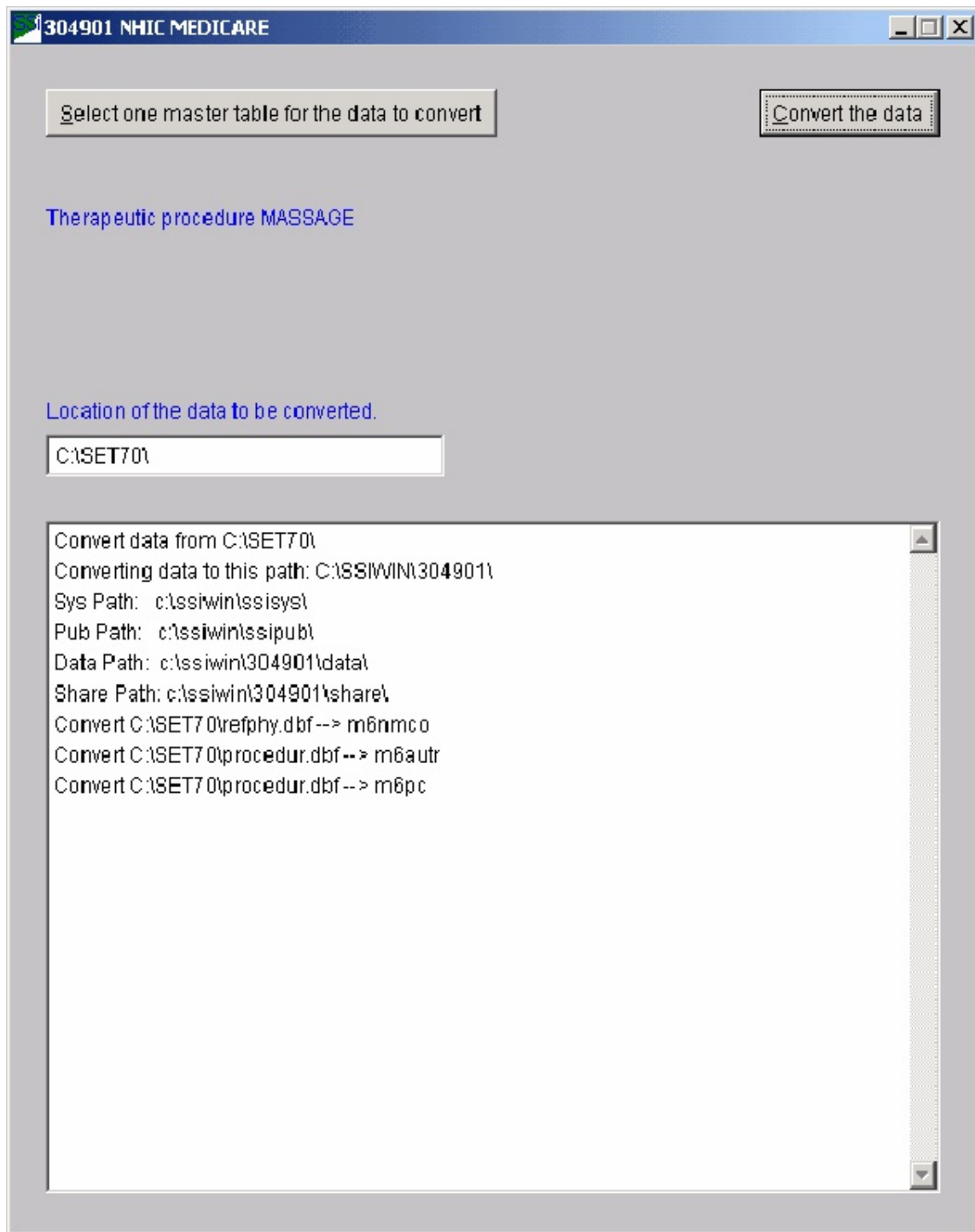
From this menu, select number 1 – Convert data from Simple Electronic Transmission (SET.1) ...

If you have the SET70 data in the default location and you have installed the new NHIC program in the default location, you will see this screen:



Note that the program will automatically find your data if it is there.

If it does find your data, you will see a screen like the one below. You should press the button labeled "Convert the data"



At this time you will see a screen like the one below. The time it takes depends on the number of patients you need to convert and the speed of your hardware. For 300 patients it takes about 2 - 10 seconds.



You will see this when the data is converted. Just press the button "OK" and you are ready to check out your data to confirm that it converted to your satisfaction.

Go back to the "Main Menu", then select number 3 - Patient information, and lookup some of your patients. You should find that your patients still have the same lookup number, but it is possible that some have been changed. You will be able to find your patients by name.

3.5 ERA - setup

Electronic Remittance Advice (ERA)

This is sent to the provider in the form of an Ansi x.12 transaction set: 835

3.5.1 ERA - Electronic Remittance Advice

Tutorial for the ANSI X.12 835 setup

From the main menu of the program choose #8 and then from the second menu choose #1.

Please select the tab; "Data entry"

Find the selection: 'Post EOB transactions from payers?'

309999 STRATFORD RX TEST ACCOUNT

Master Settings

Defaults (General) Defaults (Forms) **Data entry** Printing Labels

Marital status

Sex

Patient relation to insured

Signature on file (release information)

Signature on file (pay provider)

Force To' date on transactions?

EOB Window for payments?

Post EOB transactions from payers?

Force provider code

All transactions

Charges

Payments

Plus adjustments

Minus adjustments

Print memos

Non-print memos

Force research code

All transactions

Charges

Payments

Plus adjustments

Minus adjustments

Print memos

Non-print memos

1 or Y = Yes
2 or N = No

Calculate a new 'Next patient ID'

Save this new 'Next patient ID'

Save this information

Right click on that field and click on Y for YES and then click the Save this information button.

309999 STRATFORD RX TEST ACCOUNT

Master Settings

Defaults (General) | Defaults (Forms) | **Data entry** | Printing | Labels

Marital status	1	Force provider code	All transactions	1	Force research code	All transactions	
Sex	M		Charges			Charges	
Patient relation to insured	1		Payments			Payments	
Signature on file (release information)	1		Plus adjustments			Plus adjustments	
Signature on file (pay provider)	1		Minus adjustments			Minus adjustments	
Force To' date on transactions?	1		Print memos			Print memos	
EOB Window for payments?	1234		Non-print memos			Non-print memos	
Post EOB transactions from payers?	Y						

Calculate a new 'Next patient ID'

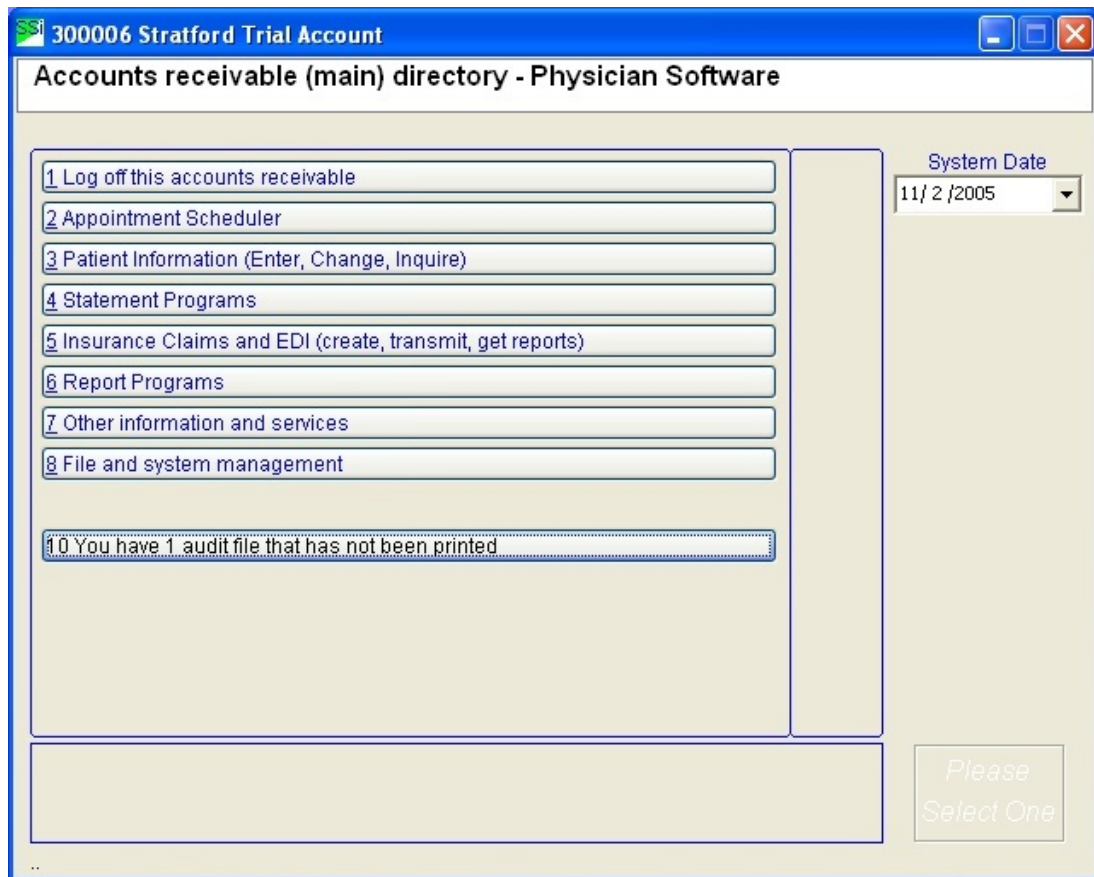
Save this new 'Next patient ID'

Save this information

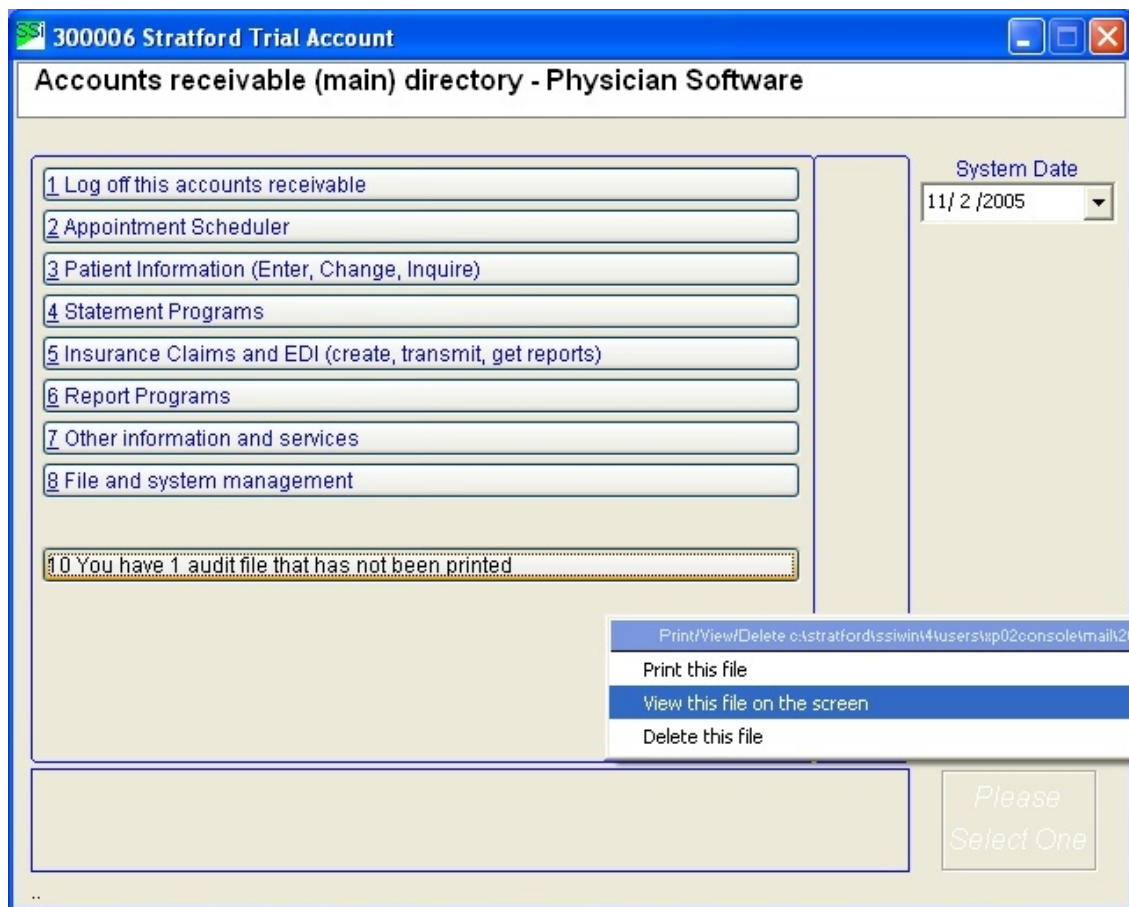
Before you download your EOB you must first balance all your current transaction from #6 at the main menu.

The transactions that will be downloaded will be entered exactly as though you entered them manually. That is, they can be edited, deleted, etc exactly like any transaction that you enter.

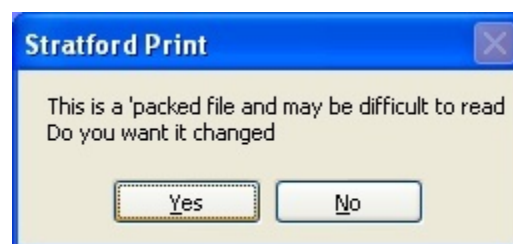
Once that is done you can now download your ERA 'Ansi 835' report from the payer mailbox. You will receive the mail under the option 10 at the main menu. Note: if you download your mail manually - many payers require you to do this - you must read the notes at the end of this section.



Select and 'View' the file.



The software will detect the 'special' file and tell you it is a 'packed ANSI file' and ask you if you want to 'unpack' it.



Answer yes as you cannot read the file in 'packed' form. After unpacking, you will then have an EOB that you can read on the screen and/or print. This report will tell you what is entered automatically.

```

Stratford Software, Inc
840 Mitten Road
Burlingame CA 94010
http://www.stratfordsoftware.com
email: support@stratfordsoftware.com

ANSI 835
Electronic Data Interchange (EDI)

-----
This is a 'human readable'
version of the 835 file from the payer
-----

[11/02/2005 08:26:28 PM]

Payer - PACIFIC COAST ALLIANCE FOR HEALTH
Payer Address - 123 MAIN STREET
Payer City, State, Zip - SAN FRANCISCO 94102
Payee - 823456644 ID - COMMUNITY systems
Payee Address - 123 MAIN STREET
Payee City, State, Zip - SAN FRANCISCO CA 94102
=====
From: PACIFIC COAST ALLIANCE FOR | To: Medicare Submitter ID: 009999
Medicare Carrier # 12345671 | Medicare Provider # 12345671
-----
EDI Exchange # 000000099 |
10/03/2005 @ 07:23 |
EDI Receiver ID: |
=====
Check
Payment of 44.70 by CHK # 2005100202517755 dated 10/08/2005

```

From the main menu choose #6 and then #1 at the second menu to 'Post the Electronic Payments.'

What if your payer requires you to download the 835 files manually?

Now some technical details that some people will need.

What if your payer requires you to download the 835 files manually? Some do. If you download the files manually, the Stratford software will have no idea where they are. If the Stratford software cannot find the files, it cannot help you as described above. Where can you put those files so that the software can find them? The 'Windows default' probably will not work.

The files that you get back from the payer are considered to be 'mail'. They go into the 'mail'

directory. The mail directory must be unique to your computer so that another computer on the network will not write over your files. All the computers have a unique directory. For example, let's say your computer is named 'station24'. Here is where your computer's unique directory will be located:

```
C:\Stratford\ssiw\4\Computer\station24
```

The mail directory will be here:

```
C:\Stratford\ssiw\4\Computer\station24\mail
```

Any files you put in this 'mail' directory will appear on the main directory for you to view/print, etc. If you view an 835 file, the software will recognize that it is an Ansi X.12 file and cannot be easily read by you. Of course the Stratford software can read these files just fine. The Stratford software will ask you if you want to 'unpack' the file and create a nice report. Answer yes. When the Stratford software 'unpacks' the 835 file it will determine if the file can be automatically posted. If it can, you will do what was written above.

COB (coordination of Benefits) adjustment information

Medicare requires this information from the primary in order for you to bill 'MSP' (Medicare Secondary Payer) claims. If you are able to download the 835 ERA file and auto-post, there probably will be no reason for you know about this because the Stratford program will extract the information and save it with your payment from the primary payer. You should always get information about filing claims from the payer. Here are some notes based on Medicare requirements that may or not be correct depending on the specific payer.

Example: You bill a primary payer \$100.00. The primary payer tells you (with the EOB/ERA) that they only allow \$80. They say the patient is going to pay \$20.00 and they are only going to pay you \$50.00 because that is in your contract with them. (since you are a math wiz, you quickly determine that 20+50 does not equal 100) The patient has Medicare for a secondary insurance. Medicare does not want to pay you until they know what the primary payer did with your claim. This is why Medicare requires the CAS adjustments when you bill electronically.

COB adjustment information will create CAS segments in your electronic claims. CAS segments have 'group codes' and 'reason codes' and amounts. In the example above there would be a CAS segment with a group code of 'PR=patient responsibility', reason code 2 or 127 (there are many other reason codes, check the documentation) and an amount of \$20.00

CO (Contractual Obligation) provider is financially liable

CR (Correction and Reversal) no financial liability

OA (Other Adjustment) no financial liability

PR (Patient Responsibility) patient is financially liable

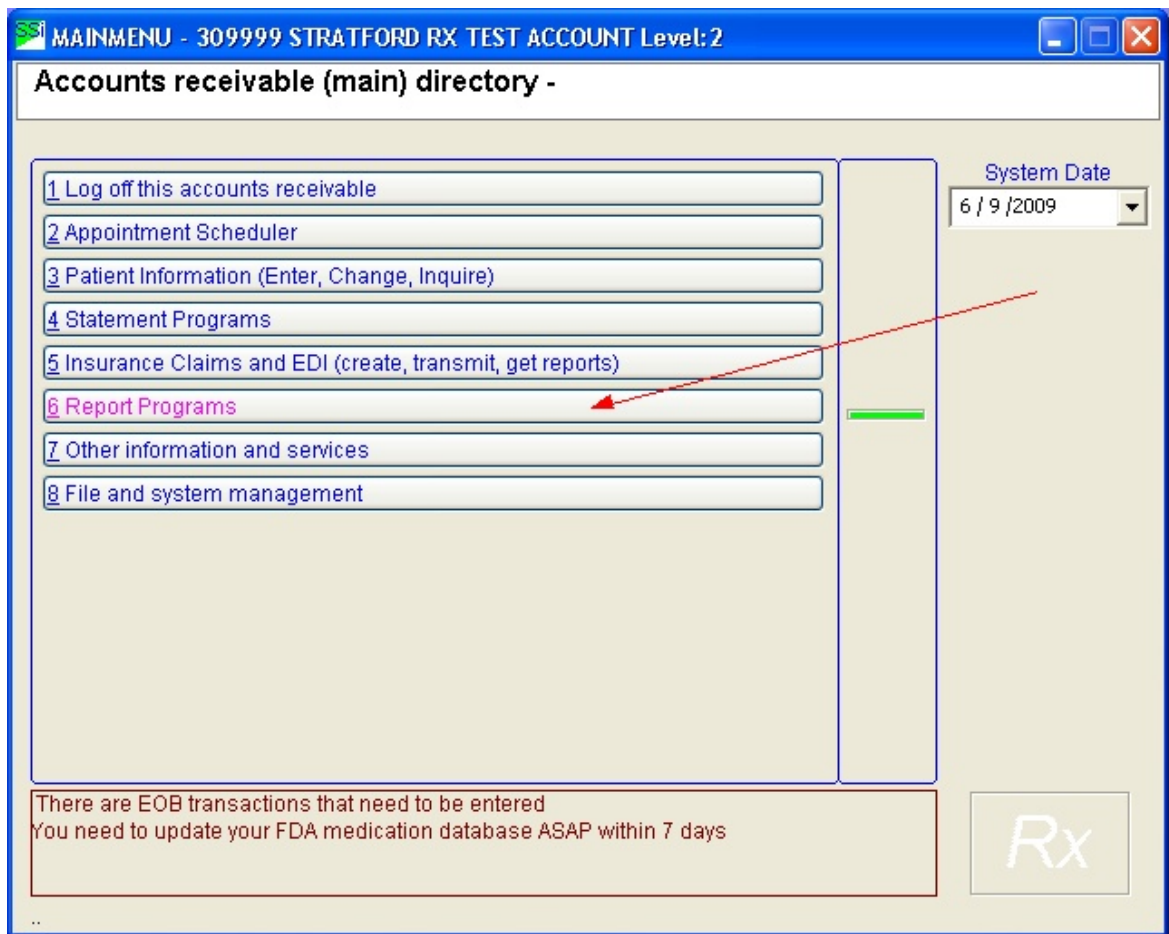
Here is what CAS segments might look like in your electronic claims:

CAS^CO^45^20~
CAS^PR^1^130~

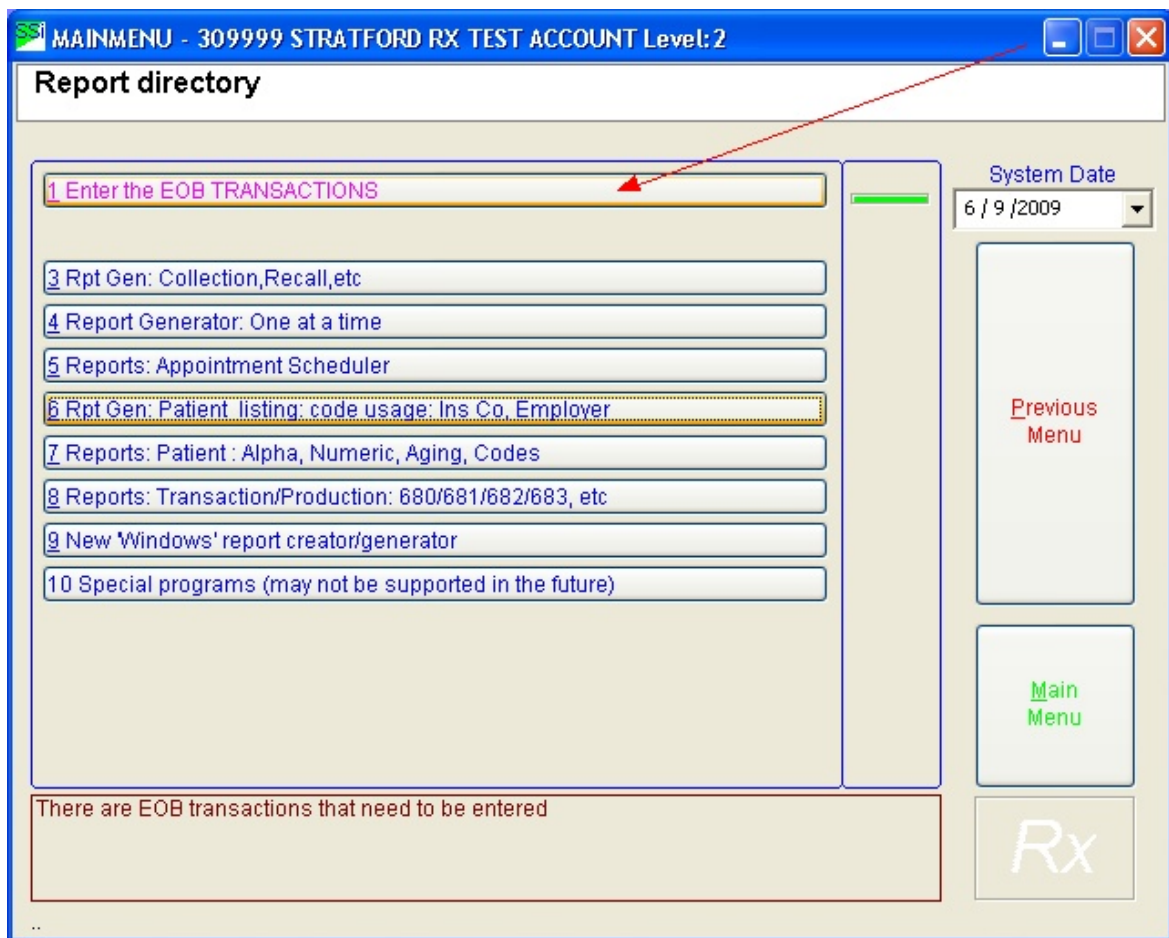
Note the 1st segment as a 'group code' CO, a 'reason code' 45 and an amount \$20.00

After you have downloaded your "EOB 'mail' files, viewed them so that you have a report. There are now transactions in your common folder ready to post, automatically, if you are set up for it and if the payer supports the electronic EOB: ANSI X.12 835 transaction set. All Medicare contractors do support this.

Here is what you will see on the main directory:



Select Report Programs



Select Enter the EOB Transactions.

LOOKUPA835 - 309999 STRATFORD RX TEST ACCOUNT Level: 2

Lookup Eob Charges

SET STEP ON

Edit/Revise all Clear all 'X'

Post These EOB transactions Refresh the display below Edit/Revise one Delete those with 'X'

Account ID	Date	Procedure	Description	Amount	Type	Select
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	62.69	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.50	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	57.20	-Adj	
7764	01/21/2009	99935	Contractual Obligation	130.00	-Adj	
7912	02/05/2009	99232	EDI EOB PmtReverse	37.80	+Adj	
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	
7912	02/05/2009	99232	Contractual Obligation	0.50	-Adj	
7912	02/05/2009	99232	Contractual Obligation	21.05	-Adj	
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	
7912	02/05/2009	99232	Contractual Obligation	62.69	-Adj	
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	
7912	02/05/2009	99232	Reverse -57.20 Correction an	0.00	Memo	
7946	05/08/2009	99212	EDI EOB Payment	17.92	Pmt	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	62.69	-Adj	

Aren't you happy that these can be entered automatically?

However, what if you don't want any of the transactions for account 7912 to be entered? You can select them one at a time, press the 'Edit/Revise one' button and make changes or delete. The other option is to click them so that you see the red 'X' in the Select column and then press the Delete those with 'X' button

LOOKUPA835 - 309999 STRATFORD RX TEST ACCOUNT Level: 2

Lookup Eob Charges

SET STEP ON

Edit/Revise all Clear all 'X'

Post These EOB transactions Refresh the display below Edit/Revise one Delete those with 'X'

Account ID	Date	Procedure	Description	Amount	Type	Select
7764	01/21/2009	99232	Contractual Obligation	0.50	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	57.20	-Adj	
7764	01/21/2009	90935	Contractual Obligation	130.00	-Adj	
7912	02/05/2009	99232	EDI EOB PmtReverse	37.80	+Adj	X
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	X
7912	02/05/2009	99232	Contractual Obligation	0.50	-Adj	X
7912	02/05/2009	99232	Contractual Obligation	21.05	-Adj	X
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	X
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	X
7912	02/05/2009	99232	Contractual Obligation	62.69	-Adj	X
7912	02/05/2009	99232	Contractual Obligation	0.63	-Adj	X
7912	02/05/2009	99232	Reverse -57.20 Correction an	0.00	Memo	X
7946	05/08/2009	99212	EDI EOB Payment	17.92	Pmt	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	62.69	-Adj	
7946	05/08/2009	99212	Contractual Obligation	42.08	-Adj	
70180	05/11/2009	G0393	Contractual Obligation	0.50	-Adj	
70180	05/11/2009	G0393	Contractual Obligation	2200.00	-Adj	

LOOKUPA835 - 309999 STRATFORD RX TEST ACCOUNT Level: 2

Lookup Eob Charges

SET STEP ON

Edit/Revise all Clear all 'X'

Post These EOB transactions Refresh the display below Edit/Revise one Delete those with 'X'

Account ID	Date	Procedure	Description	Amount	Type	Select
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.96	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.50	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	62.69	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.50	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	0.63	-Adj	
7764	01/21/2009	99232	Contractual Obligation	57.20	-Adj	
7764	01/21/2009	90935	Contractual Obligation	130.00	-Adj	
7946	05/08/2009	99212	EDI EOB Payment	17.92	Pmt	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	0.63	-Adj	
7946	05/08/2009	99212	Contractual Obligation	62.69	-Adj	
7946	05/08/2009	99212	Contractual Obligation	42.08	-Adj	
70180	05/11/2009	G0393	Contractual Obligation	0.50	-Adj	
70180	05/11/2009	G0393	Contractual Obligation	2200.00	-Adj	
70307	05/13/2009	99212	EDI EOB Payment	17.92	Pmt	
70307	05/13/2009	99212	Contractual Obligation	0.63	-Adj	
70307	05/13/2009	99212	Contractual Obligation	0.63	-Adj	

This can be a big timesaver if you have a lot of transactions to change/delete.

What if you want to delete all the Contractual Obligation transactions with the amount 42.08? You can click on the Amount header of that column to sort the transactions to make it easier to mark them.

The screenshot shows a software window titled "LOOKUPA835 - 309999 STRATFORD RX TEST ACCOUNT Level: 2". The main heading is "Lookup Eob Charges". At the top right, there is a "SET STEP ON" label. Below this are several buttons: "Edit/Revise all", "Clear all 'X'", "Post These EOB transactions", "Refresh the display below", "Edit/Revise one", and "Delete those with 'X'". A red arrow points from the "Delete those with 'X'" button to the "Amount" column header of the table below. The table has columns: Account ID, Date, Procedure, Description, Amount, Type, and Select. Three rows are highlighted with a red rectangular box: the row with Account ID 70307, the row with Account ID 7946, and the row with Account ID 7764. The table contains various transactions including Contractual Obligations and EDI EOB Payments.

Account ID	Date	Procedure	Description	Amount	Type	Select
70521	05/03/2009	99232	Contractual Obligation	57.58	-Adj	
7764	01/21/2009	99232	Contractual Obligation	57.20	-Adj	
70521	05/14/2009	90935	EDI EOB Payment	56.03	Pmt	
70521	05/12/2009	90935	EDI EOB Payment	56.03	Pmt	
70521	05/09/2009	90935	EDI EOB Payment	56.03	Pmt	
70521	05/07/2009	90935	EDI EOB Payment	56.03	Pmt	
70521	05/05/2009	90935	EDI EOB Payment	56.03	Pmt	
70521	05/03/2009	99232	Contractual Obligation	50.41	-Adj	
70307	05/13/2009	99212	Contractual Obligation	42.08	-Adj	
7946	05/08/2009	99212	Contractual Obligation	42.08	-Adj	
7764	01/21/2009	99232	EDI EOB Payment	37.80	Pmt	
70521	05/15/2009	99238	EDI EOB Payment	37.22	Pmt	
70521	05/13/2009	99232	EDI EOB Payment	37.42	Pmt	
70521	05/11/2009	99232	EDI EOB Payment	37.42	Pmt	
70521	05/10/2009	99232	EDI EOB Payment	37.42	Pmt	
70521	05/06/2009	99232	EDI EOB Payment	37.42	Pmt	
70521	05/04/2009	99232	EDI EOB Payment	37.42	Pmt	
70521	05/03/2009	99232	EDI EOB Payment	37.42	Pmt	
7102	09/14/2008	99232	EDI EOB Payment	28.35	Pmt	
7764	01/21/2009	99232	Contractual Obligation	23.91	-Adj	
70307	05/13/2009	99212	EDI EOB Payment	17.92	Pmt	
7946	05/08/2009	99212	EDI EOB Payment	17.92	Pmt	
7764	01/21/2009	99232	Contractual Obligation	14.04	-Adj	

Now what you are ready to post, press the 'Post These EOB transactions' button. You will see a screen like this:

REPORTEOB - 309999 STRATFORD RX TEST ACCOUNT Level: 2

Enter Eob Transactions

	Count	Amount		
Charge	0	0.00	Total Change in AR	-6534.33
Payment	16	-643.88	Beginning AR	269831.16
+ Adjustment	0	0.00	Ending AR	263296.83
- Adjustment	68	-5890.45	Enter Posting Date	6 / 9 / 2009
Print memo	0	These amounts will be posted		
Non-print memo	0			
PreAuthorization	0			

Be sure you check all of the transactions before auditing. Once audited, these transactions will be permanent. If any transactions are incorrect, you will be required to restore a backup or enter an adjustment.

Post EOB now Cancel/Quit

Change the posting date if you want. That date will be used on all the transactions that you post.

Press the Post EOB now button.

REPORTEOB - 309999 STRATFORD RX TEST ACCOUNT Level: 2

Enter Eob Transactions

	Count	Amount		
Charge	0	0.00	Total Change in AR	-6534.33
Payment	16	-643.88	Beginning AR	269831.16
+ Adjustment	0	0.00	Ending AR	263296.83
- Adjustment	68	-5890.45	Enter Posting Date	06/09/2009
Print memo	0	These amounts will be posted		
Non-print memo	0			
PreAuthorization	0			

Please wait.. 81

Be sure you check all of the transactions before auditing. Once audited, these transactions will be permanent. If any transactions are incorrect, you will be required to restore a backup or enter an adjustment.

Post EOB now Cancel/Quit

After the posting is finished, you will go back to the main directory. Remember what you

have done so far is the same as entering transactions manually. These transactions are not yet audited. That means you can still delete them or make changes. When you are satisfied, you should audit them in the usual way. Select Report programs from the main directory, then Balance & Audit from the next screen.

Notes:

The program has built in defaults for the transactions that will be created when you auto post. What can you do if some transactions default to 'non-print' on statements? For example, what if a payment is created which you want to print on a patient statement? You can enter a special auto transaction that will override the default. If you enter a description in the auto transaction, it will override the default description. Here are some auto transaction lookup codes that will work:

EOB2 can override the printing and description of a payment.

EOB3 can override the printing and description of a plus adjustment

EOB4 can override the printing and description of a minus adjustment

EOB5 can override the printing and description of a print memo

We know that this note will not be that 'self explanatory' to most of our clients. Please contact Stratford support if you need help.

3.6 EOB / write-off window

Automatically calculate write-offs

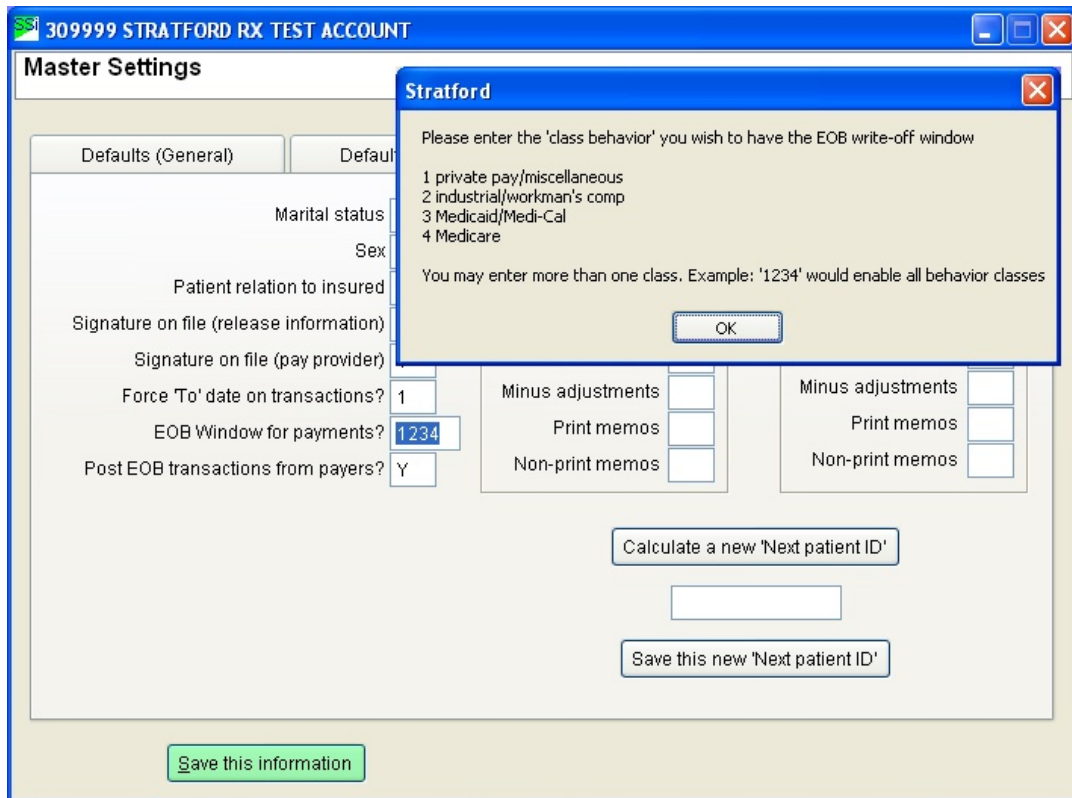
When you send a claim to some payers, you will receive an EOB (Explanation of Benefits) with the check or some payers will send the EOB in an electronic form called Ansi X.12 transaction set: 835.

This tutorial shows how to set up your accounts receivable system to calculate write-offs and other related numbers for you and automatically enter transactions. These transactions will be 'temporary' exactly as though you had entered them manually. You can make any changes you want and/or delete them.

3.6.1 Setup the master variables

Here are the steps to setup your system for the 'write-off' window.

From the main directory, select number 8 (File and system management), then number 1 (set the main control settings). You will see this window after you click on the 'Data Entry' tab:



Note the text box labeled: EOB Window for payments. Here you can enter the code for the financial class behavior that you want to use the EOB window. Here are the codes:

1. Private pay/miscellaneous
2. Industrial/workman's copy
3. Medicaid/Medi-Cal
4. Medicare

In the example above, you see '1234' has been entered. This means that the write-off window will show for all financial classes in all class behavior types.

Next, click on the 'Labels' tab and you will see this window:

309999 STRATFORD RX TEST ACCOUNT

Master Variables

Defaults (General) Defaults (Forms) Data entry Printing **Labels**

The labels below are on the main patient information screen

Patient information lines

Label 1	OthrInfo
Label 2	SOMETHING
Label 3	SOMETHING
Label 4	SOMETHING

Patient memos

Label 1	MEDICAL RECORDS
Label 2	MEDICATION
Label 3	VISIT
Label 4	COLLECTION

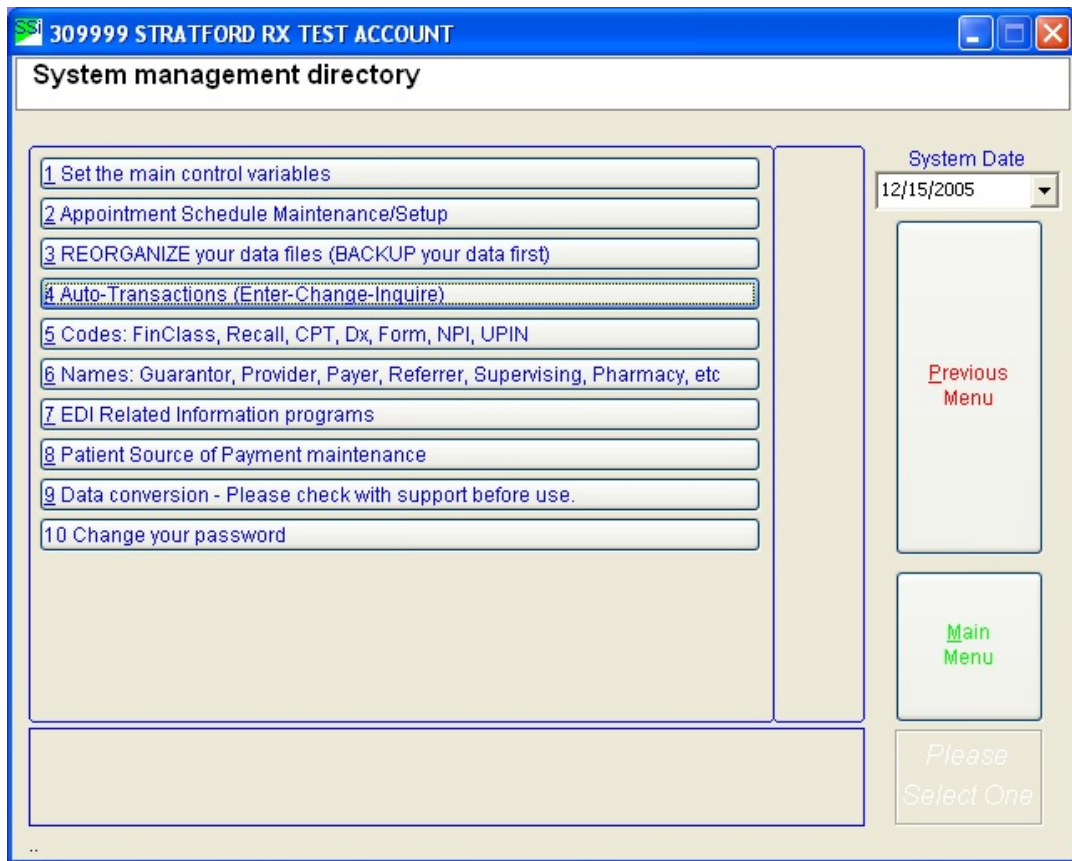
Auto-Writeoff window

Writeoff adjustment	MC:W/O
'Other' writeoff	MC:AW/O
'Other' writeoff adjustment	MC:OW/O
Overpayment memo	MC:OVRPMT
Patient deductible memo	MC:PTDED
Patient responsibility memo	MC:PTRESP

Look at the section on the right side labeled: 'Auto-Write-off window'

There are 6 text boxes which contain the lookup codes for 6 auto-transactions that you can setup. If you do set these up, the write-off window will be able to automatically enter transactions for you. The codes you see above are the standard codes that appear in all new accounts - at least those with the standard data recommended by Stratford. If you do not have these codes, you can get help from Stratford support. You are certainly free to modify these codes and/or the transactions if you want different wording. For example the Write-off adjustment (code: MC:W/O) will create a transaction that says: "Pat is resp for \$18.99" (18.99 would be replaced by the amount of your write-off adjustment). If you do not want the adjustment to have this wording, you can change it.

Last, check the auto-transactions to be sure they have the codes that you put in the master settings (above). From the main directory select #8, then you will see this menu:



From this menu select #4 (Auto-transactions (Enter-Change-Inquire)) and you will see the auto-transaction lookup screen. Press the 'Find' button with nothing entered in the text boxes at the top and you will see all your auto-transactions listed as below:

309999 STRATFORD RX TEST ACCOUNT

Lookup Auto Transactions

Lookup Code

Description

Type	LookupCode	Class	Procedure	Mod	Qty	Description	Dx 1	Amount	ChainCode
-Adj	MC:AWO					ASSIGNMENT WRITEOFF		0.00	
-Adj	MC:OWO					OTHER WRITEOFF\		0.00	
Pmt	MC:OVRPMT					OTHER PAYMENT		0.00	
Mem	MC:PTDED					PAT DEDUCTABLE		0.00	
Mem	MC:PTRESP					PAT IS RESP FOR		0.00	
-Adj	MC:WVO					MEDICARE WRITEOFF		0.00	

If you do not have these, you can enter them now. Remember that:

- -Adj is transaction type '4'
- Pmt is transaction type '2'
- Mem is transaction type '5'

If, for some reason, you do not want any of these transactions to be automatically entered from the 'Write-off' window, simply delete the auto-transaction.

If you already have patients entered into your database, the EOB write-off window may still not work. The reason is that the window must be activated in every patient. You can do this automatically by coding the financial class window. Then when new patients are entered, they will automatically get the write-off function just as they will get other defaults built into the financial class. Here is an example of how to set up the EOB write-off window for a financial class that we named "MEDICARE" Here is the financial class window that you will see anytime you enter a new patient:

309999 STRATFORD RX TEST ACCOUNT

Patient Billing Information

Account Identifier	4658798	Class	MEDICARE
Name	ERMA		TEMPLE
Balance	\$308.99		
Patient's financial class	M		MEDICARE
Class behavior	4		Medicare
Billing cycle	1		Normal
Open item posting	1		Yes
Show write-off calculation window	1		Yes
Accept assignment	1		Yes
Dunning	1		Yes
Form type	564		Medicare

Note that window shows 'No' in the text box labeled 'Show write-off calculation window'. We can change this to 'Yes' by entering 'Y' or '1' in that box. You can also right-click and select from a small menu:

309999 STRATFORD RX TEST ACCOUNT

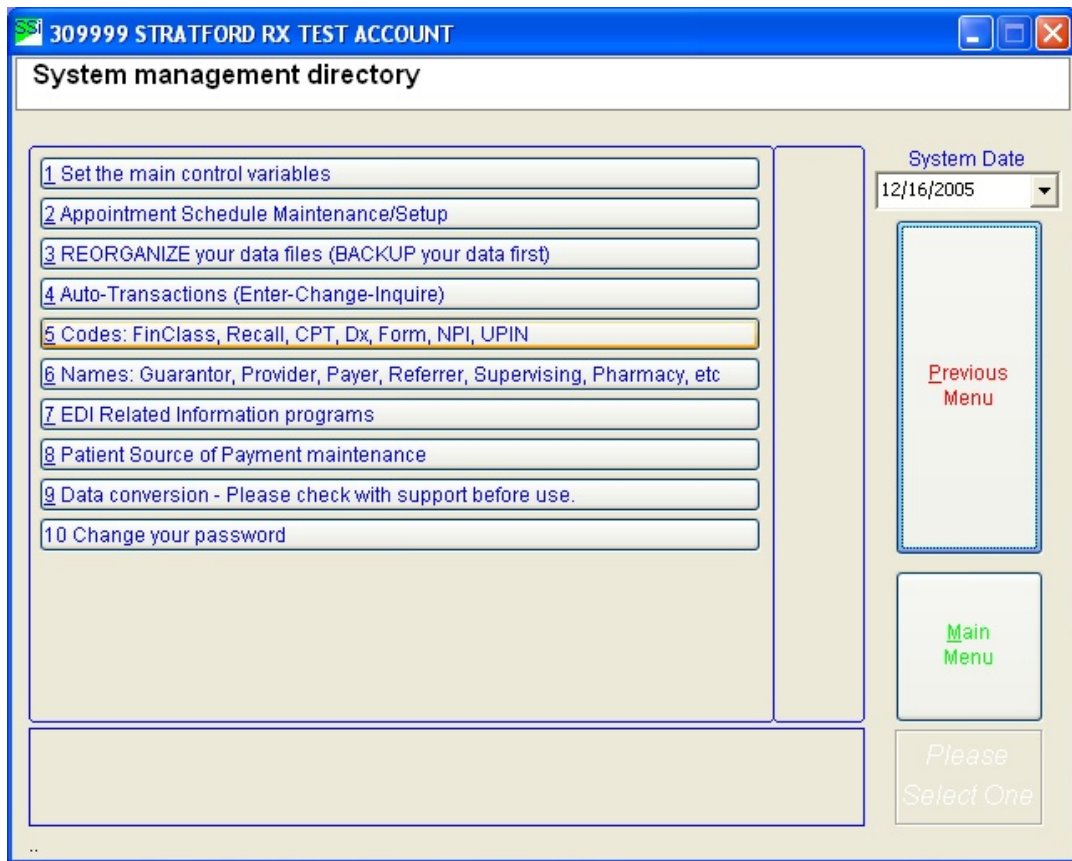
Patient Billing Information

Account Identifier	4658798	Class	MEDICARE
Name	ERMA		TEMPLE
Balance	\$308.99		
Patient's financial class	M		MEDICARE
Class behavior	4		Medicare
Billing cycle	1		Normal
Open item posting	1		Yes
Show write-off calculation window	1		Yes
Accept assignment	1		1 or Y = Yes 2 or N = No
Dunning	1		Yes
Form type	564		Medicare

[Save this information](#) [Delete](#)

This will change this one patient so the EOB write-off calculation window will show on this one patient.

In order to make the change for all patients that you enter in the future, you need to change the financial class template screen. You can access this screen from the main directory by selecting #8. Then you will see the submenu:



Select #5 (Codes: FinClass...), then select #8 (Patient Financial Class Setup)

From the Financial Class lookup window select the financial class you want to change (or enter a new one). Note this screen looks very much like the patient financial class screen (above) except this is a template to be used when entering a new patient:

309999 STRATFORD RX TEST ACCOUNT

Financial Class Entry

Financial Class Lookup Code: M

Financial Class Description: MEDICARE

Default class behavior: 4 Medicare

Billing Cycle: 1 Normal

Default to Open-Item Posting: 1 Yes

Show the Write-Off Calculation Window: 2
1 or Y = Yes
2 or N = No

Default to 'Accept Assignment': 1

Default to 'Allow Dunning messages': 1 Yes

Default Payer Form Lookup Code: 564

Save this information

Note that this screen is never used in the system for billing. It is only a template to create defaults for you while entering a new patient - that way you will not have to remember how to fill out the screen each time you enter a patient. In fact, you will not even need to look at this screen. You will see the financial class lookup window. You can highlight the class you want and press select and the patient is automatically setup. If you remember the lookup code ('M' in the example above) you won't even need to see the financial class lookup window. You can simply enter 'M' while entering a new patient. Try it!

Note: after saving the information above, you will see this question:

Stratford

The entries/changes you made here will only affect the new patients you setup

Do you want to update all existing patients in the MEDICARE financial class?

Yes No

If you click the 'Yes' button, Stratford will change all existing patient's matching financial class so that they have the same values.

1. Note: no changes will be made to any financial classes other than the specific type you are editing.

2. Note: if you have entered even one transaction of any type for a patient, the setting regarding 'open-item' posting cannot be changed for that patient.

After you have the EOB write-off calculation window setup, you will be able to enter several transactions entered automatically. See the example below:

309999 STRATFORD RX TEST ACCOUNT

Payment/adjustment/memo Entry (open-item Posting)

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

Balance: \$390.00

Selected Charge

Provider	Date	Procedure	Description	Amount	OpenBalance
01	12/16/2005	99214	OFFICE/OUTPATIENT VIS	100.00	100.00

Auto-Transaction lookup code or
 2 = payment
 3 = + Adjustment
 4 = - Adjustment
 5 = print memo
 6 = Nonprint memo

2

Date: Description: Amount:

Chk/CreditCard/Cash: **Payment**

Source of payment: Order: Primary

Check Number:

Procedure: Mod1: Mod2: Mod3: Mod4:

Provider: User ID:

Print anywhere? Audited? EOM Audit? Active Date:

Print on statement? Insurance print? Statement print? Date incl ins print:

Print on insurance? Date incl smil print:

Research Code: OTAF: Allowed amount:

Save this information Delete

Enter '2' for the type (payment) of transaction (or if you have an auto-transaction setup you can enter its code here). For the description you can enter Medicare payment and for the amount enter \$75.96. Then for the source of payment (Chk/CreditCard/Cash) enter '1' (or you can right-click and select from the small menu). Press tab to move on and you will see a small question dialog asking you if the patient's insurance is the source of payment:

309999 STRATFORD RX TEST ACCOUNT

Payment/adjustment/memo Entry (open-item Posting)

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE
 Balance: \$390.00

Selected Charge

Provider	Date	Procedure	Description
01	12/16/2005	99214	OFFICE/OUTP

Stratford

Is this patient's insurance the source of payment?

Date	Description	Amount
12/16/2005	MEDICARE PAYMENT	75.96

Auto-Transaction lookup code or
 2 = payment
 3 = + Adjustment
 4 = - Adjustment
 5 = print memo
 6 = Nonprint memo

Chk/CreditCard/Cash | 1 | Check/ATM/EFT **Payment**

Source of payment: _____ Order: Primary

CheckNumber: _____

Procedure Mod1 Mod2 Mod3 Mod4

Provider: 01 READY, RANDALL

Print anywhere? Y

Print on statement? Y

Print on invoice?

Research Code: _____

OTAF: 0.00

Allowed amount: 0.00

User ID: 309999

Audited? N

EOM Audit? N

Active Date: 12/16/2005

Insurance print? _____

Statement print? -

Date incl ins print: _____

Date last smt print: / /

If you click Yes, you will see a list of this patient's insurances so you can select which one sent you the check. Since you only have one insurance for this patient, you will not get the list, but instead the screen will show MEDICARE and move on to the text box labeled 'CheckNumber'. Here you can enter the check number, a memo or leave it blank:

309999 STRATFORD RX TEST ACCOUNT

Payment/adjustment/memo Entry (open-item Posting)

Account Identifier: 4658798 Class: MEDICARE
Name: ERMA TEMPLE
Balance: \$390.00

Selected Charge

Provider	Date	Procedure	Description	Amount	OpenBalance
01	12/16/2005	99214	OFFICE/OUTPATIENT VIS	100.00	100.00

2

Auto-Transaction lookup code or
2 = payment
3 = + Adjustment
4 = - Adjustment
5 = print memo
6 = Nonprint memo

Date	Description	Amount
12/16/2005	MEDICARE PAYMENT	75.96

Chk/CreditCard/Cash: 1 Check/ATM/EFT Payment

Source of payment: MEDICARE Order: 1 Primary

CheckNumber: 2342342344

Procedure Mod1 Mod2 Mod3 Mod4

Provider: 01 READY, RANDALL User ID: 309999

Print anywhere? Y Audited? N

Print on statement? Y EOM Audit? N

Print on insurance? Active Date: 12/16/2005

Research Code Insurance print? Statement print? -

OTAF: 0.00 Date last ins print

Allowed amount: 0.00 Date last smt print: / /

Save this information Delete

Press the 'Save this information' button and you will see the EOB write-off screen:

**** Accept Assignment ****

Charges submitted	100.00
Charges approved	
Deductible (Pt owes)	
Insurance should pay	
Net pay (you received)	75.96
OTAF	

Required write off amount	
Other write off amount	
Overpayment	
Patient responsibility	

On the EOB that you got from the payor (MEDICARE in this example) states that they approve \$94.95 for this CPT code for you.

1. Enter 94.95 in the text box labeled 'Charges approved' and press TAB on your keyboard.
2. In the 'Deductible text box, do not enter anything, just press TAB again.
3. \$75.96 will automatically appear in the 'Insurance should pay' text box.
4. 5.05 will automatically appear in the 'Required write-off amount' text box.
5. 18.99 will automatically appear in the 'Patient responsibility' text box.

You will see this screen:

** Accept Assignment **	
Charges submitted	100.00
Charges approved	94.95
Deductible (Pt owes)	
Insurance should pay	75.96
Net pay (you received)	75.96
OTAF	
<hr/>	
Required write off amount	5.05
Other write off amount	
Overpayment	
Patient responsibility	18.99
Save this Information Cancel/Quit	

When you press the 'Save this information' button, the program will automatically enter 2 transactions after your payment:

309999 STRATFORD RX TEST ACCOUNT

Lookup All Open-item Transactions For This Account

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE
 Balance: \$308.99

Type	A S I	Dr	Date	Procedure	Qty	Description	Amount	OpenBalance
Chg	a s i	01	11/20/2005	93000	1.0	ELECTROCARDIOGRAM	140.00	140.00
Chg	a s i	01	11/21/2005	93000	1.0	ELECTROCARDIOGRAM	150.00	150.00
Chg	a s i	01	12/16/2005	99214	1.0	OFFICE/OUTPATIENT V	100.00	18.99
Pmt	a s	01	12/16/2005	99214		MEDICARE PAYMENT	-75.96	
-Adj	a s	01	12/16/2005			MEDICARE WRITEOFF	-5.05	
Memo	a s i	01	12/16/2005			PAT IS RESP FOR 18.95	0.00	

1. \$5.05 -Adjustment because the EOB tells you that you cannot collect this amount - it is the difference between the amount you billed and the amount the payer allows:

100.00	Amount you billed
<u>- 94.95</u>	Amount allowed
5.05	Amount you must write off

2. A memo transaction telling you that the patient's responsibility is \$18.99

100.00	Amount you billed
- 75.96	Amount paid by the payer
<u>- 5.05</u>	Amount you must write off
18.99	Amount the patient is responsible for paying

You will have this memo in the patient's account transaction ledger (above) so you can tell the patient by sending a statement, calling, emailing or whatever you do in your office.

3.7 Insurance claims inquiry (276/277)

This section shows you how to see the information that was on a claim that you created.

3.7.1 Inquire about claims you created

Claims status inquiry

After you send claims either on paper or via EDI, you may want to review the information on the claim. In addition, if the payer supports a 'Claim Status Inquiry' you will be able to send an ANSI X.12 276 transactions set. After the payer received the '276', a '277' should be sent back to you with the status of the claim.

There are several ways to see a listing of the claims you have sent.

- See all the claims you have created
- See all the claims for a specific patient
- See all the claims for a specific billing account of a specific patient
- See all the claims for a specific insurance for a specific billing account of a specific patient

When you first try this, it may seem like you are seeing the same screens, same claims, etc, however, if you use it enough, you will see that the lists are all different depending on your patient's information. If the patient only has a single billing account and a single insurance, then all of the screens will be the same (except when you are in the main directory - which allows you to see all claims for all patients).

1. by going to the main menu.

From the main directory select #7, then #4. You will see this screen:

309999 STRATFORD RX TEST ACCOUNT

Lookup Insurance Claims Created

Lookup claim number

Lookup Patient ID

Claim date

Patient Insurance Id Lookup

Date	ClaimNo	PatientID	Provider	RejectEDI	Amount	Date1stTrx	DateLastTrx	Dx1
05/18/2006	11445	10002	J12281		90.00	12/12/2006	12/12/2006	250.00
05/18/2006	11448	10004	J12281		125.00	05/18/2006	05/18/2006	250.00
05/18/2006	11449	10004	J12281		125.00	05/18/2006	05/18/2006	250.00
05/18/2006	11450	10004	J12281		125.00	05/18/2006	05/18/2006	250.00
05/19/2006	11464	10004	J12281		30.00	05/19/2006	05/19/2006	278.00
05/19/2006	11465	10004	J12281		30.00	05/19/2006	05/19/2006	278.00

This is the main screen that you will always see. It will allow you to select the claim you wish to inquire about. When you see a list of claims, select one and press the 'Edit/Revise' button.

2. If you know the patient's insurance ID you can lookup the patient by entering the insurance ID in the text box. If you don't know the insurance ID, you can lookup the patient by claim number, Patient ID, and/or the claim date.

3. See all the claims for a specific patient by looking up the patient record. Please note that you can find the patient by:

- Patient account ID
- Last name
- First name
- Social Security number
- Phone number
- Patient insurance ID

LOOKUPNMPT - 309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Lookup phone number

Patient Insurance Id Lookup

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior
01	PRIVATE	147.00	Normal	Yes	Private
04	MEDICARE	1117.71	Normal	Yes	Medicare

Press the 'Edit/Revise' button to see the patient record:

SSI NEWNMPT - 399990 STRATFORD SOFTWARE RX TEST Le... [min] [max] [close]

Patient Demographic Information

Patient Account ID

Prefix

First Name

Middle name

Last Name

Suffix

Address 1

Address 2

City State Zip

Country

Sex

Date of Birth Date of Death

Age 31Y 8M 4W 2D

Language

Race

Ethnicity

Marital Status

SSN

Phone 1 Ext

Phone 2 Ext

Email

Memo

Press the 'Claim status inquiry' button and you will see the lookup claim screen pictured above.

4. See all the claims for a specific billing account of a specific patient by going to that billing account 'patient account information screen'

LOOKUPNMPT - 309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Lookup phone number

Patient Insurance Id Lookup

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
▶ 10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

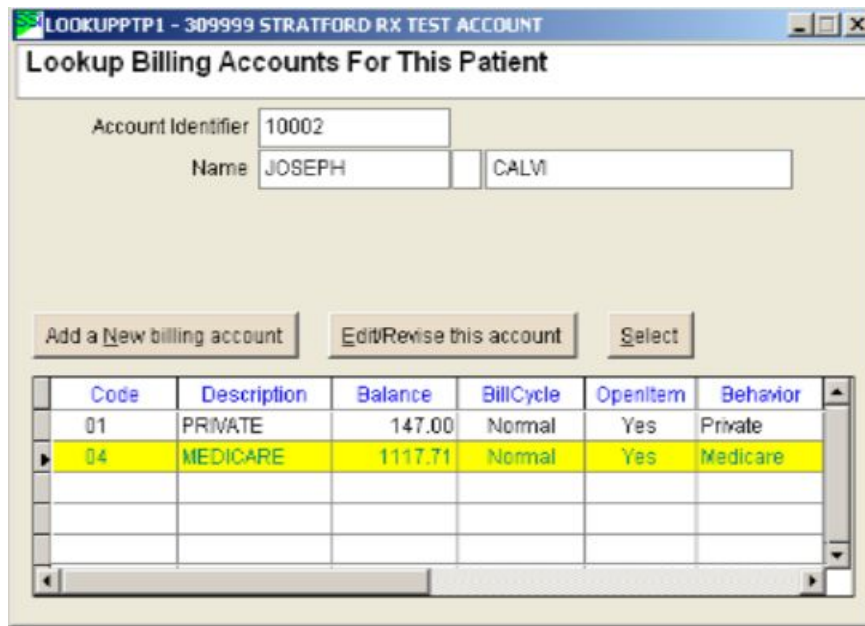
Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior
01	PRIVATE	147.00	Normal	Yes	Private
▶ 04	MEDICARE	1117.71	Normal	Yes	Medicare

S

Note: The next step could be skipped if you double-click on the financial class (04 MEDICARE) in the lower grid of the picture above. You would go directly to the Patient account information screen.

Press the 'Select' button to get a list of billing accounts for this patient:



Account Identifier: 10002

Name: JOSEPH CALVI

Buttons: Add a New billing account, Edit/Revise this account, Select

Code	Description	Balance	BillCycle	OpenItem	Behavior
01	PRIVATE	147.00	Normal	Yes	Private
04	MEDICARE	1117.71	Normal	Yes	Medicare

Press the 'Select' button to see all the information for this billing account:

ENTRYPT1 - 309999 STRATFORD RX TEST ACCOUNT

Patient Account Information

Name	First: JOSEPH	MI:	Last: CALVI	Sex:	M	Guarantor:	Self
Address1	102 KILBY ST			DOB:	04/09/1944		
Address2				Age:	64Y 10M 1W 4D		
CityStZip	HINGHAM MA		02043-	Marital:			
	Country:		US	SSN:	699-01-2702		
Phone 1	() -	Ext:		Patient Account ID:	10002		
Phone 2	() -	Ext:		Financial Class:	MEDICARE		
Last Payment	05/19/2006		Last Statement	/ /			

Notes	Phone/Email	Miscellaneous
OthrInfo		Billing Cycle: 1
SOMETHING		Open Item: 1 Yes
SOMETHING		Dunning: 1 Yes
SOMETHING		Balance: 1117.71
MEDICAL RECORDS		
MEDICATION		
VISIT		
COLLECTION		

- 1 Transactions
- 2 Insurance
- 3 Another Patient
- 4 Demand Forms
- 5 Appointments
- 6 Medical Record
- 7 Prescription
- 8 Recalls
- 9 Credit Card

Save

Press the 'Miscellaneous' tab near the center of the screen to the left of the 'Transaction' button.

ENTRYPTP1 - 309999 STRATFORD RX TEST ACCOUNT

Patient Account Information

Name	First: JOSEPH	MI:	Last: CALVI	Sex:	M	Guarantor:	Self
Address1	102 KILBY ST			DOB:	04/09/1944		
Address2				Age:	64Y 10M 1W 4D		
CityStZip	HINGHAM	MA	02043-	Marital:			
		Country:	US	SSN:	699-01-2702		
Phone 1	() -	Ext:		Patient Account ID	10002		
Phone 2	() -	Ext:		Financial Class	MEDICARE		
Last Payment	05/19/2006		Last Statement	/ /			

Notes	Phone/Email	Miscellaneous
Enter/Inquire Allergies		Balance \$1,117.71
Claim status inquiry		Current
		30 days
		60 days
		90 days
Diagnosis 1	250.00	DIABETES UNCOMPL ADULT
Diagnosis 2		120 days
Diagnosis 3		150 days
Diagnosis 4		180 days

1 Transactions

2 Insurance

3 Another Patient

4 Demand Forms

5 Appointments

6 Medical Record

7 Prescription

8 Recalls

9 Credit Card

Save

Press the 'Claim status inquiry' button and you will see the lookup claim screen pictured below.

LOOKUPCLMI - 309999 STRATFORD RX TEST ACCOUNT

Lookup Insurance Claims Created

Claim number All
 Claim date All
 Patient ID 10002
 Patient billing account MEDICARE
 Insurance order All
 Insurance company All
 Provider All

Edit/Revise Find Select

Date	ClaimNo	PatientID	Provider	RejectEDI	Amount	Date1stTrx	DateLastTrx	Dx1
05/11/2006	11407	10002	J12281		90.00	05/06/2006	05/06/2006	250.00
05/12/2006	11410	10002	J12281		90.00	05/12/2006	05/12/2006	250.00
05/12/2006	11411	10002	J12281		90.00	05/12/2006	05/12/2006	250.00
05/15/2006	11424	10002	J12281		90.00	05/15/2006	05/15/2006	250.00
05/15/2006	11425	10002	J12281		90.00	05/15/2006	05/15/2006	250.00
05/15/2006	11426	10002	J12281		90.00	05/15/2006	05/15/2006	250.00

5. See all the claims for a specific insurance for a specific billing account of a specific patient by going to that insurance record.

Continuing from the picture above, after you are in the patient's billing account, press the 'Insurance' button to see this screen:

LOOKUPPTIN - 309999 STRATFORD RX TEST ACCOUNT

Lookup Insurance Coverage For This Patient

Account Identifier: 10002 Class: MEDICARE

Name: JOSEPH CALVI

Order	Lookup Code	Insurance Name	Date Active	Date Inactive
1	MEDICARE	MEDICARE	04/14/2006	/ /
2	MCMA	MEDICAID	05/02/2006	/ /

This is a listing of all the insurance payers that you have entered for this billing account. They are listed in order - Primary is first, Secondary is second, etc. Highlight the insurance you are interested in and press the 'Edit/Revise' button to see the patient's insurance record information:

309999 STRATFORD RX TEST ACCOUNT

Patient Insurance Entry

Account Identifier: 10002 Class: PRIVATE
Name: JOSEPH CALVI

Insurance Company Information

Payer lookup: MEDICARE ID: MEDICARE
Address 1: Paper Form Type: 564
City St Zip: EDI Form Type: 964
Phone 1: () -

Subscriber Information

Subscriber: Relation to patient: 18
Address 1: Signature to release info: 1
City St Zip: Signature to assign payment: 1
Phone 1: Ph 2: Accept assignment: 1
Data of birth: / / Id: 699012702A
Sex: SSN: Group No: Grp Name: Patient/Member ID: Employer: ID:

Insurance coverage order: 2 Secondary Active Date: 04/26/2006
Default class behavior: 4 Medicare Inactive Date: / /

Edit the EDI Insurance control files Eligibility inquiry Claim status inquiry

Save this information Delete

Press the 'Claim status inquiry' button and you will see the lookup claim screen pictured below. The button is at the lower right of the screen above the 'Delete' button.

LOOKUPCLMI - 309999 STRATFORD RX TEST ACCOUNT

Lookup Insurance Claims Created

Claim number All
 Claim date All
 Patient ID 10002
 Patient billing account MEDICARE
 Insurance order 1 Primary
 Insurance company MEDICARE
 Provider All

Edit/Revise Find Select

Date	ClaimNo	PatientID	Provider	RejectEDI	Amount	Date1stTrx	DateLastTrx	Dx1
05/11/2006	11407	10002	J12281		90.00	05/06/2006	05/06/2006	250.00
05/12/2006	11410	10002	J12281		90.00	05/12/2006	05/12/2006	250.00
05/12/2006	11411	10002	J12281		90.00	05/12/2006	05/12/2006	250.00
05/15/2006	11424	10002	J12281		90.00	05/15/2006	05/15/2006	250.00
05/15/2006	11425	10002	J12281		90.00	05/15/2006	05/15/2006	250.00
05/15/2006	11426	10002	J12281		90.00	05/15/2006	05/15/2006	250.00

This will create a listing of the claims that you want to send an inquiry for to the payer/clearinghouse. See the next topic to set your computer up for transmission if that is what you want to do.

3.7.2 Transmit the 276 Claim status request

If you want to transmit a Claim status request to the payer/clearinghouse, you need to set up a 'form type' so you will have a selection on the insurance menu.

For the purpose of this topic, we will assume that you are using the form type 964 to transmit an ANSI 837 transaction set (claim) to your Medicare payer. To make things easier, we will use the same control files for the ANSI 276 transaction set (claim status request).

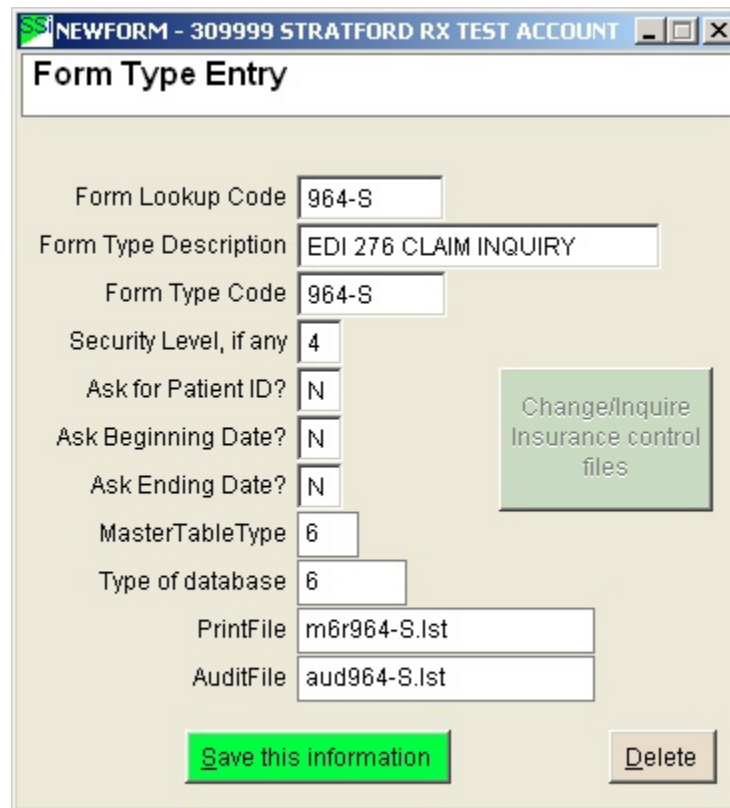
We understand that this topic is fairly 'technical' and not all of you will be able to follow it. If you call support they will help you. Also, you could send an email with your questions. We prefer the email because that would help us make this topic easier to follow.

Setting up a form type for the ANSI 276 Claim Status request/ inquiry

From the main menu, select #8, then #5, then #8 "Form Type Setup"

From the "Form maintenance" menu select #4 EDI Program/Form Setup. See if you have the 964-S (the 'S' is for status) form type. If not, you need to set it up.

Press the Add New button. Set it up like this:



The screenshot shows a window titled "NEWFORM - 309999 STRATFORD RX TEST ACCOUNT" with a sub-header "Form Type Entry". The form contains the following fields and values:

Form Lookup Code	964-S
Form Type Description	EDI 276 CLAIM INQUIRY
Form Type Code	964-S
Security Level, if any	4
Ask for Patient ID?	N
Ask Beginning Date?	N
Ask Ending Date?	N
MasterTableType	6
Type of database	6
PrintFile	m6r964-S.lst
AuditFile	aud964-S.lst

At the bottom of the form, there are two buttons: "Save this information" (highlighted in green) and "Delete". A green button labeled "Change/Inquire Insurance control files" is also visible on the right side of the form.

Note that you will not be able to enter the PrintFile or AuditFile name. Those will be created automatically when you save the information.

You may need to set up some special transmission information. To do that you will need to change the insurance control screen.

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl m6r964.dat m6p964.ini **m6r964_s.dat** m6r9xx_e.dat

EDI - Claim Status 276

Transmission records

ISA06	BBB33333B	Carriernumber	31140
ISA07	ZZ	Clearinghouse	
ISA08	31140		
ISA15	P		
GS02	BBB33333B		
GS03	31140		

EDI format

ISA12	00401	Element Separator	124
GS08	004010X098A1	Sub-Element Separator	094
		Segment terminator	126

Save these settings Edit m6r9xx_s.dat

3.8 Anesthesiology

Anesthesiology

This section has some 'Anesthesiology related' concepts that may be helpful while using the Stratford software.

3.8.1 Show time on paper claims

If your payer requires you to show the start and stop times on your paper claims this section may be helpful.

Problem:

1. You have entered an 'anesthesiology' charge (service) transaction.
2. The payer that will receive your claim for payment of this charge requires you to show the start and stop times on the claim.

Solution:

Have the charge show like any other charge.

Immediately follow the charge with a 'memo' line that states something like this:

TIME 0920 TO 1640

The payer will interpret this to be '24 hour time' that means the procedure/service started at 9:20AM and ended at 4:40PM.

You can (of course) enter the memo line manually.

To have the software enter this memo automatically for you with the Stratford program you must set up a 'custom' auto-transaction. There is another section in the manual that shows how to work with auto-transactions. Here is a quick 'walkthrough'.

First select from the main directory: #8, then #4.

You will see the screen titled: Lookup Auto Transaction.

To be sure you do not already have the necessary transaction, put 'ATIME' in the 'Lookup code' text box and press the Find' button.

If this transaction exists you will see it in the grid.

If the transaction does not exist, press the 'Add New' button.

You will then see this screen:

309999 STRATFORD RX TEST ACCOUNT

Auto-transaction Entry

LookupCode Financial Class Leave blank to work with all financial classes

Transaction type

	Procedure	Quantity	Description	Amount	POS	Dx: 1
Mod 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dx: 2 <input type="text"/>
Mod 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dx: 3 <input type="text"/>
Mod 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dx: 4 <input type="text"/>
Mod 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Order: multiCard/Cash

Source of payment Order

CheckNumber

Provider

Print anywhere?

Print on statement?

Print on insurance?

Research Code

Optional to delete

TOS

User ID

If you wish to automatically enter

Order code

Please complete highlighted fields.

Delete

1. Type 'ATIME' in the 'Lookup code' text box.
2. Type '5' in the 'Transaction type' text box (this means 'Printing memo'. If you are not familiar with all the types of transactions, you can right click on this text box to see a listing. A 'Printing memo' is just what it sounds like: A memo line that will print on statements and insurance claims.
3. Type 'TIME' in upper case in the 'Description' text box. and nothing else. If you do not type in the word 'TIME' in upper case (and nothing else) you will get the auto transaction after entering the charge, but you will need to manually type in the time that you want. It is your decision, automatic our way or manually your way. We are interested in feedback on this feature.

You must set the transaction up like this or it will not work. This is by design. For example, you may wish to have a printing memo with a description that starts with the word 'time' but it is not for the purpose we are discussing now.

Other things you can do to customize this auto-transaction: (but are definitely not suggested for the purpose of printing time on claims)

You can put a lookup code in the 'Financial class' text box. This could limit this transaction to use with only a specific financial class.

You can enter a provider number. This might be helpful if you always or almost always use

this line with one specific provider. Remember, anything you enter on this screen will appear automatically when you use it while entering patient transactions. It is a 'template'. Of course you may change anything when you use it, however, the purpose of an auto-transaction is to save you some work.

Your finished screen is ready to save and use:

309999 STRATFORD RX TEST ACCOUNT

Auto-transaction Entry

LookupCode Financial Class Leave blank to work with all financial classes

Transaction type **Printing Memo**

Procedure	Quantity	Description	Amount	POS	Dx
		TIME			
Mod 1					Dx 2
Mod 2					Dx 3
Mod 3					Dx 4
Mod 4					

Check/creditCard/Cash

Source of payment Order

Check Number

Provider

Print anywhere?

Print on statement?

Print on insurance?

Research Code

Optional to delete

TOS

User ID

If you wish to automatically enter another autotransaction immediately after this, enter the lookup code for it here

'Chain' code

Pretty easy, wasn't it?

Note: this process only works with NEW CHARGES - NOT WHEN YOU ARE REVISING EXISTING CHARGES - otherwise, you would end up with several memo lines - one for each time you revise. If you want to change the memo for an existing charge, you must do it manually.

Note: this process only works with database classes "6MD" (physician/supplier) and "6ANES" (anesthesiology).

Now when you are in a patient transaction screen you can enter your charge as usual:

309999 STRATFORD RX TEST ACCOUNT

Charge Entry

Account Identifier: 4658798 Class: PRIVATE

Name: ERMA TEMPLE

Balance: \$25.00

Date	Procedure	Quantity	Description	Amount	POS	Dx 1
02/26/2006	99100		SPECIAL ANESTHESIA SEI	0.00		
	Mod 1					Dx 2
	Mod 2					Dx 3
	Mod 3					Dx 4
	Mod 4					

Charge balance: 0.00

Auto-Transaction lookup code or just press TAB
1=charge (default)

Starting time:

Stopping time:

Provider:

Print anywhere? Y

Print on insurance? Y

Print on statement? Y

Optional to' date: / /

TOS: 9

Research Code:

User ID: 309999

Audited? N

EOM Audit? N

Active Date: 02/26/2006

Printed on Insurance: -----

Printed on Statement: -

Date last ins print: / /

Date last smt print: / /

Please complete highlighted fields.

Delete

The procedure code (and modifier if present) is identified as an 'Anesthesiology' service that requires the time to be shown on claims. The small area near the center of the screen is enabled so you can enter the start and stop times. These text boxes are specially designed to accept the time and so can accept some abbreviated entries. For example if you enter '92' it will show 0920. 092 will also show 0920. 201 will show 2010 (8:10 PM - remember this is 24 hour time) Do not use a colon when you enter 24 hour time. Some people do use the colon to separate hours from minutes, but that is not the 'official' way to show 24 hour time. Reserve the colon for '12 hour' time.

NOTE: You must enter a start and a stop time or the auto-transaction will not enter the time for you and you will need to enter it manually. You can still use the ATIME auto-transaction but you will need to type in the description.

NOTE: If you enter a stop time that is earlier than the stop time, the program will assume that it is for the next day, but will prompt you to be sure.

After you enter the start and stop time and the other required information and press the 'Save' button, you will see the next screen so that you can confirm that the auto-transaction worked as you wanted:

You can change the version for any specific payer/clearinghouse. In other words, you can transmit directly to Blue Cross using version v4010 A1 and to Medicare using v5010 A1. Depending on how you setup your database, these versions will be sent in one of three different formats: Professional, Industrial, Dental.

From the main directory select #8, #7, #3. Enter the 'form type' of the payer/clearinghouse (the receiver of your claims) . Example 564 (same as 964)

3.10 ICD-10 Information

ICD-10cm diagnosis codes are supposed to be used on or before October 2014

This section has information about changing from ICD-9 to ICD-10

3.10.1 Begin using ICD10 diagnosis codes

ICD10 diagnosis codes are supposed to be used on or before 2013

From the main directory, select #8, then #1 and click on the 'Defaults (Forms)' tab.

There is a button there that will load the ICD10 diagnosis codes from the cms.gov web site. Note that if there are additional codes or changed descriptions, they will be updated/refreshed in your diagnosis code table. No diagnosis codes will be changed in your patient data/ transactions, etc. This only changes your 'master' lookup file.

Also, on that same screen you can change your default diagnosis code version. This will help you find the code you want after the ICD10 codes are required.

399990 STRATFORD SOFTWARE RX TEST

Master Settings

Defaults (General) **Defaults (Forms)** Data entry Printing Labels Rx CC

Private pay/miscellaneous
 Industrial (workman's comp)
 Medicaid
 Medicare
 Default diagnosis code version

ICD-10 (indicated by red arrow)

ICD-9 (indicated by red arrow)

Load the ICD10 diagnosis codes from the cms.gov web site
 Update the ICD9 diagnosis codes from the cms.gov web site

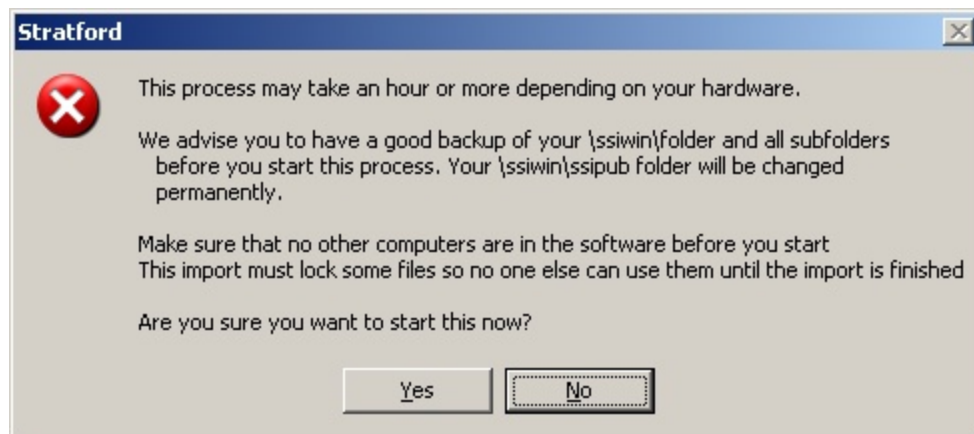
Statement control

Print zero balance statements?
 Print account balance on statements?
 Days to itemize transactions
 Days between statements
 Print charges (with activity?)
 Print diagnosis on statements?
 Dunning messages on Statements?

Insurance control

Split insurance?
 Days to itemize transactions

You will get a warning:



If you have a network with other people using the software, you must have them log completely out of the program. You may need to plan this since the ICD-10 import may take an hour or even more depending on the speed of your hardware.

When you press the 'Yes' button the conversion will begin. Please do not use your computer until you see that the import is finished.

After you have the ICD-10 Codes installed, here are some utilities integrated with the software:

From the main directory select #8, then #5, then #3 to go to the diagnosis code lookup screen:

399990 STRATFORD SOFTWARE RX TEST

Lookup Diagnosis Codes

Lookup Code

Lookup Description

Dx Version

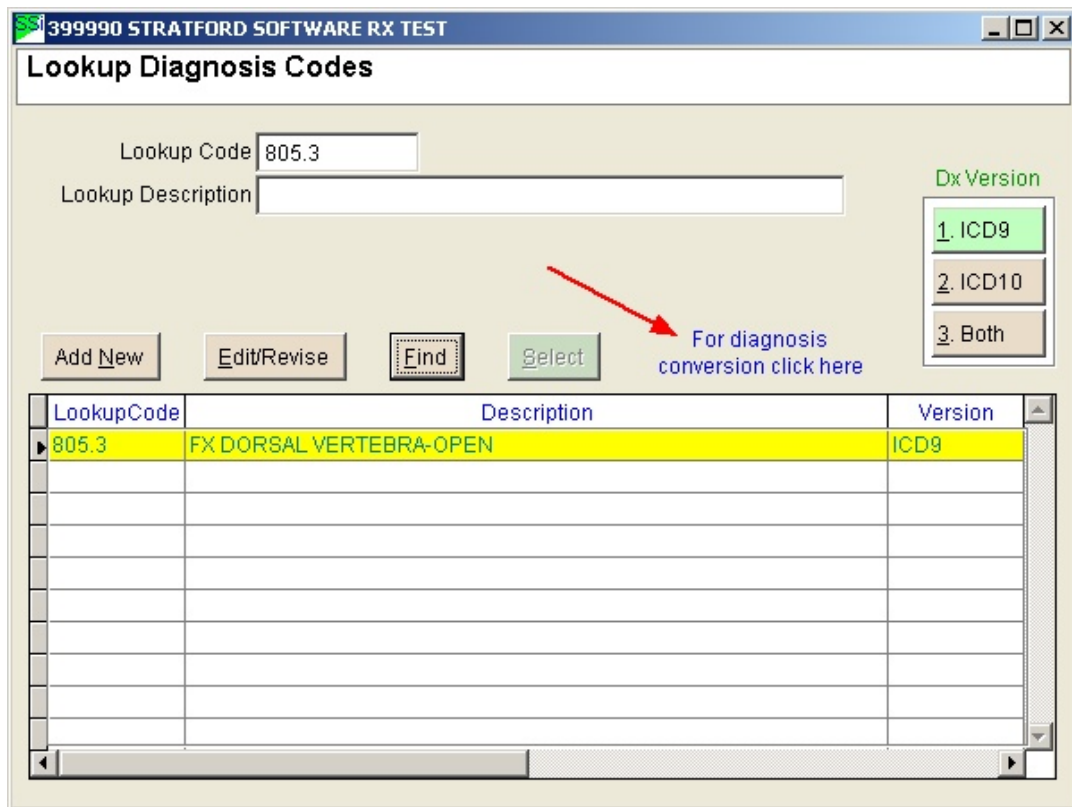
- 1. ICD9
- 2. ICD10
- 3. Both

Add New Edit/Revise Find Select

For diagnosis conversion click here

LookupCode	Description	Version
719.44	JOINT PAIN-HAND	ICD9
719.45	JOINT PAIN-PELVIS	ICD9
719.46	JOINT PAIN-L/LEG	ICD9
719.47	JOINT PAIN-ANKLE	ICD9
719.48	JOINT PAIN-JT NEC	ICD9
719.49	JOINT PAIN-MULT JTS	ICD9
719.5	STIFFNESS OF JOINT NEC	ICD9
719.50	JT STIFFNESS NEC-UNSPEC	ICD9
719.51	JT STIFFNESS NEC-SHLDER	ICD9
719.52	JT STIFFNESS NEC-UP/ARM	ICD9

Now enter any code you want to lookup. For the purpose of this tutorial, we will use an ICD-9 code with many matching ICD-10 codes: 805.3



Click on the label: 'Diagnosis conversion'

Now you will see a 'browse' window with the ICD-9 code that you selected followed by the ICD-10 codes that match. The ICD-10 codes are listed in the order that they match. The 1st ICD-10 code may be an exact match followed by other close matches that you may want to check out. There are many more ICD-10 codes than ICD-9 codes. This allows you to be more exact when you assign the codes. The payers want you to be exact.

Version	Code	Description
ICD9	805.3	FX DORSAL VERTEBRA-OPEN
ICD10	S22.000B	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for open fracture
ICD10	S22.001B	Stable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture
ICD10	S22.002B	Unstable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture
ICD10	S22.008B	Other fracture of unspecified thoracic vertebra, initial encounter for open fracture
ICD10	S22.009B	Unspecified fracture of unspecified thoracic vertebra, initial encounter for open fracture
ICD10	S22.010B	Wedge compression fracture of first thoracic vertebra, initial encounter for open fracture
ICD10	S22.011B	Stable burst fracture of first thoracic vertebra, initial encounter for open fracture
ICD10	S22.012B	Unstable burst fracture of first thoracic vertebra, initial encounter for open fracture
ICD10	S22.018B	Other fracture of first thoracic vertebra, initial encounter for open fracture
ICD10	S22.019B	Unspecified fracture of first thoracic vertebra, initial encounter for open fracture
ICD10	S22.020B	Wedge compression fracture of second thoracic vertebra, initial encounter for open fracture
ICD10	S22.021B	Stable burst fracture of second thoracic vertebra, initial encounter for open fracture
ICD10	S22.022B	Unstable burst fracture of second thoracic vertebra, initial encounter for open fracture
ICD10	S22.028B	Other fracture of second thoracic vertebra, initial encounter for open fracture
ICD10	S22.029B	Unspecified fracture of second thoracic vertebra, initial encounter for open fracture
ICD10	S22.030B	Wedge compression fracture of third thoracic vertebra, initial encounter for open fracture
ICD10	S22.031B	Stable burst fracture of third thoracic vertebra, initial encounter for open fracture
ICD10	S22.032B	Unstable burst fracture of third thoracic vertebra, initial encounter for open fracture
ICD10	S22.038B	Other fracture of third thoracic vertebra, initial encounter for open fracture
ICD10	S22.039B	Unspecified fracture of third thoracic vertebra, initial encounter for open fracture
ICD10	S22.040B	Wedge compression fracture of fourth thoracic vertebra, initial encounter for open fracture
ICD10	S22.041B	Stable burst fracture of fourth thoracic vertebra, initial encounter for open fracture
ICD10	S22.042B	Unstable burst fracture of fourth thoracic vertebra, initial encounter for open fracture
ICD10	S22.048B	Other fracture of fourth thoracic vertebra, initial encounter for open fracture
ICD10	S22.049B	Unspecified fracture of fourth thoracic vertebra, initial encounter for open fracture
ICD10	S22.050B	Wedge compression fracture of T5-T6 vertebra, initial encounter for open fracture
ICD10	S22.051B	Stable burst fracture of T5-T6 vertebra, initial encounter for open fracture
ICD10	S22.052B	Unstable burst fracture of T5-T6 vertebra, initial encounter for open fracture
ICD10	S22.058B	Other fracture of T5-T6 vertebra, initial encounter for open fracture
ICD10	S22.059B	Unspecified fracture of T5-T6 vertebra, initial encounter for open fracture
ICD10	S22.060B	Wedge compression fracture of T7-T8 vertebra, initial encounter for open fracture
ICD10	S22.061B	Stable burst fracture of T7-T8 vertebra, initial encounter for open fracture
ICD10	S22.062B	Unstable burst fracture of T7-T8 vertebra, initial encounter for open fracture
ICD10	S22.068B	Other fracture of T7-T8 thoracic vertebra, initial encounter for open fracture

There are ICD-9 codes that do not have an ICD-10 equivalent. If you search for one of these codes, you will get a screen that tells you there is no match. Examples are:

764.09 - 764.19
 'E' codes like E85.08 - E98.39
 'V' codes like V64.41 - V64.43

Stratford will update these codes as they become available from the government. We expect to have frequent updates through 2014.

3.10.2 Using/testing ICD-10 while still using ICD-9 in your data entry

According to the HIPAA timeline at the time this was written, the ICD-10 codes may be used before the October 1, 2014 deadline - After ANSI X.12 v5010 is accepted. During this time we expect some payers to test/accept the ICD-10 codes while others will still require ICD-9. We have made changes to the software to accommodate this. You may continue to use the ICD-9 codes while you are doing data-entry and have the software do a lookup and find the closest

ICD-10 match for your claim transmission. In fact, you may use a mixture of ICD-9 and ICD-10 codes and the software will transmit all ICD-10 codes for those payers that you set up to accept ICD-10 codes.

The way you do this is leave your 'main control variables' set to ICD-9. You may or may not install the ICD-10 codes as it will not affect the software operation. We suggest that you do not install the ICD-10 codes until you want to start using them. Remember that some payers may not accept the ICD-10cm diagnosis codes until the October, 2014 deadline.

NEWCOMM2 - 399990 STRATFORD SOFTWARE RX TEST

Master Settings

Defaults (General) | **Defaults (Forms)** | Data entry | Printing | Labels | Rx | CC

Private pay/miscellaneous: 511
 Industrial (workman's comp): 512
 Medicaid: 513
 Medicare: 564
 Default diagnosis code version: ICD9

Statement control

Print zero balance statements?: 2
 Print account balance on statements?: 0.00
 Days to itemize transactions: 60
 Days between statements: 1
 Print charges (with activity?): 1
 Print diagnosis on statements?:
 Dunning messages on Statements?: 1

Insurance control

Split insurance?:
 Days to itemize transactions: 60

Install/update the ICD10 diagnosis codes from the cms.gov web site
 Update the ICD9 diagnosis codes from the cms.gov web site

Save this information | Debug

From the main directory select #8, #7, #3, Enter the form code (ex: 564, 964, 5gateway, 9gateway)

On the "Edit insurance control files" screen for the specific form code that you want to transmit ICD-10 codes, select the 2nd tab labeled m6r9xx.dat (where xx is assigned by you: ex: m6r964.dat or m6r9gateway.dat). In the lower right see the text box labeled 'Default diagnosis code version'. Enter ICD10 in this text box (do not enter a dash).

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r9xx_e.dat

EDI claim control

EDI format selection: **4010** or **5010** Carriernumber: 31140
 Clearinghouse:

ISA15: P * [Test or Production](#)
 ISA11: > * [Check with the payer](#)
 ISA12: 00501
 GS08: 005010X222A1 * [Check with the payer](#)

Transmission records

ISA04:
 ISA05: ZZ
 ISA06: BBB33333B
 ISA07: ZZ
 ISA08: 31140
 ISA14: 1 * [1 \(yes\) or 0 \(no\)](#)
 GS02: BBB33333B
 GS03: 31140

Submitter (Loop 1000A)

1000A NM103: SUBMITTER
 1000A NM109: BBB33333B
 1000A PER02: OFFICE MGR
 1000A PER04: 6506927970

Payer (Loop 1000B)

1000B NM103:
 1000B NM109:

Suppress provider tax #:
 Suppress the Primary Key?:
 Element Separator: 124
 Sub-Element Separator: 094
 Segment terminator: 126
 Type of Claim:
 Type of Bill:
 POS=11 Service Address? Enter yes or no:
 POS=12 Service Address? Enter yes or no:
 Preauthorization:
 Suppress the legacy IDs?:
 2010AA 'Billing' provider:
 2010AB 'Pay To' provider:

Select diagnosis version

- 1 = ICD9
- 2 = ICD10

Loop 2300/2400
 2x00 REF02 EW:

Default diagnosis code version: ICD9

Save these settings Edit m6r964.dat

If you right click on the text box you can select from the shortcut menu either ICD9 or ICD10.

This will result in a 'ICD-10 lookup' when the claim for this form code is created and transmitted. Your ICD-9 codes will be converted to the closest match in the ICD-10 listing. If you have ICD-10 codes in your database, they will not be changed.

Note: the software allows you to continue entering ICD-9 codes during the time prior to the October, 2014 deadline. At the same time, you could send ICD-10 codes to Payer A, ICD-9 codes to Payer B, ICD-10 codes to Clearinghouse C. You can begin using ICD-10 codes without having them in your local database. This should make it easy for you to begin using ICD-10 codes many months prior to the deadline so you can get familiar with them. The ICD-10 codes are completely different from ICD-9 codes and it will probably take a significant amount of time for you to learn to use them. We recommend that you begin testing as soon as any payer allows it. When your transmission is accepted, begin 'production' transmitting with ICD-10 codes immediately, even if you have not started entering them in your database. With the Stratford program you can turn it on, then off and back on as needed. We are ready to help you and we appreciate your feedback.

Note: the reverse of the text above is also true. If you enter some ICD-10 codes and also some ICD-9 codes in your database, they will be converted as needed to comply with what you want for each transmission receiver (form code: payer, clearinghouse). The conversion is a 'best match' conversion. It probably will not be perfect and will not substitute for using the best, correct diagnosis code.

We plan to offer a utility to convert all of your existing ICD-9cm diagnosis codes to ICD-10cm codes sometime prior to the October, 2014 deadline. You should not use this utility until you are certain that all your payers will accept the ICD-10 codes. Note that this conversion will convert to the nearest acceptable ICD-10cm codes but will not be a substitute for using the best ICD-10cm code. As you probably know by now, there are many thousands more ICD-10 codes than ICD-9 codes. This will allow you to do a better job of describing the patient condition. Payers will require you to do this.

3.10.3 Plan for testing the conversion from ICD9 to ICD10

Here is a suggestion for testing your change to ICD10 with a payer/clearinghouse

It does not matter whether you have actually used an ICD10 diagnosis code in a patient's transaction. You do not have to change your data entry to begin testing.

Note: Payer ABC wants to begin testing with ICD10. You are now successfully transmitting claims to this payer using ICD9 codes. You have just finished transmitting a claim(s) to the payer with ICD9 codes. On the main menu under #9 you have a file named: m6r964.lst (just an example). Under #10 on the main menu you have the various audits from the transmission: m6r964.trn, m6r964_837.chk, m6r964.chk (examples)

First delete all the audits under #10.

You are going to retransmit the same claims that you have in the file under #9: m6r964.lst - but this time you are going to change the ICD9 codes to ICD10. Here is how you do it:

First go to the insurance claim control screen. From the main directory select #8, #7, #3, Enter the form code (ex: 564, 964, 5gateway, 9gateway)

On the "Edit insurance control files" screen for the specific form code that you want to transmit ICD-10 codes, select the 2nd tab labeled m6r9xx.dat (where xx is assigned by you: ex: m6r964.dat or m6r9gateway.dat). In the lower right see the text box labeled 'Default diagnosis code version'. Enter ICD10 in this text box (do not enter a dash). Or you can right click and select 2 = ICD10 from the small menu.

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r9xx_e.dat

EDI claim control

EDI format selection: **4010** or **5010**

Carriernumber: 31140
Clearinghouse:

ISA15: P * [Test](#) or [Production](#)
 ISA11: > * Check with the payer
 ISA12: 00501
 GS08: 005010X222A1 * Check with the payer

Transmission records

ISA04:
 ISA05: ZZ
 ISA06: BBB33333B
 ISA07: ZZ
 ISA08: 31140
 ISA14: 1 * 1 (yes) or 0 (no)
 GS02: BBB33333B
 GS03: 31140

Submitter (Loop 1000A)

1000A NM103: SUBMITTER
 1000A NM109: BBB33333B
 1000A PER02: OFFICE MGR
 1000A PER04: 6506927970

Payer (Loop 1000B)

1000B NM103:
 1000B NM109:

Suppress provider tax #:
 Suppress the Primary Key?:
 Element Separator: 124
 Sub-Element Separator: 094
 Segment terminator: 126
 Type of Claim:
 Type of Bill:
 POS=11 Service Address? Enter yes or no:
 POS=12 Service Address? Enter yes or no:
 Preauthorization:
 Suppress the legacy IDs?:
 2010AA 'Billing' provider:
 2010AB 'Pay To' provider:

Select diagnosis version

1 = ICD9
 2 = ICD10

Loop 2300/2400
 2x00 REF02 EW:

Default diagnosis code version: ICD9

Save these settings Edit m6r964.dat

The payer may want you to transmit your test ICD10 claims in 'test' mode. If so, then you need to click the * [Test](#) link above.

Always press the 'Save these settings' button in the lower left or your changes will not be saved.

Return to the main directory and retransmit your m6r964.lst file under #9 as usual. That is all there is to it. Your same claims will be transmitted to that same payer as always, but with ICD10 diagnosis codes. Is that simple enough?

Note: after you transmit the test, you must return to the insurance control screen and un-do your changes so that your next claims will go as usual until the payer has authorized you to begin transmitting with ICD10 diagnosis codes. When you are approved, return to this manual section and make the changes above (but leave it in 'production' mode).

We would like feedback from you. Please suggest any changes that you think we should make to this section. You can even mention a specific payer and what they wanted, especially if

it is something not covered in this section of the manual.

*Stratford Software, Inc.
EDI and practice management software*

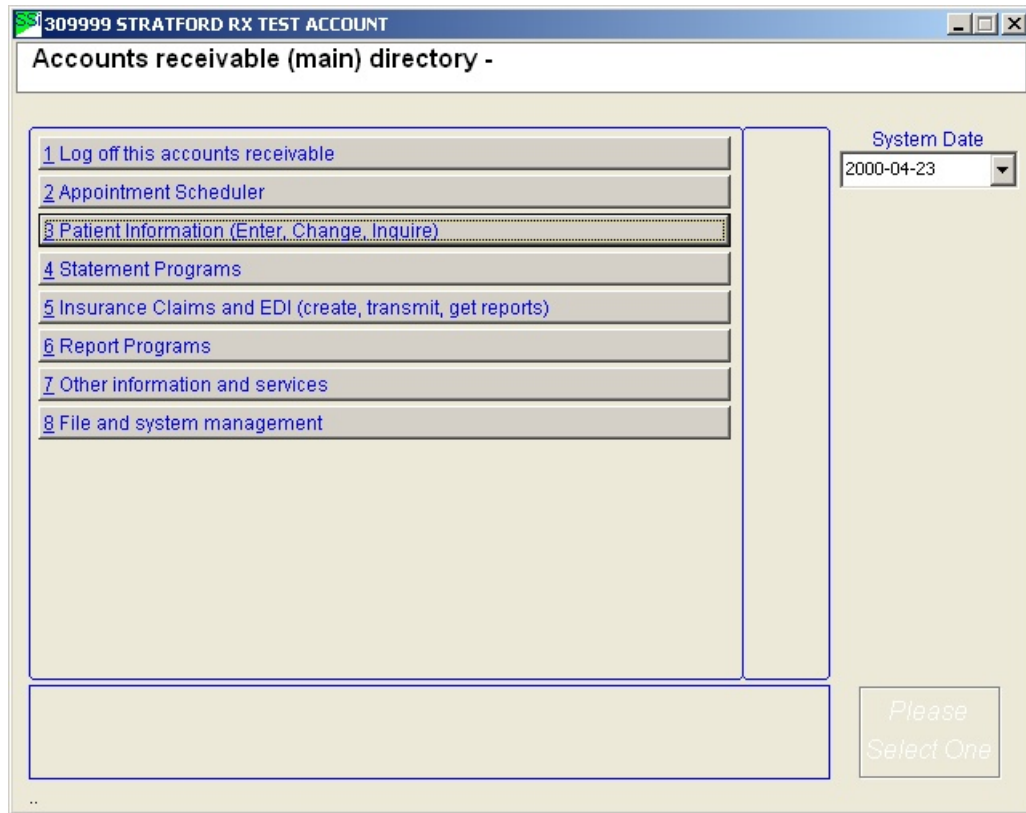
Part

IV

4 Patients

In this section you will learn how to enter patients

Beginning from the main menu, select #3



The next screen you will see is the 'Lookup Patient Accounts' screen:

LOOKUPNMPT - 309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Lookup phone number

Patient Insurance Id Lookup

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
▶ 10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior
▶ 01	PRIVATE	147.00	Normal	Yes	Private
04	MEDICARE	1117.71	Normal	Yes	Medicare

If you already have patients entered, you can find them by:
 Patient ID (account number - account identifier)
 Last name
 First name
 Social security number

If you want to add a new patient press the 'Add New' button..

4.1 Patients

This section tells how to enter a patient into the system.

4.1.1 Create New Patients

To enter a new patient, you or the computer must first assign an account number to the patient. You have two choices:

1. Type the account number that you want
2. Let the computer assign an account number for you.

If you are entering your patients from ledger cards, you should write the account number assigned by the computer or selected by you on your ledger card now. Use a brightly colored marking pen so the number is noticeable. This will help you avoid entering the same patient twice or forgetting to enter a patient.

1. Log into the Stratford Program using your ID or if this is your first time logging into the program read the Entering a new Patient tutorial.
2. Select the option for Patient Information.
3. Click the Add New button on the Lookup Patient Accounts screen.
4. This will take you to the Patient Demographic Information screen. Here you must type a Patient Account ID, which can be used to identify that specific patient in the future. Also you must enter the first and last name. After you have entered all the data the Save this Information button will appear. Click on Save this Information to finish.

SSI®Note:

- A new sequential account number can be added by entering "." (period) in the Lookup Patient Account ID field.
- If you want to reset the counter for the next sequential number, enter the number symbol "#" followed by the last used account number. For example if you want your counter to start with the number 999, you would enter #998. Then the next time you enter "." [ENTER] the next assigned account number will be 999.
- The account number can consist of both number, letters, spaces, and even character symbols (!@#%&*~+=<>?~).

Patient Demographic Information

Patient Account ID

Prefix

First Name

Middle name

Last Name

Suffix

Address 1

Address 2

City State Zip

Country

Sex

Date of Birth Date of Death

Age Unknown

Language

Race

Ethnicity

Marital Status

SSN

Phone 1 () - Ext

Phone 2 () - Ext

Email

Memo

Please complete highlighted fields.

Enter the Patient Account ID, which can be used to identify that specific patient in the future. This will also serve as the Lookup Code for this patient in the Lookup Patient Accounts screen. Fill out the rest of the information about the patient.

When you are finished filling out the information click the Save this information button. You will

then be at the Lookup Patient Accounts screen.

From here you may schedule appointments for this patient by pressing the Edit/Revise button and selecting the 5 appointments button on the lower right hand corner of the screen.

NAME

The number of available characters for the first name is 15, which means that you can type beyond what appears to be the end of the field.

DO NOT put a period after the middle initial because there is only one space available for the initial. If you put in a period, you will see a period for the middle initial. If the patient lacks a middle initial just bypass the text field.

The field for the last name has 25 characters

TELEPHONE NUMBER

You have two lines available for telephone numbers. When you are entering the patient's home telephone number and work number, you do not need to put in the area code. The program has a zip code index that cross-references area codes. The only time you need to enter the area code is if it is different from the default area code.

SSI® Note Do not put in any dashes, parenthesis, or spaces in the telephone numbers; the program will fill these in for you.

BIRTH DATE

The program assumes that the patient was born in the year 1908 or later. For the date of 1908 or later, enter only the last two digits of the year (e.g., if the patient was born on September 23, 1908, you would enter the birthday as 092308). If the patient was born before 1908, you must enter the entire year. For example, if the patient's birthday is December 25, 1893, you would enter this date as 12251893. The program automatically calculates the patient's age.

SSI® Note Do not put slashes or dashes in when you type the birth date.

SOCIAL SECURITY NUMBER

SSI® Note Do NOT put in dashes or spaces; the program will fill in the punctuation.

SEX

You may enter "M" for male and "F" for female.

MARITAL STATUS

The marital status have the following values:

Marital Status Code

- 1 Single
- 2 Married
- 3 Widowed
- 4 Divorced
- 5 Unknown

4.1.2 Edit & Inquire Patients

Begin with the 'Lookup Patient Accounts' screen:

Please note that you can find the patient by:

- Patient account ID
- Last name
- First name
- Social Security number
- Phone number

• Patient insurance ID

LOOKUPNMPT - 309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Accounts

Lookup patient account ID

Lookup last name

Lookup first name

Lookup social security number

Lookup phone number

Patient Insurance Id Lookup

Account ID	Last Name	First Name	M	Add1	Add2	City	St	Zip
▶ 10002	CALVI	JOSEPH		102 KILBY ST		HINGHAM	MA	02043
10001	WILDER	KATIE		100 BLACKR		BRIDGEPOR	CT	06605
10004	YOUNG	DOLLY		WILLIAM TER		HINGHAM	MA	02043

Financial Class

Code	Description	Balance	BillCycle	OpenItem	Behavior
▶ 01	PRIVATE	147.00	Normal	Yes	Private
04	MEDICARE	1117.71	Normal	Yes	Medicare

After you lookup the patient, click on it. This will enable the 'Select' button.

Press the 'Select' button and you will see the next screen:

309999 STRATFORD RX TEST ACCOUNT

Lookup Billing Accounts For This Patient

Account Identifier: 4658798

Name: ERMA | TEMPLE

Buttons: Add a New billing account | Edit/Revise this account | Select

Code	Description	Balance	BillCycle	OpenItem	Behavior
M	MEDICARE	308.99	Normal	Yes	Medicare

This screen allows you to select the billing classification (financial class) for the patient. You may also enter a new financial class for the patient here if you wish by pressing the 'Add a New billing account' button.

Highlight the billing account you wish to edit and press the 'Select' button. You will then see the screen below:

This is the 'Patient Account Information' screen. This is the main screen you will always see when you are working with your patient's information.

This screen allows you to edit the information for this patient. There are other sections of this manual that describe in detail how to edit information and create statements, insurance claims and reports.

4.1.3 Assign patient ID (account number)

Special Notice:

The windows-compiled version of the Stratford program will allow 17 character patient IDs - alpha-numeric - including spaces and some punctuation. This is compliant with the specs for ANSI X.12 v4010 A1 (also v5010). Although the Stratford windows program will allow almost any ID, you must be aware of the requirements of the payers you bill. We recommend using 9

or fewer characters, alpha numeric, no spaces or punctuation to be certain that your claims will transmit the way you want to most payers. You are responsible for knowing how to bill your payers. For example, if you have 14 character patient IDs and your payer will only accept 10 characters, the Stratford program will truncate your patient ID to comply with the payer requirement. If we did not do this, your claims would be rejected by the payer. It will be up to you to match the payer EOB and other paperwork with the correct patient.

A patient account number is assigned when you create a new patient. You have two choices of enter account number:

1. Type the account number you want
2. Let the computer assign an account number for you

Automatic Numbering Patient Accounts

If you do not want to continue your previous account numbering system or did not use patient account IDs, let the program assign the next available account ID. You can do this by pressing: dot [.] enter in the Lookup Patient Account ID field from the Lookup Patient Accounts. This will bring you to the Patient Demographic Information. (see create a new patient. for more detail).

Manual Numbering Patient Accounts

You can do this by entering a new account number in the Lookup Patient Account ID field from the Lookup Patient Accounts. This will prompt you whether or not to create a new patient with the new account number. If you answer yes, this will bring you to the Patient Demographic Information. (see create a new patient. for more detail).

From a Previous System

If you had another software package before you bought SSI® you may wish to keep using your old account IDs. If your old account IDs had 17 characters or less, you may continue to use the same ID. If you have Stratford electronically convert your data from your old system to SSI® and the numbers meet the conditions above, you should have the same account numbers.

Resetting Automatic Numbering.

If you want to reset the counter for the next sequential ID, enter the number symbol "#" followed by the last used account number. For example if you want your counter to start with the number 999, you would enter #999. Then the next time you enter "." [ENTER] the next assigned account number will be 999.

You can also change the next account ID in the Master settings screen.

If you only enter the single character # (pound sign) the software will look at every record in the file and calculate the next, best account id. If you wanted to, you could always enter # instead of . (dot). Remember that if you have a lot of data, it will slow you down to have the software look at every record in the file every time. We recommend that if you are not happy with the present next id, you should (1) manually set it (2) use # and have the software calculate the next best id. After that you should only enter . (dot) for the fastest, next id.

Family Accounts

You must assign the family account or guarantor number; the program will not assign it for you. If you want the transactions of the members of a family to appear on one statement, assign an account number to the family, for example 123456. Account number 123456 would be the guarantor or family number. Type your guarantor number. After you have assigned the

guarantor number, fill in the rest of the account information. See [Create a New Guarantor](#)

Guarantor Accounts/Company Accounts/Legal Accounts

If you are billing a facility (e.g., a dialysis unit, hospital) for procedures that were performed on patients for that hospital you may wish to assign a guarantor number to the hospital. You could select an account number for the hospital, for example 50000, then for each patient billed to that hospital you could enter as 50000.1, 50000.2, etc. You can create an invoice to the hospital with the individual names of the patients listed. This also applies to billing attorneys and corporations for employee visits.

Family accounts are also useful for HMO billing when the HMO requires you to send one statement to them for all of their patients. Other uses would be any time you have a group of patients that are not billed directly, rather one bill is sent to one location to cover a group of patients. In cases where the Family Account feature is used for non-family type situations (like the HMO example), the guarantor would be the HMO. All the patients who use the HMO would have the same account number as the HMO, but with an extension. For example, if the HMO is account #1000, then all the patients could be account 1000.01, 1000.02, etc. (Note: the extension may also be alphabetic -- 1000.ABC, 1000.ABD, or alpha-numeric -- 1000.01A, 1000.A01.) As medical billing procedures change you will find many other uses for the Family Account feature of SSI!

4.1.4 Deleting patients

Deleting patients is different from deleting most other types of information from your database.

A patient record can have one or more 'billing accounts'. For example, a provider may see a patient who is over 65 years old for hypertension. The provider will setup a 'Medicare' billing account for services related to hypertension. If the patient is hurt at work, the provider may setup an 'Industrial/workman's comp' billing account for services related to that injury. Using multiple billing accounts makes it easy to keep the charges, payers, responsible parties, etc separate. The software can handle the billing with less user intervention.

If you delete a patient without first deleting the 'billing accounts' then you will have 'orphan' records. The software cannot handle incomplete information. Before you can delete a patient record, you must first delete any related billing accounts.

If you delete a billing account with an open balance, you will destroy the integrity of the system balances. For example, a billing account has an open balance of \$500.00. If you simply delete that billing account then the software will have transactions totaling \$500.00 more than the patient balances. Before you can delete a billing account you must first make sure the billing account balance is zero so that after you delete it, the accounts receivable will not change. You must delete all the transactions related to the billing account so that the total patient balances will be equal to the total transaction balances.

It is even more complex. A billing account has insurance records and other types of records that must be deleted. You must make sure that all records that are specific to that billing account are deleted. A patient has one or more telephone/communication records that must be deleted. In all there could be 100 or more records that must be deleted when you delete a patient record.

Here is the process for deleting a patient record.

1. Make sure that all billing accounts related to the patient have a zero balance. This is necessary so that the accounts receivable will not be 'off' after the patient is deleted.
2. Audit/balance any transactions that have been entered.

3. Delete every billing account that is related to the patient.
4. After you do the steps above you should be able to delete the patient record.

Below is an example of a patient billing account screen with the delete button in the lower right:

Patient Billing Information			
Account Identifier	4658798	Class	MEDICARE
Name	ERMA		TEMPLE
Balance	\$308.99		
Patient's financial class	M		MEDICARE
Class behavior	4		Medicare
Billing cycle	1		Normal
Open item posting	1		Yes
Show write-off calculation window	1		Yes
Accept assignment	1		Yes
Dunning	1		Yes
Form type	564		Medicare

The Delete button is disabled. You will not be able to delete this patient billing account. Can you see why? There is an outstanding - open balance - of \$308.99. You must enter transactions to this billing account so that the balance is zero. You could enter a payment. You could enter a minus adjustment and write-off the balance. Then you must audit/balance those transactions.

Below is an example of the patient record with the delete button in the lower right.

SSS NEWNMPT - 399990 STRATFORD SOFTWARE RX TEST Le... - [] [] [X]

Patient Demographic Information

Patient Account ID

Prefix

First Name

Middle name

Last Name

Suffix

Address 1

Address 2

City State Zip

Country

Sex

Date of Birth Date of Death

Age 31Y 8M 4W 2D

Language

Race

Ethnicity

Marital Status

SSN

Phone 1 Ext

Phone 2 Ext

Email

Memo

If you press the delete button you will get a message telling you that you cannot delete the patient record.



After you have finished you will not be able to find the patient anymore. However the records that you have 'deleted' are not really gone. They are only 'marked' for deletion. You cannot simply take a record out of a data table. It would leave a hole which is not possible. There is a technical reason for this. Take our word for it.

In order to get rid of records and reclaim the space on your hard drive, you must copy and sort and re index the data. This takes considerable time. If you have a lot of patients, it could take hours. All of your data tables must be locked. No one can use the system while this process is being done. This process is called 'reorganization'. This is part of normal file maintenance and should be done once per week or whatever schedule works best for you. We recommend that you reorganize at least once per week. During reorganization, your files are sorted so they can be accessed faster. All the 'numbers' in the system are checked to be sure that there are no corrupt records and all the patient balances are correct. Like a backup, this is normal maintenance that you should do.

In addition, you should 'de fragment' the hard drive. The de fragment program has nothing to do with the Stratford program. It is a standard maintenance program that you get with the Windows operating system. Defragmentation places the files on your hard drive in contiguous 'sectors' and greatly improves the performance of your computer. This process, like reorganization, can take hours.

4.2 Billing Accounts

This is the 'Patient Billing Information' screen. This screen allows you to enter a new billing account for the patient and also edit an existing billing account. When you enter the patient's financial class, the program will automatically fill out the rest of the information for you. If you want to change something that the program filled in, simply click on the field you want to change and fill it out with the correct information.

309999 STRATFORD RX TEST ACCOUNT

Patient Billing Information

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

Balance: \$308.99

Patient's financial class: M MEDICARE

Class behavior: 4 Medicare

Billing cycle: 1 Normal

Open item posting: 1 Yes

Show write-off calculation window: 1 Yes

Accept assignment: 1 Yes

Dunning: 1 Yes

Form type: 564 Medicare

If you are unsure of what to fill in into a field, then right-click in it and a pop up menu will offer some suggestions.

When you are finished filling out the patient's billing information, click on the 'Save this information' button at the bottom of the screen.

If at any time you want to exit this screen and not save any changes you have made, press the Esc button on your keyboard or press the 'X' (close) button at the upper right corner of this screen.

4.2.1 Edit Existing Billing Accounts

1. From the Accounts receivable (main) directory select Patient Information (3).
2. Enter the patient's First name, Last name or ID. Click the find button to find the patient. Click the patient and select him.
3. At the Lookup Billing accounts for this Patient screen, click on the billing account you wish to edit and click Edit/Revise this account.
4. This will take you to the Patient Billing Information screen. Here you may make the necessary changes to the patient's billing information. When you are finished, click on the Save this information button.

4.3 Financial Class

In this section you will learn how to separate patients into different financial classes. You will also learn how to set up, change, or delete the options for each financial class.

You assign financial classes to separate patients into different groups for your management reports. You may have an unlimited number of financial classes. You may use a general category, for example, assigning the category of Private Pay to all patients who are not Medicare, Medicaid, or Industrial. You may want to have a separate financial class for each HMO or PPO if a significant number of your patients are a member.

Each financial class will be aged separately on your Aged Account & Collection Report (673). If you have too many financial classes, your aged account & collection report will be divided into many small categories. You will have a difficult time getting a clear picture of your accounts receivable.

Unless you have an unusual need, you should not have more than 20 financial classes. If you know the financial class number, enter it now, the computer will pull in the financial class number and the name that you assigned to the financial class. When you receive your program it will be set up with five financial classes (Private Pay, Industrial, Medicaid, Medicare, and Miscellaneous).

At Stratford, we set up all new accounts with financial classification 01 as private pay and a "Default Class Behavior" of 1. We set up all new accounts with financial classification 02 as industrial (worker's compensation) and a "Default Class Behavior" of 2. We set up all new accounts with financial classification 03 as Medicaid and a "Default Class Behavior" of 3. We set up all new accounts with financial classification 04 as Medicare and a "Default Class Behavior" of 4. We did this because it seemed logical to us and it seems to work for most practices. Default Class Behavior are not necessarily related to the financial class that you see on the screen and the reports. If you wish you may make Medicare 08 or 87X or 44YY or 998U or almost anything else.

This is the way your computer will know how to handle the account. The financial classification is the number (code) that you will use and you may set it up anyway you wish.

Priscilla says: I am confused. What is the difference between data control codes and financial classifications, and financial classes. Did you dream this up just so you could make a very simple program seem more complicated? Why do I have to learn this stuff?

SSI® Answers: The computer knows what the "data control code" means and will use it to decide how to do the billing. You, Priscilla, do not need to do or know anything about data control codes, really. We just put this discussion here for those clients who want to customize the program and have a more detailed production breakdown at the end of the month. Most of our clients do not add to or change the system. Most of our clients who want to change the system ask Stratford to change these things for them and we are happy to do it. We understand that most of our clients are not "computer people" and we like "non-computer people". It makes us feel wanted and gives us a way to be friendly and help our clients.

309999 STRATFORD RX TEST ACCOUNT

Patient Billing Information

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

Balance: \$308.99

Patient's financial class: M MEDICARE

Class behavior: 4 Medicare

Billing cycle: 1 Normal

Open item posting: 1 Yes

Show write-off calculation window: 1 Yes

Accept assignment: 1 Yes

Dunning: 1 Yes

Form type: 564 Medicare

After filling out the information, you must click on the Save this Information button. This will not only leave the screen, but also save the entry.

DESCRIPTION

The next question is Description. Enter the name of the financial class you have selected, for example, Prudential.

SSI® Note You may wish to have your aging report list the patients by insurance company. You may set up each insurance company or PPO or HMO as a separate financial class. However, we recommend that you try to avoid using more than 20 classes since the data entry will be much more difficult. There is no limit built into the software so if you need more, be sure to set them up and use them.

BILLING CYCLE

There are four choices for your billing cycle: 1=normal (a statement and insurance form may be created for the patient), 2=hold statement & insurance; 3=hold insurance; and 4=hold statement. Note that the data control code below can change the function of this selection. You may set up a different billing cycle for each financial class. If you set up a separate financial class for an HMO and you do not want the members of this HMO to receive a statement, you would set up that financial class as "hold statement" or "4". Note that 1=Normal for Medicaid means "hold statement".

ALLOW DUNNING

The next selection (allow dunning) allows you to set whether you want dunning messages on the statement. You would enter [Y] for yes or [N] for no. The current dunning messages are located in your Automatic Transaction Library. You may change the messages. An example of a dunning message is:

Your balance is 60 days past due.
Please pay promptly

FORCE OPEN ITEM POSTING

This is the selection where you determine whether you want to post open item or balance forward. If you answer [1 OR Y] (Yes) to this question, you will be forced to post open item for all new patients entered with this financial class. Any patients already entered will not be affected.

"Open item posting" refers to linking payments, adjustments and memos with specific charge lines. When you post against the patient's account balance you are using "balance forward" posting. When you select "force open item posting" you will be asked to specify the charge line that you want associated with the payment or adjustment.

If you answer [2 OR N] (No) to "force open item posting" then you will be allowed to post against the account balance. When you use balance forward posting, any adjustment or payment will be applied to the oldest unpaid charge for aging purposes.

CLASS BEHAVIOR CODE

If you do not set the data control code, this selection will default to one when you press [ENTER]. There are four data control codes.

Class Behavior Code

1 Private Pay insurance, HMO's PPO's and self pay accounts. You can get both a statement and an insurance form.

2 Industrial patient only. You can get a statement and an insurance form.

3 Medicaid patient. You will not get a statement even if hold statement is not set, since "hold statement" is "normal" for Medicaid.

4 Medicare patients and any patient who has Medicare as the primary insurance, even Medicare/Medicaid "crossover" accounts. You can get both a statement and an insurance form.

The data control code determines the questions that will be asked by the program in the Patient Account Information and Insurance Information Screens.

If you are creating an Industrial or a Medicare financial class, you must select the data control code number. It will not automatically default to (2) or (4).

WRITE-OFF WINDOW

The program will ask you if you want the automatic write-off window. Answer "1" or "Y" for YES or "2" or "N" for NO. This is an optional feature that will allow the computer to calculate the amount to write-off and the patient's responsibility, if any.

ACCEPT ASSIGNMENT

This will allow you to set the default for accepting assignment on a financial class basis. Enter "1" (Yes) if you accept assignment or "2" (No) if you do not accept assignment. This can be changed on an individual patient if you want.

INSURANCE FORM TYPE

Below are some suggestions for setting up a form type code for each 'receiver' of your claims. A receiver is a clearinghouse or a payer that accepts direct claim transmissions such as a MAC (Medicare administrative contractor) An insurance claim form code begins with the number '5' and has up to 8 additional alpha-numeric characters. For example, if you transmit to a clearinghouse named 'GatewayEDI' you could set up a form type code: '5GATEWAY'. The Stratford software program always creates a 'paper claim image' as the first step. You can print this and mail it to the 'receiver' or you can transmit it. When you chose to transmit a claim, it will be converted to the required format such as the ANSI X.12 837 transaction set.

THE 511-519 (paper claim) series is used prior to using 911-919 (EDI) transmission series.

FORM TYPE 511 is for private pay and miscellaneous.

FORM TYPE 512 is for industrial.

FORM TYPE 513 is for Medicaid.
 FORM TYPE 514 is for Medicare CMS 1500, UB04.
 FORM TYPE 515-9 is user defined: CMS 1500, UB04, ADA.
 FORM TYPE 514 (UB-04) is for facility billing.

The list above is our recommended default list. Any of the forms 511 - 519 and 561 - 569 can create a CMS 1500, UB04 or a dental ADA form and can be used for either NSF or ANSI 837 electronic claims transmission. All you need to do is set some settings in the control tables. You can "mix and match" if you have a special need. For example, you want to transmit to two clearinghouses for your private claims because one of them covers companies that the other does not cover. Remember that the Stratford program processes programs as you run them from the menus. If one of the clearinghouses charges less or not at all, you should assign them the number 911 and the other clearinghouse would be set up as 915. Why did we skip 912, 913, 914? You are not required to skip these, but the support is easier for us if everyone follows a default "convention". Over the years we have always used 1 for private pay, 2 for industrial, 3 for Medicaid and 4 for Medicare. As you read this manual, you will see this come up repeatedly. The system is very open and flexible and we have not done anything (purposefully) to prevent you from doing your billing the way you want. So, if you want to use 913 for transmitting CareVU, it will work fine. You may need to remind the support person when you call for help.

There are many other special forms that you may use for special situations. These can all be set up in advance so you should not be required to change them. You are welcome to call if you do not believe you are getting the correct form.

4.3.1 Adding Financial Classes

From the Accounts receivable (main) menu

1. At the Accounts receivable (main) directory click on the File and system management button.
2. This will take you into the System management directory. Here you need to click on Codes: FinClass, Recalls, etc .
3. Now in the Lookup data file maintenance screen, click on the Patient Financial Class Setup button. * If this is your first time accessing the program and skip down to step five.
4. The Lookup Financial Class screen will pop up. Click on Add New.
5. At the Financial Class Entry screen, fill out the information concerning the financial class. You must enter a lookup code and a name. Then the Save this information button will appear. Click on Save this Information to finish.

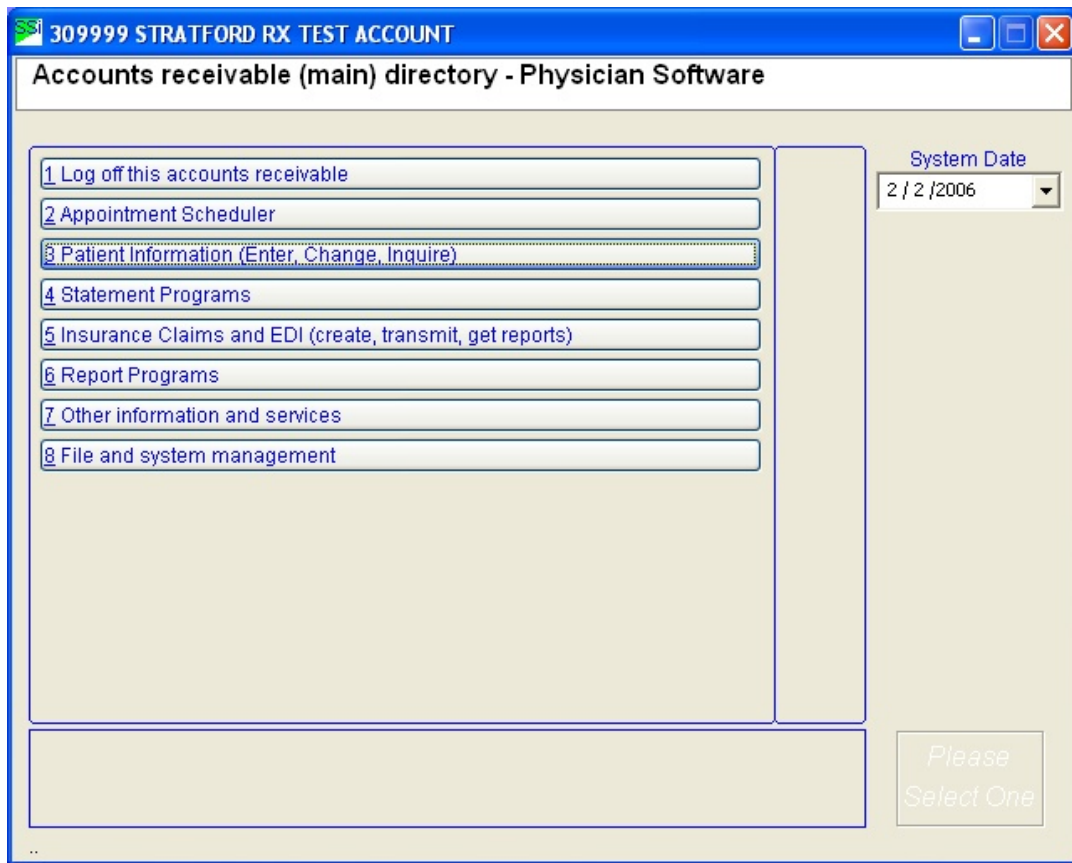
From the Patient Account Information

SSI®Note: If you enter a new Financial Class in the Patient Billing Account entry screens this will bring you to the Lookup Financial Class screen. You can choose to add the new code from there.

1. See either the Tutorial on Patient entry to get access to the Patient Billing Account.

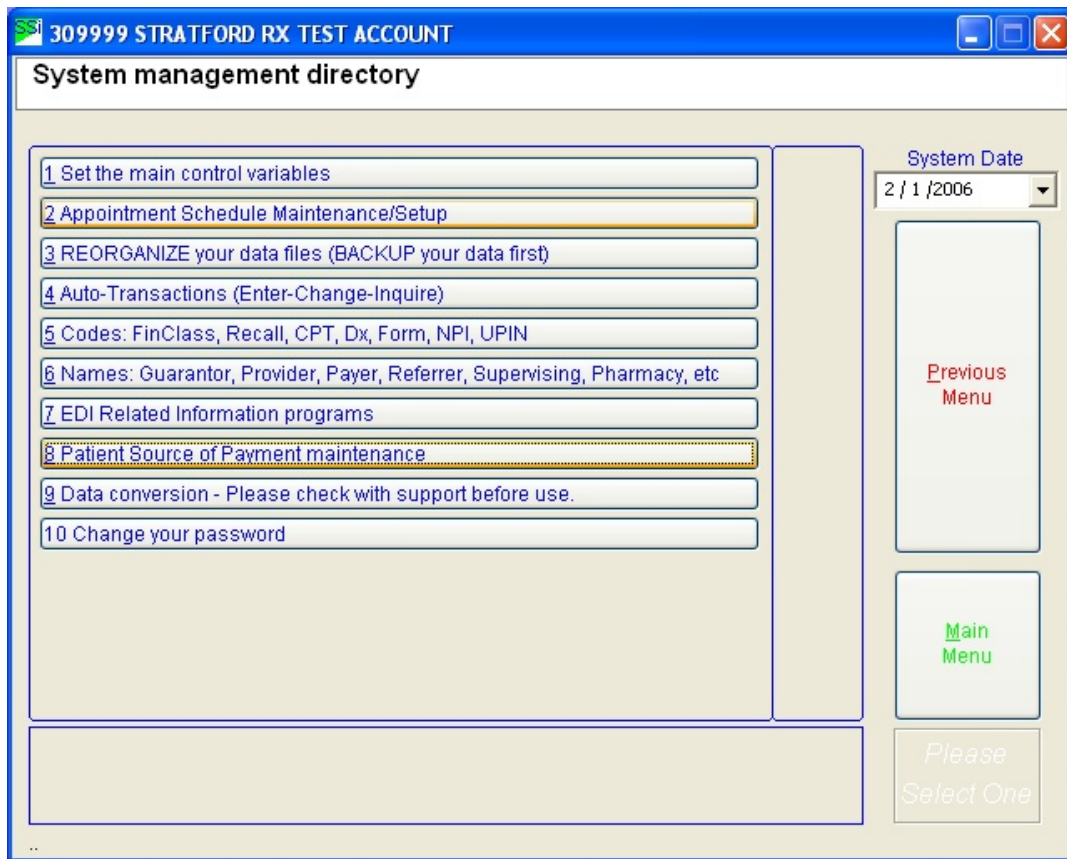
4.3.2 Editing Financial Classes

Start at the Accounts receivable (main) directory:



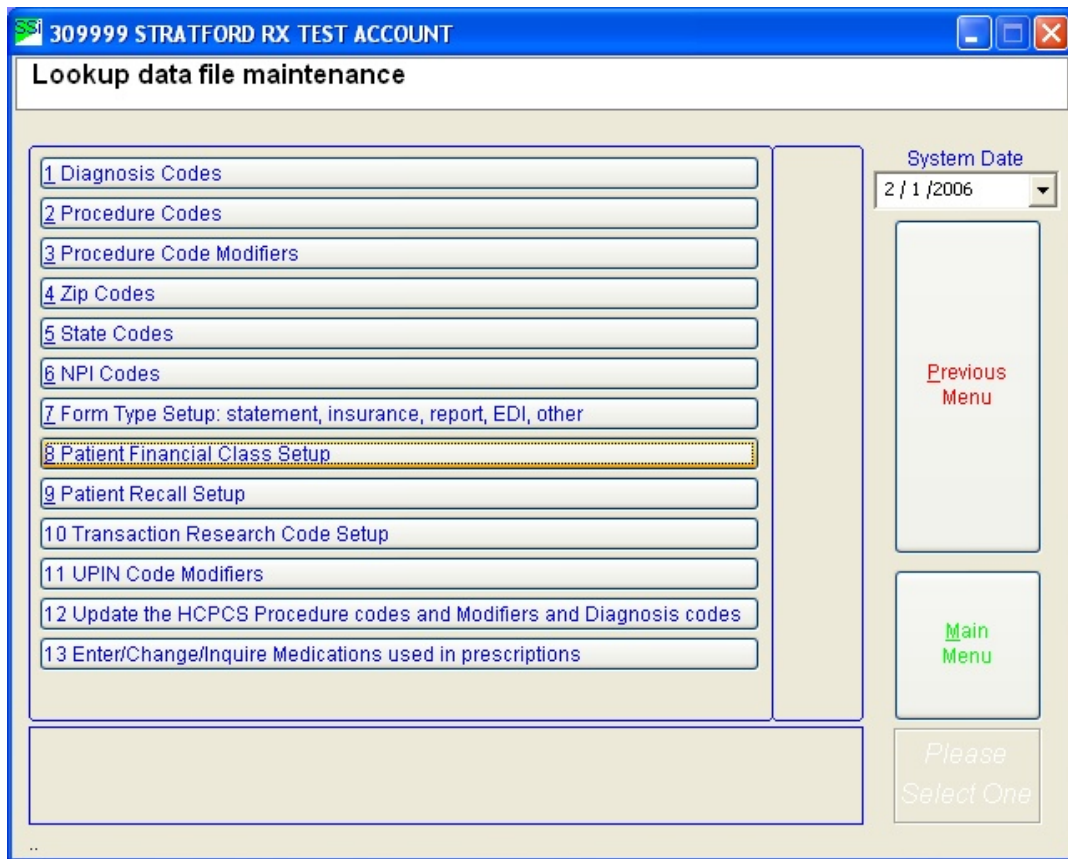
Click on the File and system management button.

This will take you into the System management directory.



Here you need to click on Codes: FinClass, Recalls, etc.

Now in the Lookup data file maintenance screen:



Click on the Patient Financial Class Setup button.

Here is the Lookup Financial Class screen:

Financial Class Lookup Code	M
Financial Class Description	MEDICARE
Default class behavior	4 Medicare
Billing Cycle	1 Normal
Default to Open-Item Posting	1 Yes
Show the Write-Off Calculation Window	1 Yes
Default to 'Accept Assignment'	1 Yes
Default to 'Allow Dunning messages'	1 Yes
Default Payer Form Lookup Code	564

Save this information

Make any necessary changes. After you are finished, click the 'Save this information' button.

Note: when you type in MEDICARE, the software will automatically default your 'Default class behavior' to '4'. Remember that 4 is the Medicare behavior. This is really the key to the financial class. The software does not have any idea what you are calling the financial class. That name is for you and any other 'humans' who look at your data. The computer only wants to know what you want to do when you use this financial class. Here you are telling the computer that you want it to process this account as though it is a 'Medicare' account. If you right-click on the 'Default class behavior' text box you can see the other options:

309999 STRATFORD RX TEST ACCOUNT

Financial Class Entry

Financial Class Lookup Code: M

Financial Class Description: MEDICARE

Default class behavior: Medicare

Billing Cycle: **Financial Class Behavior**

- 1 private pay/miscellaneous
- 2 industrial/workman's comp
- 3 Medicaid/Medi-Cal
- 4 Medicare

Default to Open-Item Posting:

Show the Write-Off Calculation Window:

Default to 'Accept Assignment':

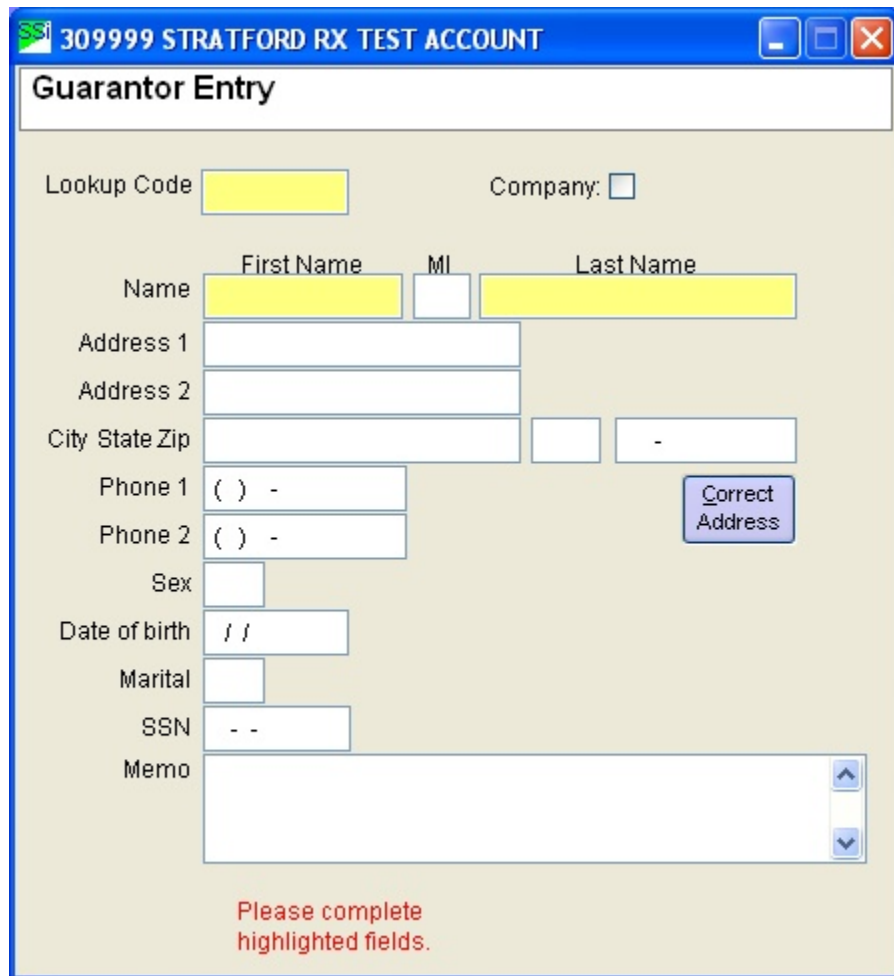
Default to 'Allow Dunning messages': 1 Yes

Default Payer Form Lookup Code: 564

[Save this information](#)

4.4 Guarantors

The Guarantor Entry is similar to all the information entry screens in the program. Here you enter all the information about the Guarantor of the patient you are working with.



309999 STRATFORD RX TEST ACCOUNT

Guarantor Entry

Lookup Code

Company:

Name

First Name	MI	Last Name
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Address 1

Address 2

City State Zip

Phone 1 () -

Phone 2 () -

Sex

Date of birth / /

Marital

SSN - -

Memo

Please complete highlighted fields.

You must first enter a Lookup Code by which the program can sort and recognize the entry. The name, address, etc., are all for the users benefit since the program only reads the numbers.

You may also wish to enter a memo about the Guarantor which can be done in the lower center part of the screen. After you are finished entering all the necessary information you may click the Save this information button at the bottom of the screen.

If you do not know the zip code of the city and would like to see the zip codes available for that city, type a dot [.] before the name of the city. You will see a pop-up window appear with all the zip codes for that particular city. You must select the correct zip code; the computer can only give you the selections. Currently, the zip code index contains some of the cities in Northern California. The area code for each city is also listed. If you are outside Northern California you may receive all zip codes for a small shipping and handling fee. You may also download the file from our Internet server or receive it as an attachment to an email.

SSI® Note When you are entering an Industrial account; the program will ask you for the insurance company's name and address instead of the guarantor's name and address.

4.4.1 Create New Guarantors

The guarantor is the person who is responsible for the bill. Even if you are only billing the insurance company, you would still fill in the patient's name. If several patients have the same guarantor you will be able to print one statement per family. From a bookkeeping standpoint, it is much more accurate to have a statement created for each family member.

1. Select the option for Patient Information. Highlight the patient in the list and click Select. Select the billing account. The next screen is the Patient Account Information.
2. At the top right hand corner of the screen, click the box labeled Guarantor. This will open the Lookup Patient Guarantors screen. Click Add New to create a new guarantor or select an existing guarantor.
3. This will take you to the Guarantor Entry screen. Here you must type a lookup code, first and last name. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.

SSI® Note: When you are entering an Industrial account; the program will ask you for the insurance company's name and address instead of the guarantor's name and address.

4.4.2 Edit Guarantors

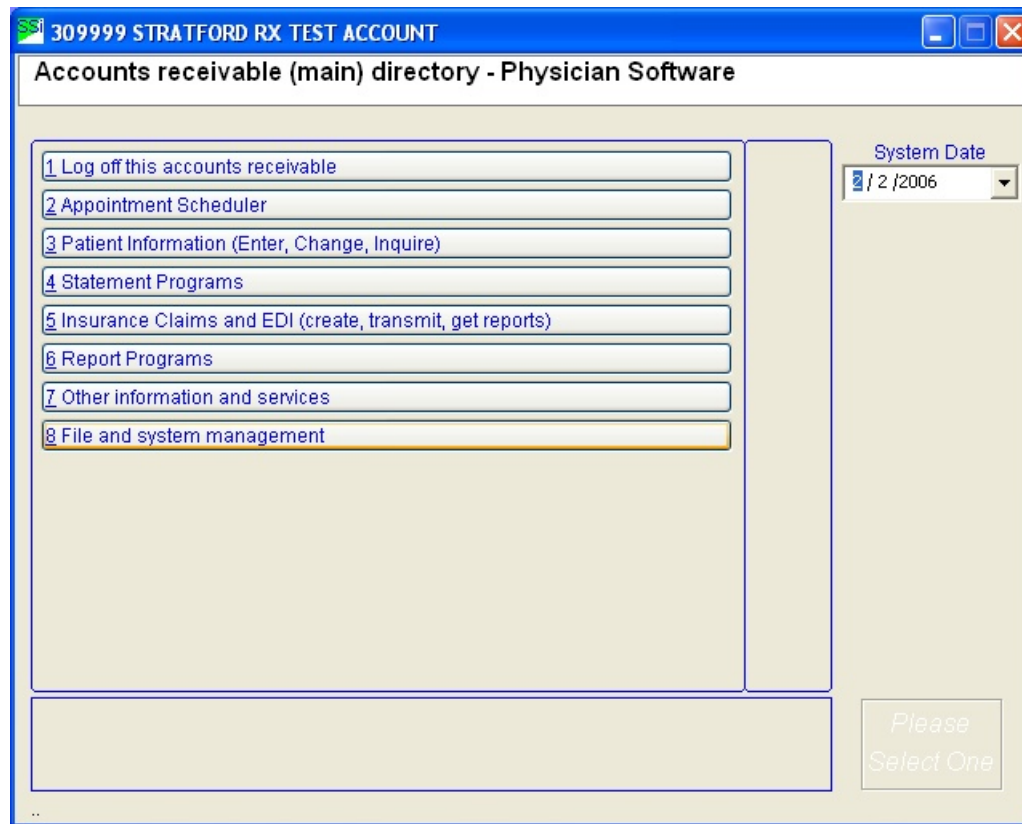
The guarantor is the person who is responsible for the bill. Even if you are only billing the insurance company, you would still fill in the patient's name and guarantor. There are two ways to access the guarantor accounts:

Access a specific guarantor from the main patient entry screen.

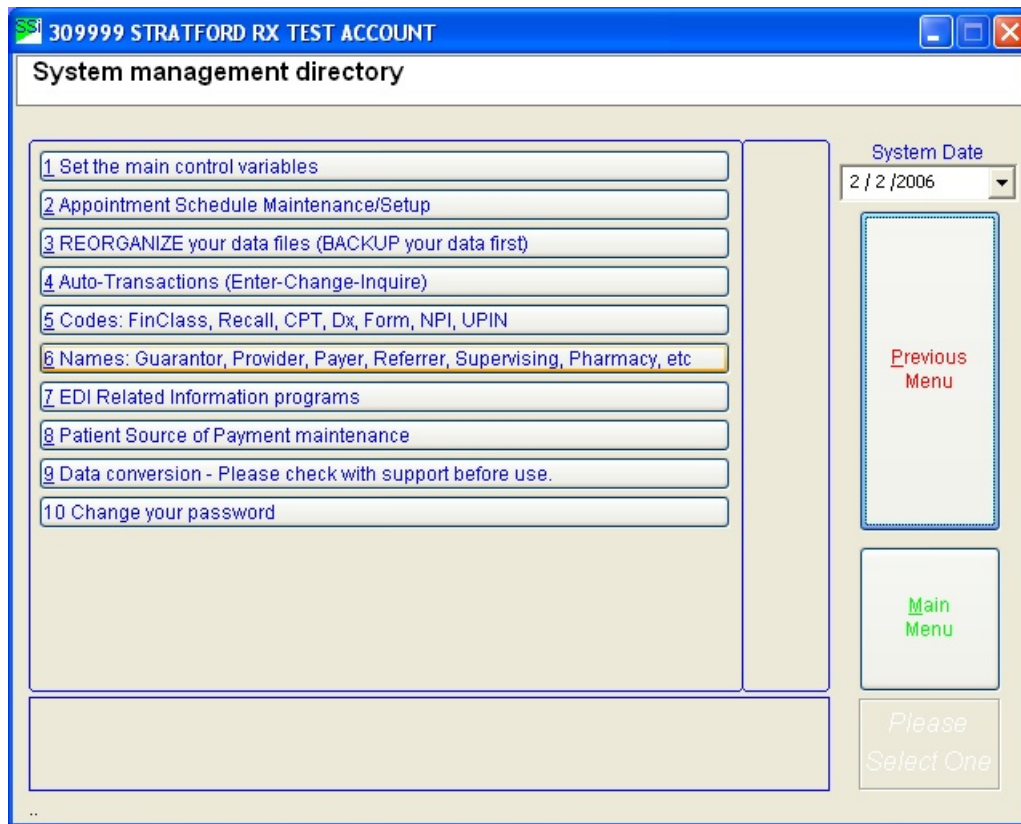
1. Log into the Stratford Program using your ID or if this is your first time logging into the program read the Entering a new Patient tutorial.
2. Select the option for Patient Information. Select the patient you wish to use and click Select. Next select his billing account. This will take you to the Patient Account Information.
3. On the top right hand corner of the screen, you must click in the field named Guarantor. This will take you to the Lookup Patient Guarantors screen. Here you can click on the guarantor you wish to edit and then click on the Edit/Revise button. Now you can make any necessary changes. When you are finished click the Save this information button.

Access any guarantor from the main menus:

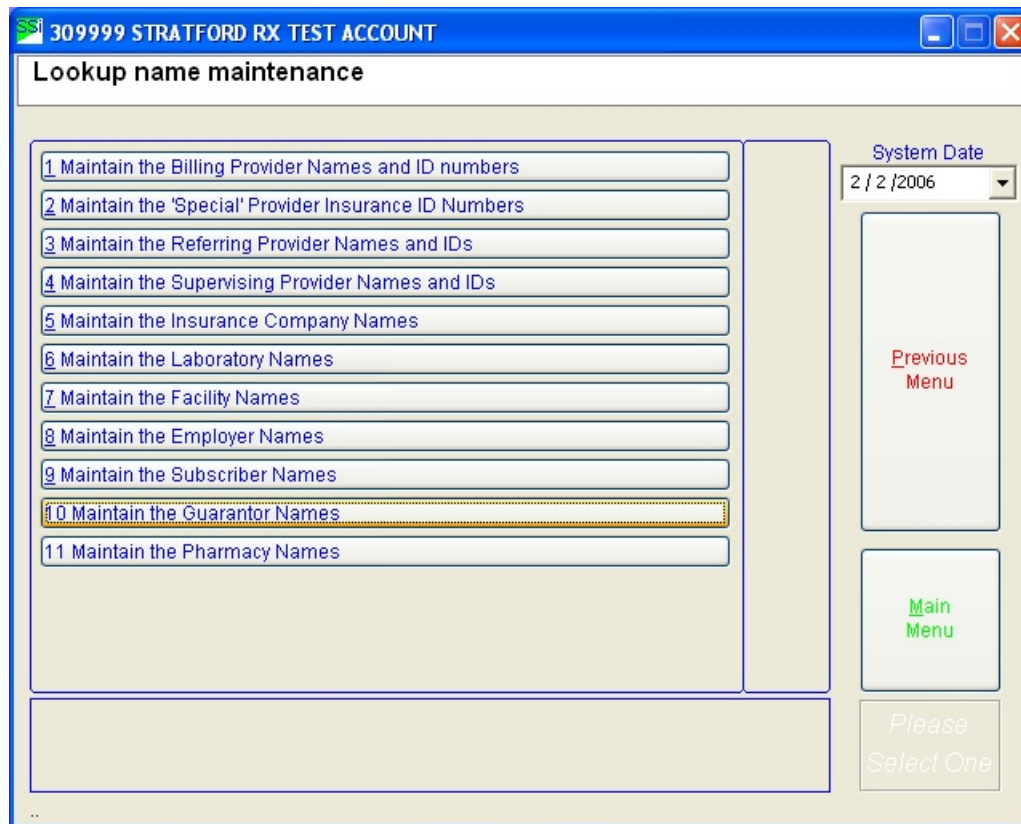
First go to the main menu:



Select #8 'File and system management':



From this screen select #6 Names: Guarantor, Provider/UPIN/ID, Payer, etc



From this screen select #10 'Maintain the Guarantor Names'

309999 STRATFORD RX TEST ACCOUNT

Lookup Patient Guarantors

Lookup code

Lookup Last Name

Lookup First Name

Lookup Social Security Number

Lookup Code	Last Name	First Name	M	Add1	Add2	City	St	Zip

Here you can choose to enter a new guarantor or lookup a new guarantor. Either will access the next screen which is used to build a new guarantor account or edit/inquire an existing guarantor:

309999 STRATFORD RX TEST ACCOUNT

Guarantor Entry

Lookup Code Company:

Name
First Name MI Last Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

Sex

Date of birth //

Marital

SSN - -

Memo

Please complete highlighted fields.

SSI® Note: When you are entering an Industrial account; the program will ask you for the insurance company's name and address instead of the guarantor's name and address.

4.5 Employer

The Employer Entry is similar to all the information entry screens in the program. Here you enter all the information about the Employer of the patient you are working with.

309999 STRATFORD RX TEST ACCOUNT

Employer Entry

Lookup Code

Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

ID

Contact

Comment

Memo

Please complete highlighted fields.

You must first enter a Lookup Code by which the program can sort and recognize the entry. The name, address, etc., are all for the Computer benefit since the program only reads the numbers.

You may also wish to enter a memo about the Employer which can be done in the lower center part of the screen. After you are finished entering all the necessary information you may click the Save this information button at the bottom of the screen.

If you do not know the zip code of the city and would like to see the zip codes available for that city, type a dot [.] before the name of the city. You will see a pop-up window appear with all the zip codes for that particular city. You must select the correct zip code; the computer can only give you the selections. Currently, the zip code index contains some of the cities in Northern California. The area code for each city is also listed. If you are outside Northern California you may receive all zip codes for a small shipping and handling fee. You may also download the file from our Internet server or receive it as an attachment to an email.

SSI® Note When you are entering an Industrial account; the program will ask you for the insurance company's name and address instead of the Employer's name and address.

4.5.1 Create New Employers

Workman's compensation issues and Industrial accounts.

The Employer is the person who is responsible for the bill. Even if you are only billing the insurance company, you would still fill in the patient's name. If several patients have the same Employer you will be able to print one statement per Employer. From a bookkeeping standpoint, it is much more accurate to have a statement created for each family member.

1. Select the option for Patient Information. Highlight the patient in the list and click Select. Select the billing account. The next screen is the Patient Account Information.
2. At the top right hand corner of the screen, click the box labeled Employer. This will open the Lookup Patient Employers screen. Click Add New to create a new Employer or select an existing Employer.
3. This will take you to the Employer Entry screen. Here you must type a lookup code and name. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.

SSI® Note: When you are entering an Industrial account; the program will ask you for the insurance company's name and address instead of the Employer's name and address.

4.5.2 Edit Employers

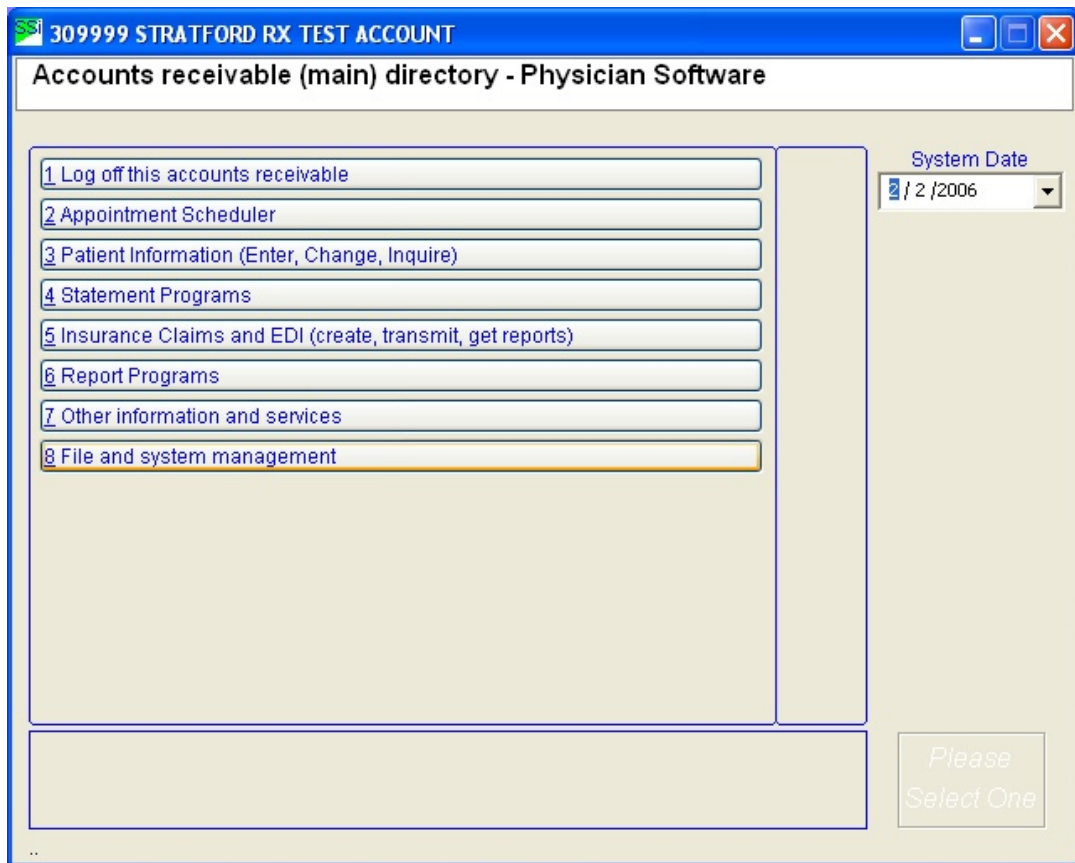
The Employer is the person who is responsible for the bill. Even if you are only billing the insurance company, you would still fill in the patient's name and Employer. There are two ways to access the Employer accounts:

Access a specific Employer from the main patient entry screen.

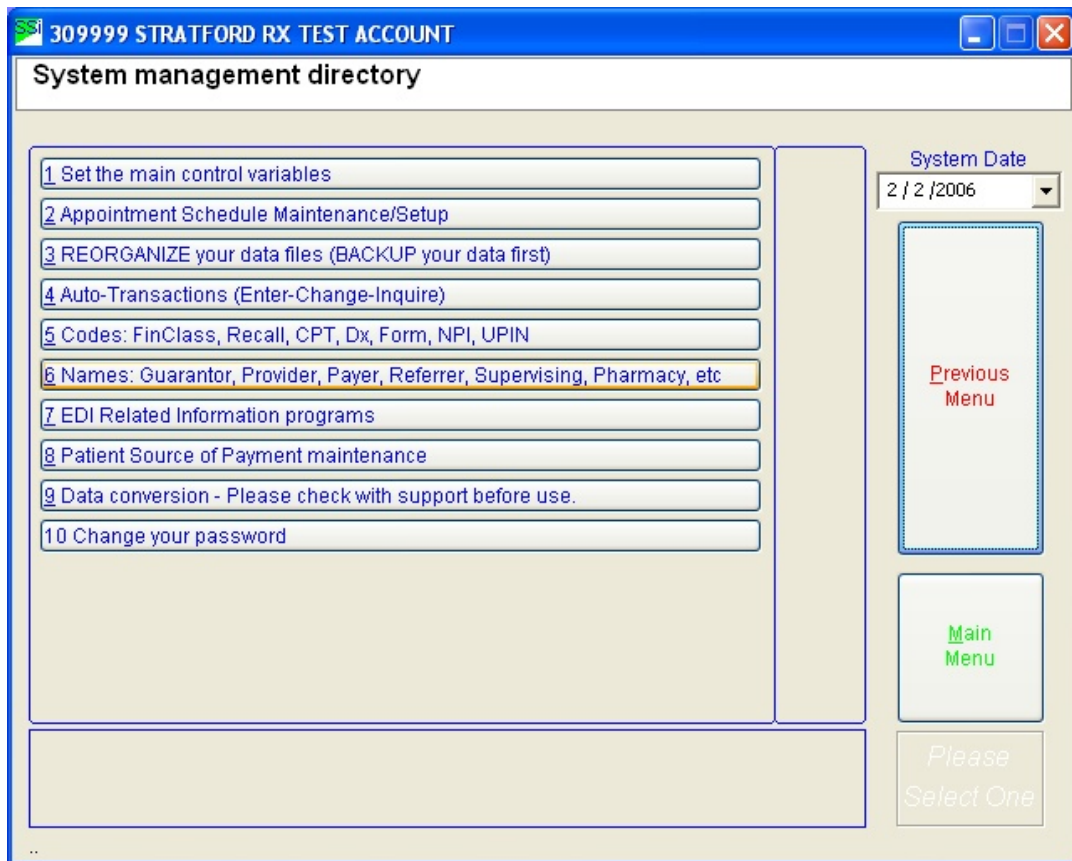
1. Log into the Stratford Program using your ID or if this is your first time logging into the program read the Entering a new Patient tutorial.
2. Select the option for Patient Information. Select the patient you wish to use and click Select. Next select his billing account. This will take you to the Patient Account Information.
3. On the top right hand corner of the screen, you must click in the field named Employer. This will take you to the Lookup Patient Employers screen. Here you can click on the Employer you wish to edit and then click on the Edit/Revise button. Now you can make any necessary changes. When you are finished click the Save this information button.

Access any Employer from the main menus:

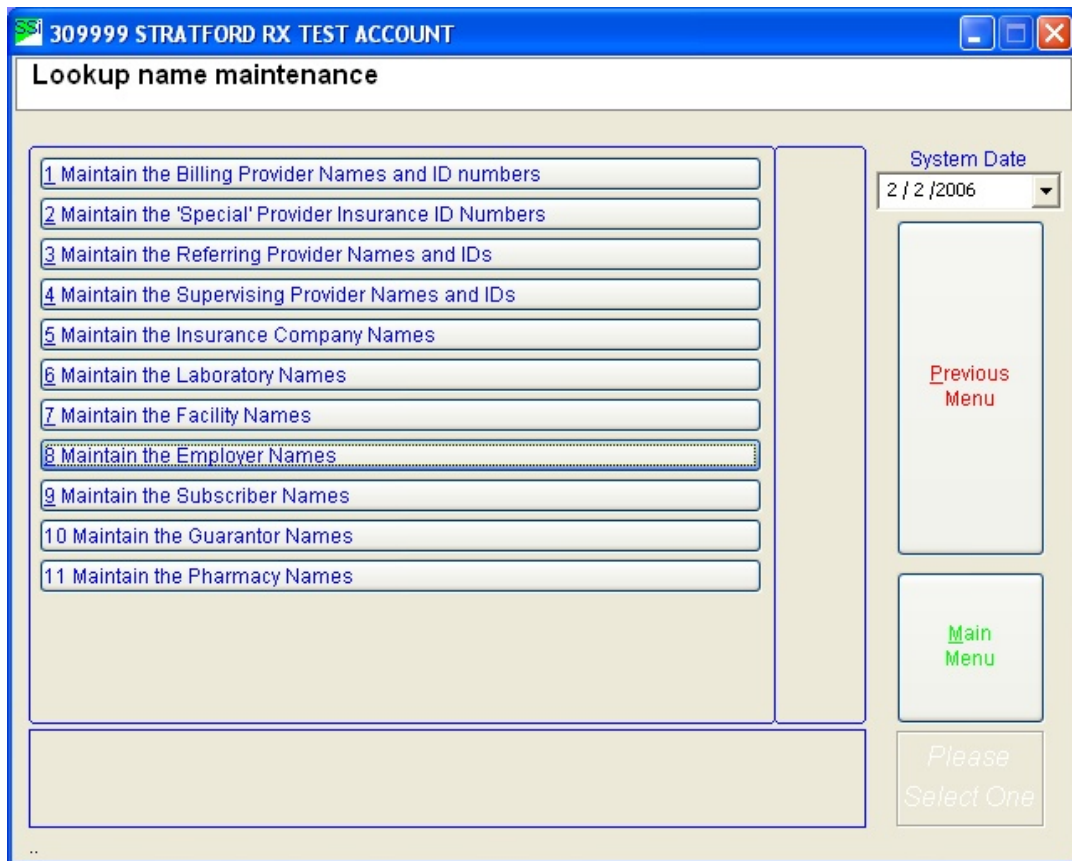
First go to the main menu:



Select #8 'File and system management':



From this screen select #6 Names: Employer, Provider/UPIN/ID, Payer, etc



309999 STRATFORD RX TEST ACCOUNT

Lookup name maintenance

1 Maintain the Billing Provider Names and ID numbers

2 Maintain the 'Special' Provider Insurance ID Numbers

3 Maintain the Referring Provider Names and IDs

4 Maintain the Supervising Provider Names and IDs

5 Maintain the Insurance Company Names

6 Maintain the Laboratory Names

7 Maintain the Facility Names

8 Maintain the Employer Names

9 Maintain the Subscriber Names

10 Maintain the Guarantor Names

11 Maintain the Pharmacy Names

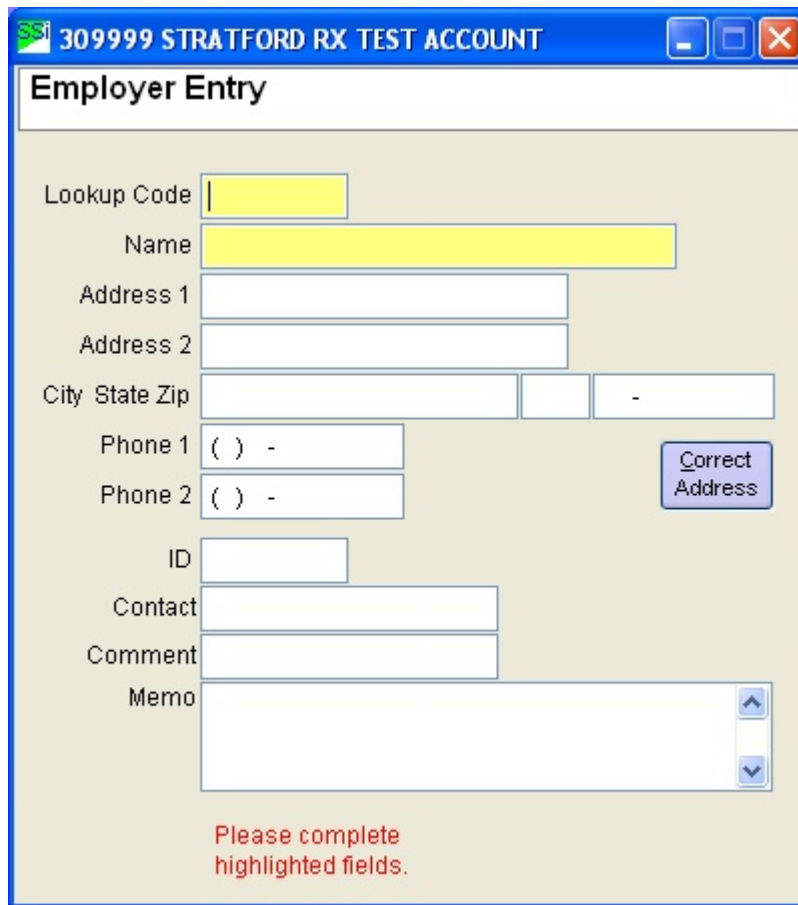
System Date
2 / 2 /2006

Previous Menu

Main Menu

Please Select One

From this screen select #10 'Maintain the Employer Names'



309999 STRATFORD RX TEST ACCOUNT

Employer Entry

Lookup Code

Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

ID

Contact

Comment

Memo

[Correct Address](#)

Please complete highlighted fields.

SSI® Note: When you are entering an Industrial account; the program will ask you for the insurance company's name and address instead of the Employer's name and address.

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V

5 Transactions

In this section you will learn how to enter charges, payments, adjustments and memo lines. You also will learn how to load your fee schedule(s) into your automatic transaction library to eliminate repetitive typing. After you have entered your transactions, you may create your statements and insurance forms.

The computer will expect you to keep a total on each type of transaction that you enter. The computer will want to compare YOUR totals with its totals for EACH type of transaction (Charges, Payments, +Adjustments and -Adjustments). The section on How to Balance Your Transactions will teach you how to check your entries for the day.

There are two methods for entering transactions. If you have set up auto transactions you may simply enter the auto transaction code in place of the normal choices for transactions and your auto transaction will be entered into the transaction file. You will be prompted to enter the date of transaction plus any information that you left blank when you created the auto transaction. If any other auto transactions are chained to the first auto transaction, they will also be entered with the same date and provider number (if any).

OPEN ITEM

309999 STRATFORD RX TEST ACCOUNT

Charge Entry

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

Balance: \$308.99

Date	Procedure	Quantity	Description	Amount	POS	Dx 1
02/02/2006				0.00		
	Mod 1				Dx 2	
	Mod 2				Dx 3	
	Mod 3				Dx 4	
	Mod 4					

Charge balance: 0.00

Auto-Transaction lookup code or just press TAB
1=charge (default)

Provider: []

Print anywhere? Y

Print on insurance? Y

Print on statement? Y

Optional to date: / /

TOS: g

Research Code: []

User ID: 309999

Audited? N

EOM Audit? N

Active Date: 02/02/2006

Printed on Insurance: -----

Printed on Statement: -

Date last ins print: / /

Date last smt print: / /

Please complete highlighted fields.

Delete

NON-OPEN ITEM

Transaction Entry (non-open Item Posting)

Account Identifier: 10001 Class: MEDICARE

Name: FIRSTNAME LASTNAME

Balance: \$10.00 Accounts Receivable: \$10.00

Charge

Date	Procedure	Quantity	Description	Amount	POS	Dx 1
08/24/2003				0.00		
	Mod 1				Dx 2	
	Mod 2				Dx 3	
	Mod 3				Dx 4	
	Mod 4					

Auto-Transaction lookup code or
 1 = charge
 2 = payment
 3 = + Adjustment
 4 = - Adjustment
 5 = print memo
 6 = Nonprint memo

Provider: _____

Print anywhere? Chk/CreditCard/Cash

Print on insurance? CheckNumber: _____

Print on statement? Source of payment: _____

Optional to' date: / / Audited? N Printed on Insurance: -----

TOS: 9 EOM Audit? N Printed on Statement: -

Research Code: _____ User ID: _____ Date last ins print: / /

Active Date: 08/24/2003 Date last smt print: / /

Please complete highlighted fields.

Research Code

The research code is not used for healthcare billing. This field is usually used for reporting purposes where the procedure code, diagnosis code and other required fields do not allow the user to obtain the information wanted. An example would be: you are an orthopedic surgeon and you want to know how many hip replacements you do on left legs. You could code the left and right legs with this field. You could also use this field in minus adjustment transactions for tracking certain types of write-offs. When the ICD10 codes are used, they can be used for right/left as well as many other things.

You can get a special report that includes all the information that you entered with all RESEARCH codes, or with a specific RESEARCH CODE.

Some practices keep track of Medicaid or other insurance write-offs by using a particular Research Code as part of the write-off transaction line. Others use it to get information regarding a procedure or group of procedures that they would like to track. The RESEARCH REPORT can be very useful. As you use your system, you may think of ways that YOU will want to use research codes.

You can include the research information when first entering a transaction line or you can later REVISE the line to include a Research Code.

Provider

You can enter a specific provider for this transaction here.

Date of Service

The system date will automatically be entered here if you tab through the field.

From and To Dates

Some procedures are done daily and you may be required to group them into a single transaction. The CMS 1500 (12/90) and (08/05) has a place for two dates.

Procedure Code

You will be asked to enter the procedure code. If you do not know the correct code, type the description of the procedure and a window will pop up to help you.

Quantity

If you tab through this field, the quantity will be 1. When you use the automatic transaction library you may have a completed transaction line with the unit value (\$) and zero quantity entered. When you are in the transaction screen, the program will stop on the quantity field. When you enter a quantity the program will automatically multiply that quantity times the unit value you entered. Remember to enter the value for 1 unit in your automatic transactions if you want to use this feature.

Description

The description and procedure code are linked. When you pull the procedure code, you will also pull the description. You may change the description if you wish.

Place of Service

You will be asked

Please enter the Place of Service (a complete list is in the right-click menu)

CMS

- | 1500 | Description |
|------|--|
| 11 | Office |
| 12 | Patient Home |
| 21 | Inpatient Hospital |
| 22 | Outpatient Hospital |
| 23 | Emergency Room (Hospital) |
| 24 | Ambulatory Surgery Center |
| 25 | Birthing Center |
| 26 | Military Treatment Center |
| 32 | Nursing Home/Nursing Facility |
| 31 | Skilled Nursing Facility (SNF) |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| 41 | Ambulance (Land) |
| 42 | Ambulance (Air or Water) |
| 50 | Federally Qualified Health Center (FQHC) |
| 51 | Inpatient Psychiatric Facility |
| 52 | Day Care Facility/Psych Facility |
| 53 | Community Mental health Center |
| 54 | Specialized Treatment Center/Intermediate Care |
| 55 | Residential Treatment Center/Substance Abuse |
| 56 | Psychiatric Residential Treatment Center |
| 60 | Mass Immunization Center |
| 61 | Comprehensive Inpatient Rehab Facility |
| 62 | Comprehensive Outpatient Rehab Facility |
| 65 | Independent Kidney Disease Treatment Center |
| 71 | State or Local Public Health Clinic |
| 72 | Rural Health Clinic |

81 Independent Laboratory
91 Adult Subacute Care
92 ICF/Developmentally Disabled (DD)
93 ICF/Developmentally Disabled Habilitative (DDH)
99 Other (use the letter O not the number 0)
96 Pediatric Subacute Care
97 Transitional Care
99 - Not Used At This Time -

If you are using your automatic transactions, you may put in place of service.

Amount

Enter the amount of the charge. The program assumes that you are entering whole dollar amounts unless you put in a decimal. If you want to enter \$10.00 you would enter 10 without the dollar sign, the decimal place or the two zeros. If you wanted to enter \$10.50 you would enter 10.50 or 10.5

Diagnosis Code

You will be asked

Please Enter the Diagnosis Code

You may enter the ICD-9 code. If the code you enter matches a code in the ICD-9 index, that code and the description will be pulled into the field. If you do not know the ICD-9 number you may enter up to a 16 letter description of the diagnosis. A window will pop up with the diagnosis code and description highlighted. If there are multiple matches then the nearest match will be highlighted. When the ICD10 codes are accepted, you may enter them. The windows version of Stratford has always accepted the ICD10 codes - since around 1998-9 when it was first in use. When you transmit your claims, the diagnosis code will be automatically converted to ICD9 or ICD10 as required by the payer regardless of what you enter in the database. The conversion uses CMS 'GEM' files so it is a good approximation. Eventually, sometime after October 2013, you will be required to enter the exact ICD10 codes.

Print Anywhere

Determine when the transaction will get printed.

Print on Statement

Determine if the transaction will get printed on a statement.

Print on Insurance

Determine if the transaction will get printed on a insurance form.

5.1 Posting method

Open Item Posting

If you wish to apply payments and adjustments to specific line items, you will want to post "open item." You set up "open item" posting when you set up the financial class. You can have "open item" posting for one financial class and "balance forward" posting for another.

Balance Forward Posting (non-open item)

"Balance Forward" is the method in which you post your payments and adjustments against the patient's account balance. Using "balance forward", the oldest unpaid charges are paid first, however, you will not know which line items have been paid, you will only know the patient's account balance. When the patient's account balance is zero, you will know that all the line items have been paid.

- See 'Add a New Financial Class' to setup the posting method you want to use.
- After you enter one transaction for a patient, you will not be able to change the posting method.

SSI®Note: We highly recommend you use "Open Item Posting" because of HIPAA compliance. Also it's easier to keep track of which charges are paid.

5.2 Beginning balances

When you begin working with SSI® you may want to enter the previous balance that exists for each patient or you may want to enter all the itemization for each patient.

1. You should be at the Patient Account Information screen.
2. Press the '1. Transactions' button at the mid right of the screen.

For Open Item Accounts:

1. If a transaction already exists for the patient then the Lookup All Open-item Transactions screen will appear. From there you can click on the 'Add a New Charge' button.
2. In the Charge Entry screen, enter "Z" into the Auto-Transaction Lookup Code field. Then click on Save this information. This will create a zero amount charge for you to post against.
3. Return to the Lookup All Open-item Transactions screen and click on the zero charge that you just entered.
4. Press the 'Add a new Pmt, +adj, -adj, memo, non-print memo' button.
5. At the Payment/adjustment/memo Entry screen enter:
 - 3 for +adjustment if the patient has a positive balance due
 - 4 for -adjustment if the patient has a negative balance due

Enter the information. You may want to enter a research code for future reference. You should probably put something like "Previous Balance" for the description. Make sure the date matches their balance due date - this will allow the system to age the account. Once you are finished click the 'Save this information' button.

For Non-Open Item Accounts:

1. If a transaction already exists for the patient then the Lookup Patient Transactions screen will appear. From there you can click on the 'Add a New Charge' button to add a new charge.
2. At the Transaction Entry screen, enter:
 - 3 +Adjustment if the patient has a positive balance due
 - 4 -Adjustment if the patient has a negative balance due.

Enter the information. You may want to enter a research code for future reference. You should probably put something like "Previous Balance" for the description. Make sure the date matches their balance due date - this will allow the system to age the account.

Once you are finished click the 'Save this information' button.

5.3 Add a new transaction

1. First you must be at the Patient Account Information screen.

NOTE: - The patient you have selected must be non-open-item. If he is open item you will not be able view the Transaction Entry screen.

2. Once you are in the Patient Account Information screen for the desired patient, click on the Transactions button at the lower right hand corner of the screen.

For Open Item Accounts:

1. If a transaction already exists for the patient then the Lookup Patient Charges screen will appear. From there you can click on the Add a New Charge button to add a new charge.
2. At the Charge Entry screen. Fill out the information and don't forget to enter a research code for future reference. Once you are finished click Save this information.
3. If you want to enter other types of transaction you need to click on a charge from the Lookup Patient Charges screen and then click on the View transaction posted to this charge button.
4. The Lookup Payments-Adjustments-Memos will appear, click on Post a New transaction to this charge. Now At the Payment-Adjustment-Memo Entry you can enter a specific type of transaction other than charges. Once you are done just click Save this information.

For Non-Open Item Accounts:

1. If a transaction already exists for the patient then the Lookup Patient Transactions screen will appear. From there you can click on the Add a New Charge button to add a new charge.
2. At the Transaction Entry screen. Fill out the information and don't forget to enter a research code for future reference. Once you are finished click Save this information.

Here is a sample transaction lookup screen (open item transactions)

309999 STRATFORD RX TEST ACCOUNT

Lookup All Open-item Transactions For This Account

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

Balance: \$308.99

Buttons: Add a New charge Add a new Pmt, +adj, -adj, memo, non-print memo Edit/Revise Resort this display

Type	A S I I	Dr	Date	Procedure	Qty	Description	Amount	OpenBalance
Chg	A s i /	01	11/20/2005	93000	1.0	ELECTROCARDIOGRAM	140.00	140.00
▶ Chg	A s i /	01	11/21/2005	93000	1.0	ELECTROCARDIOGRAM	150.00	150.00
Chg	A s i /	01	12/16/2005	99214	1.0	OFFICE/OUTPATIENT V	100.00	18.99
Pmt	A s	01	12/16/2005	99214		MEDICARE PAYMENT	-75.96	
-Adj	A s	01	12/16/2005			MEDICARE WRITEOFF	-5.05	
Memo	A s i i	01	12/16/2005			PAT IS RESP FOR 18.99	0.00	

Annotations: 1 (Chg), 2 (▶ Chg), 3 (Pmt), 4 (-Adj), 5 (Memo)

1. a charge (not selected)
2. a 'selected' charge. (you clicked on this line. If you press 'Add a new Pmt, +adj it will post to this transaction)
3. a payment
4. a minus adjustment
5. a printing memo

Not shown:

- plus adjustment
- non-printing memo.

Miscellaneous:

When you enter a transaction, if you do not enter a date, it will automatically be filled in by the 'system date'. This is the date that you enter when you see the main directory. If you do not enter a date on the main directory screen, it will default to 'today' - at least the date that you have in your computer.

If you do not want the date to default, you can prevent it by entering 'N' in the main control variables. From the main directory select #8, #1. Then select the 'Data Entry' tab. Below you see 'N' in the 'Default date for non-charges' text box. This means that when you enter a payment, minus adjustment or other non-charge, the date will not default. You cannot save the transaction unless you manually enter the date.

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Master Settings

Defaults (General) Defaults (Forms) **Data entry** Printing Labels

Marital status 1
Sex M
Patient relation to insured 18
Signature on file (release information) 1
Signature on file (pay provider) 1
Force To' date on transactions? 1
EOB Window for payments? 1234
Post EOB transactions from payers? 2

Force provider code
All transactions
Charges
Payments
Plus adjustments
Minus adjustments
Print memos
Non-print memos

Force research code
All transactions
Charges
Payments
Plus adjustments
Minus adjustments
Print memos
Non-print memos

Open-item transactions
Default date for charges
Default date for non-charges N

Non-open-item transactions
Default date

Calculate a new 'Next patient ID'

Save this new 'Next patient ID'

Save this information

5.4 Add a new charge

1. First you must be at the Patient Account Information screen.
NOTE: - The patient you have selected must be non-open-item. If he is open item you will not be able view the Transaction Entry screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Transactions button at the lower right hand corner of the screen.

For Open Item Accounts:

1. If a transaction already exists for the patient then the Lookup Patient Charges screen will appear. Select a charge and click Edit Revise.
2. At the Charge Entry screen. Correct the information and don't forget to enter a research code for future reference. Once you are finished click Save this information.
3. If you want to edit other types of transaction you need to click on a charge from the Lookup Patient Charges screen and then click on the View transaction posted to this charge button.
4. The Lookup Payments-Adjustments-Memos will appear, select a transaction and then click on Edit Revise. Now At the Payment-Adjustment-Memo Entry you can make your changes. Once you are done just click Save this information.

For Non-Open Item Accounts:

1. This will take you to the Lookup Patient Transactions screen. Select a transaction and click Edit Revise.
2. At the Transaction Entry screen, make your corrections and don't forget to enter a research code for future reference. Once you are finished click Save this information.

5.5 Balancing your entries

The purpose of balancing your transactions is to create a day sheet (batch audit). Let's see how you work with the computer to complete the required audit of your books.

When you enter a transaction for a patient, you begin to turn on the BRIGHT LIGHTS! The Bright Lights show on each directory to signal you that you have unfinished business, or transactions that MUST be audited.

When you look at the Accounts Receivable Main Menu you will see that

6 Report Programs

now appears in BRIGHT LIGHTS. This is the computer's way of reminding you that you have entered transactions that you have not audited. Let's find out how to audit your transactions, and turn down the BRIGHT LIGHTS! When you check the dollar amounts you posted against the computer's totals you are auditing your accounts.

1. From the Report directory select
2. create a TRIAL TRANSACTION LISTING
3. This will bring you the Trial Transaction Listing. In this menu you can check your balances for the various type of transactions, such as Charges, Payments, Adjustments, and memos.
4. Enter the Charges, Payments, Adjustments, memos... etc from your records into the corresponding fields. Once this is done click on the Check my entries button. This will also prompt you whether or not create a report of the transaction entries. If your account is balance a menu will appear asking if you want to create the day sheet. If your account is not balanced you can still print a report to show that it wasn't balanced.
5. If you have not kept track of the amounts you entered for charges, payments, and adjustments you will have no way to verify that your data entry was accurate. You will have to accept the numbers entered into the computer. You will eventually find any errors that you made during data entry. You will be required to post adjustments to them. If you wish to accept the numbers entered into the computer as accurate click on the gray button in the upper right hand corner. The account will automatically be balanced and a day sheet will be created.

SSI® Note If you want to create a "TRANSACTION AND DEPOSIT SLIP AUDIT" you must successfully balance your data entry totals against the computer's totals

5.6 Deposit slip

Each practice has the option of setting up deposit slips to be created automatically after each Transaction and Deposit Slip Audit (601).

This deposit slip will be a condensation of all payments that you included in the preceding audit.

1. Cash payments will be itemized and sub-totaled separately from checks/money orders/travelers checks.
2. Your total deposit will consist of the sum of your cash and checks/money orders/travelers checks.
3. Credit card payments will be broken out from your deposit separately since most banks require the credit card payments to be deposited separately.
4. Your total payments will equal the sum of your cash/checks deposit and your credit card deposit.

SSI® Note We suggest you post and audit large Medicaid checks in a separate batch from your regular deposit. Your total check will be itemized on your deposit slip as SEPARATE payments from EACH PATIENT.

Setting Up Deposit Slip Template

To set up your deposit slip, exit from the program. At the \SSIW\30xxx, prompt (or whatever your account number subdirectory is) type:

```
COPY \SSIW\1\DPSLIP.DAT
```

```
EDIT DPSLIP.DAT
```

Enter the name of the practice and the bank account number of the practice and save your work.

5.7 Collections booking procedure

1. Adjust the patient's account to zero using a minus adjustment named "Sent to Collections."
2. Transfer the patient's account balance to your COLLECTION ACCOUNT using a plus adjustment, identifying the transaction by listing the patient's name and account number in the description column.
3. Once you have printed the above transactions on the accounting audit trail, you may delete the patient's account.

Payment Received from Collection Agency

1. Post the entire payment to the COLLECTION ACCOUNT.
2. Itemize the Agency's fees for each patient's payment by posting a minus adjustment with "FEE FOR _____" recorded in the description column of the transaction on the COLLECTION ACCOUNT.

Payment Received from Patient

If a patient in collection sends a payment to the practice, take one of the two following steps:

1. Send the payment directly to the Agency, instead of depositing it in your bank account. When your portion of the payment arrives from the Agency with the statement, follow the instructions listed above.
2. Deposit the payment to your bank account.
3. Post the payment in full to the COLLECTION ACCOUNT.
4. Record the Agency's fee for the patient's payment by posting a minus adjustment itemizing the patient's name with "FEE FOR _____" in the description column of the transaction on the COLLECTION ACCOUNT.
5. This will cause an extra credit to the account for the Agency's fee. When you compensate the Agency, post a plus adjustment named "COLLECTION EXPENSE" to the COLLECTION ACCOUNT.

5.8 Drug billing (NDC codes)

If you need to bill for a 'J' code (drugs) you need to include the NDC code in your billing. This requires a specific transaction description entry so that the software will be able to handle it correctly.

According to the FDA, the NDC code is 10 digits. This is 3 sets of digits: 4-4-2 or 5-3-2 or 5-4-1.

There is a conflict with HIPAA. the HIPAA is 11 digits created by zero filling one of the 3 sets of digits. This can be confusing. All of the FDA approved drugs are available to use with the Stratford program. The drug listing that Stratford provides is obtained directly from the FDA and is updated weekly. In order to bill using the HIPAA 'NDC' code, you will need to zero fill as necessary.

The 1st set of codes is called the Label code. This code is assigned to the pharmaceutical manufacturing/distributing company by the FDA.

The 2nd set of codes is called the Product code. This code is assigned by the pharmaceutical manufacturing/distributing company. It is unique for the specific drug (a different company might use that code for a different drug).

The 3rd set of codes is called the Package code. This code is assigned by the pharmaceutical manufacturing/distributing company. It describes the packaging, ie, 10 tables or 40 tablets, etc.

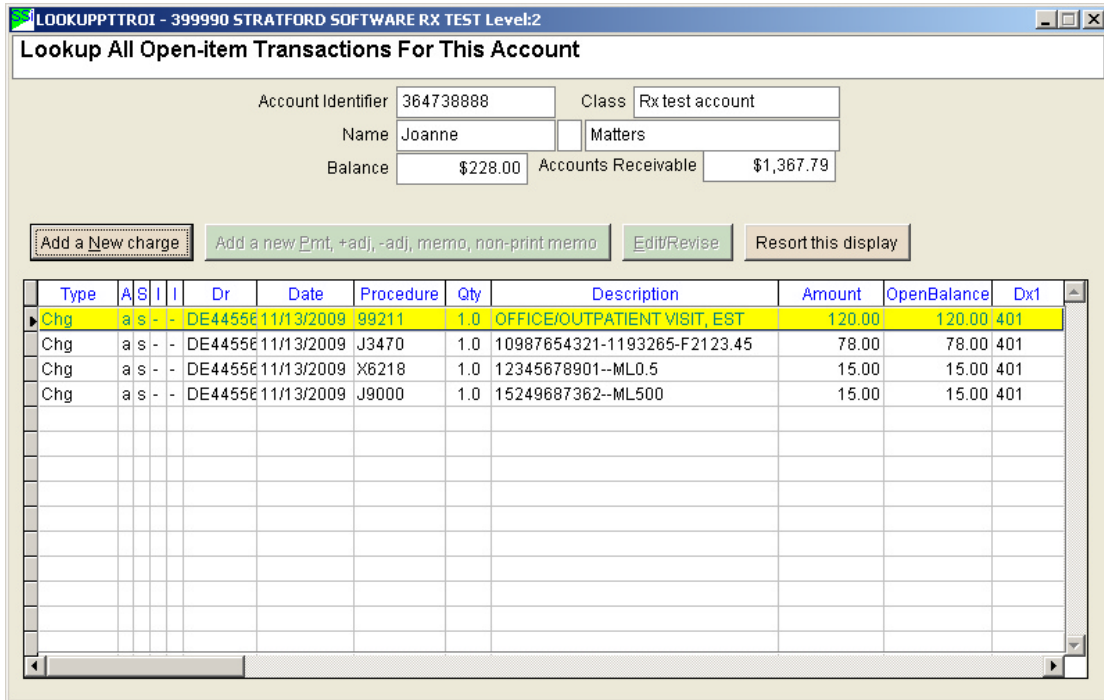
If your drug package label has this number: 1234-1234-12, the HIPAA NDC code would be 01234-1234-12 because HIPAA wants the Label code to be 5 digits. Your transaction description might have a CPT code J1234 with a description like this:

01234123412-prescription number

The 'prescription number' is from the CAP (Competitive Acquisition Program) vendor.

Stratford is not an official source of instructions for billing so you need to use your payer supplied reference material. This manual only shows you how and where to enter information so it will appear in your billing correctly. You will need to do some research in order to know what procedure codes and modifiers to use. These are subject to change. If you believe anything in this manual is in error, please report it to Stratford and we will correct it. The best way to report errors or get help is by email: support@stratfordsoftware.com You should always include an official reference source such as the URL (Internet address) for a Medicare manual.

Below is an example of how you might enter the NDC reporting information.



First method using the HIPAA NDC 11 digit NDC code.

For EDI you need to create a series of segments something like this:

```
SV1|HC^J7198|94147.62|UN|1|12||1~ 2400 SV1 HC Medical Charges
DTP|472|D8|20121115~ 2400 DTP 472 Service date
REF|6R|PTTRCH14L10015A4IANDRO56~ 2400 REF 6R Line Item Control
Number
NTE|ADD|TFU 24792FEIBACLM 1 4~ 2410 NTE ADD Additional
information
LIN||N4|64193022502~ 2410 LIN Drug Identification
11 digit NDC code.
CTP|||24792|UN~ 2410 CTP Drug Quantity
REF|XZ|915609UN247929799~ 2410 REF XZ Prescription or
compound drug association number
```

Enter the charge description like this:

64193022502 / 24792 This will default CTP05 to 'UN' as in the above example
 64193022502 / 24792 / F2 This will set CTP05 to 'F2'

You want LIN03 to be the Drug Identification code (11 digit NDC code) (example: 64193022502)

You want CTP04 to be the quantity (example: 24792)

CTP05 is usually 'UN' and will automatically default - see the above example

To get the REF segment with the qualifier XZ post a print memo to the charge with this in the description

"XZ 915609UN247929799" will produce the REF segment in the above example

To get the NTE segment post a memo to the above charge with this in the description

"TFU 24792FEIBACLM 1 4" will produce the NTE segment in the above example

Note that if you have a NTE segment in Loop 2300 you will not get a Loop 2400 NTE segment if it has the same value.

Second method - not using the HIPAA NDC code - (This is the older method and most Medicare contractors will probably require the first method above)

The description must be set up like this:

Proc	NDC	- RX	-UNIT QTY	- UnitPrice	Description
J3470	10987654321	-1193265	-F2123.45		; unit of measurement = F2, quantity = 123.45
X6218	12345678901	-	-ML0.5	-10.5	; unit of measurement = ML, quantity = 0.5, price = 10.5
J9000	15249687362	-	-ML500		; unit of measurement = ML, quantity = 500

The options for unit of measurement:

F2 - International Unit
 GR - Gram
 ME - added in v5010
 ML - Milliliter
 UN - Unit

example: 57894003001-Q103J1745A34990-UN2
 will give LIN|N4|57894003001 in the v4010 and v5010 EDI transmission

example: 12345678901--ML0.5-10.5
 will give CTP03 = 10.5, ctp04 = 0.5, ctp05-1=ML

Note that some payers (Palmetto) require the unit price. This should be entered after a 3rd dash (not in v5010)

In the transmitted claim these are used in the CTP segment (Loop 2410):

CTP01 N/U
 CTP02 N/U
 CTP03 Unit price (note this is in v4010 but not in v5010)
 CTP04 after the 2nd dash in the description (quantity)
 CTP05 after the 2nd dash in the description (unit of measurement)

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VI

6 Auto-Transactions

In this section you will learn how to enter charges, payments, adjustments and memo lines into your automatic transaction library. You will also learn how to load your fee schedule(s) into your automatic transaction library. The automatic transaction library lets you eliminate all of your repetitive typing.

The section, Transactions, will teach you how to enter transactions in the transaction screen of your program. We shall briefly cover material in this section related to the transaction screen.

309999 STRATFORD RX TEST ACCOUNT

Auto-transaction Entry

LookupCode Financial Class Leave blank to work with all financial classes

Transaction type **Charge**

Procedure	Quantity	Description	Amount	POS	Dx 1
			0.00		
Mod 1				Dx 2	
Mod 2				Dx 3	
Mod 3				Dx 4	
Mod 4					

Check/creditCard/Cash

Source of payment Order Description

Check Number

Provider

Print anywhere?

Print on statement?

Print on insurance?

Research Code

Optional to date

TOS

User ID

If you wish to automatically enter another autotransaction immediately after this, enter the lookup code for it here

'Chain' code

Multiple Fees for the Same Procedure

If the financial class field is blank, the default will be ALL financial classes. For example: you want the same price for all Medicare patients but different from private pay.

Make an auto-transaction with 04 for the financial class.

- 04 will work for 04, 04X, 04T, 04XT, etc,
- 04X will not work for 04 but will work for 04X and 04XT.

After all the transactions are set up for specific financial classes, set up a default auto-transaction with a blank financial class for all the rest.

Chaining Auto-Transactions

A chained Auto-transaction automatically calls one or more auto-transactions.

Why Use it? If you always enter 4 transactions together, this will allow you to link them so you enter the first and the other 3 are automatic entered in the order that you 'chain' them.

- If you use provider numbers, all lines will default to the previous transaction.
- The date will default to the previous transaction.
- If you have a charge in the chain, any charges that follow will default empty text boxes to the previous charge, dx, cpt, provider, etc.

For example, you have 3 charges in the chain. You leave the diagnosis and provider text boxes blank because you want to use that chain in different situations. You know the cpt, modifier, place of service so you enter those in the auto-transaction screen. That avoids having to enter them when you use the 'chain' on the patient transaction screen. Now when you enter the auto-transaction lookup code of the 1st transaction in the chain, the screen waits for you to enter the diagnosis codes and provider code. You press the Save button. When the 2nd charge appears, you will see the diagnosis codes and provider code already filled in from the 1st chargee. Press the Save button to go the the remaining transactions. You may want to play with this in a demo/trial account to see what all you can do.

Here are some hints to give you an idea of the power of this. Say you have a chain of 4 transactions. You have a 2nd chain of 4 transactions. You can combine them. For example, you could CTRL-S (same as pressing the Save button) to enter the 1st 2 trx of the 1st chain, then enter the lookup code of the 2nd chain and continue. This will enter a total of 6 transactions, 2 from the 1st chain and 4 from the 2nd chain with only about 7 or 8 keystrokes. Of course, you can stop any time by simply exiting. Also, say you only want the last 2 charges in the 1st chain - simple - just start by entering the lookup code of the 3rd transaction in the 1st chain. Hope that is clear.

How do you make it work?

Enter the next transaction you want in the 'Chain code' field. You can continue to enter subsequent codes in the chain code field to chain the transactions.

Special uses for auto-transactions

Auto-transactions may be used for many special situations. Example:

The California Medicaid program has unique procedure codes that you must use instead of the standard CPT4 code. To avoid the user learning these unique codes: setup 2 auto-transactions with the standard CPT4 code as the lookup code. Have the first auto-transaction limited to the Medicaid financial class with the unique procedure code in the auto-transaction setup. Have the second auto-transaction setup with the standard CPT4 code. This way, when you enter the CPT4 code while working in a Medicaid patient account, you will get the required unique procedure code. While you are working in any other financial class you will get the standard CPT4 code.

6.1 Add a new auto-transaction

To pull in an automatic transaction, just enter the code (alpha or numeric) that you have selected for this transaction. Your automatic transaction code may be the same as your

procedure code. For example, if you want to select the charge for an office visit, you could enter 99212 as the automatic transaction code. The code 99212 will select the same procedure code with the description, place of service and your fee. The automatic transaction code must have at least 2 digits if you want to use a number. If you use letters, you may have one or more letters.

You also may have the same Auto-transaction code listed several times with a different fee for each one specifying the financial class for the auto-transaction code. To access the automatic transaction library, select a code that is not in the library.

From the Accounts receivable (main) menu

1. From the Accounts receivable (main) menu select File and System Management.
2. From this screen you must select Auto Transactions (Enter-Change-Inquire). This will take you to the Lookup Auto Transactions screen. To add a new one you must click the Add New button.
3. This will take you to the Auto-Transaction Entry screen. Here you must type a number in the Lookup Code and Transaction Type text box You can right click on the Transaction Type text box to get a list of the valid types. After you have entered all the data and filled in the required fields the Save this Information button will appear for you to press. Click on Save this Information.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Transactions button at the lower right hand corner of the screen.
3. At the Lookup Patient Charges menu click Add a New charge.
4. Then enter a new auto-transaction code in the auto-transaction lookup text box
5. This will take you to the Lookup Auto Transactions screen. To add a new one you must click the Add New button.
6. This will take you to the Auto-Transaction Entry screen. Here you must type a number in the Lookup Code and Transaction Type text box You can right click on the Transaction Type text box to get a list of the valid types. After you have entered all the data and filled in the required fields the Save this Information button will appear for you to press. Click on Save this Information.
7. Once you are back to the lookup menu the new entry should be selected. Now click on Select button to select your new entry.

6.2 Edit an auto-transaction

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Auto Transactions (Enter-Change-Inquire). You will then see the Lookup Auto Transactions screen.

309999 STRATFORD RX TEST ACCOUNT

Lookup Auto Transactions

Lookup Code

Description

Type	LookupCode	Class	Procedure Mod	Qty	Description	Dx 1	Amount	ChainCode
-Adj	MC:AW/O				ASSIGNMENT WRITEOFF		0.00	
-Adj	MC:OW/O				OTHER WRITEOFF\		0.00	
Pmt	MC:OVRPMT				OTHER PAYMENT		0.00	
Mem	MC:PTDED				PAT DEDUCTABLE		0.00	
Mem	MC:PTRESP				PAT IS RESP FOR		0.00	
▶-Adj	MC:W/O				MEDICARE WRITEOFF		0.00	

Here you must click on the auto-transaction you wish to edit and then click the Edit/Revise button.

3. You will then see the Auto-Transaction Entry screen. Here you can make any necessary changes. When you are finished click the Save this Information button.

309999 STRATFORD RX TEST ACCOUNT

Auto-transaction Entry

LookupCode Financial Class Leave blank to work with all financial classes

Transaction type **Minus Adjustment**

Procedure	Quantity	Description	Amount	POS	Dx:1
		MEDICARE WRITEOFF	0.00		
Mod 1	<input type="text"/>				Dx:2 <input type="text"/>
Mod 2	<input type="text"/>				Dx:3 <input type="text"/>
Mod 3	<input type="text"/>				Dx:4 <input type="text"/>
Mod 4	<input type="text"/>				

CreditCard/Cash
 Source of payment Order Description
 CheckNumber

Provider
 Print anywhere?
 Print on statement?
 Print on invoice?
 Research Code
 Optional w/ date
 TOS
 User ID

If you wish to automatically enter another autotransaction immediately after this, enter the lookup code for it here

'Chain' code

Stratford Software, Inc.
EDI and practice management software

Part

VII

7 Insurance Information

You should have finished the tutorial 'Enter a new patient'. That tutorial walks you through the process of entering insurance information for a patient.

This section goes into more detail.

After you lookup a patient and you are at the main patient demographic entry screen. Select the 'Insurance' button. This will take you to this screen:

309999 STRATFORD RX TEST ACCOUNT

Lookup Insurance Coverage For This Patient

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

Buttons: Add a New insurance for this patient, Edit/Revise, Select

Order	Lookup Code	Insurance Name	Date Active	Date Inactive
1	MC	MEDICARE	12/16/2005	/ /

Claim Questions (including EDI special information)

To register an insurance payer for a patient, you need to enter the payer's name, the patient's IDs, group codes, etc.

From this screen you can select the patient's insurance that you are interested in editing (or you can add a new one). In the example above notice the 'Order' column on the left side of the grid. Order 1 = the primary insurance payer, 2 = the secondary, 3 = tertiary, etc. Highlight the insurance you want to edit and click the 'Edit/Revise' button or you can click the 'Add a New insurance for this patient' button. You will see this screen:

309999 STRATFORD RX TEST ACCOUNT

Patient Insurance Entry

Account Identifier	10002	Class	PRIVATE
Name	JOSEPH		CALVI

Insurance Company Information

Payer lookup	MEDICARE	ID		MEDICARE	
Address 1				Paper Form Type	564
City St Zip				EDI Form Type	964
Phone 1	() -				

Subscriber Information

Subscriber		Relation to patient	18
Address 1			
City St Zip		Signature to release info	1
Phone 1		Signature to assign payment	1
Ph 2		Accept assignment	1
Data of birth	/ /	Id	699012702A
Sex		Group No	
SSN		Grp Name	
		Patient/Member ID	
Employer		ID	

Insurance coverage order Secondary Active Date

Default class behavior Medicare Inactive Date

Use this screen to enter the payer name, patient IDs, group codes, etc. as well as the subscriber information. On this screen you must fill in the text box at the bottom labeled 'Default class behavior'. This will default to the value that is entered on the payer entry screen:

399990 STRATFORD SOFTWARE RX TEST

Insurance/payer Entry

Lookup Code

Name

Default class behavior Medicare

Default form type

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

NationalPlanID PPO ID

EDI Code Contact

ClaimOfficeID Comment

MediGapID Memo

NAIC ID

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These are the insurance forms that the SSI® can complete: the CMS-1500, PM-160 (CHDP), and UB-92 (CMS 1450). With SSI®, it is easy to register insurance company information for a patient. We recommend that you subscribe to the software support service. If you do, you will receive updates to keep your insurance programs current.

To create an insurance claim, you need 3 pieces of information:

1. the payer name, address and the patient IDs and group codes
2. the transaction that you are going to build (see the Transaction section of this manual)
3. the 'other information' on a claim form. We will refer to this as the 'Claim questions'. This information may be correct for many transactions (service lines) over an entire treatment course. It includes things like: beginning and ending dates of illness, hospital admission and discharge dates, etc.

If you want to create a CMS 1500 insurance claim (either print or transmit) you need to select the 'Claim Questions (including EDI special information) button - see the insurance lookup screen:

309999 STRATFORD RX TEST ACCOUNT

Lookup Insurance Coverage For This Patient

Account Identifier: 4658798 Class: MEDICARE
Name: ERMA TEMPLE

Order	Lookup Code	Insurance Name	Date Active	Date Inactive
1	MC	MEDICARE	12/16/2005	/ /

click on the "Claim Questions (including EDI special information) button and - you will see a 'pop-up / drop-down' menu like this:

309999 STRATFORD RX TEST ACCOUNT

Lookup Insurance Coverage For This Patient

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

Add a New insurance for this patient

Order	Lookup Code	Insurance
▶ 1	MC	MEDICARE

Claim and EDI Questions

- 1 CMS Claim Questions
- 2 UB92 Claim Questions
- 3 Form 5021: Doctor's First Report
- 4 PM160 - CHDP report
- 5 GA Certification - Ambulance
- 6 GC Certification - Chiropractor
- 7 GD Certification - DME Records
- 8 GU Information - DME Records
- A GX Certification - Oxygen
- B VI Certification - Vision
- C HA Wisconsin Chiropractor Information

Claim Questions (including EDI special information)

Select 'CMS Claim Questions.'

You will see the 'Lookup CMS 1500 Claim Information' screen:

309999 STRATFORD RX TEST ACCOUNT

Lookup Cms 1500 Claim Information

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

Add a New claim question record Edit/Revise Select

This display shows the date that the information is active. You may add new screens of information that are active as of any date and keep your 'history' for use with demand claims for older dates.

Date this information is Active

▶ 02/02/2006

The reason for this screen is that the answers to those 'special questions' on the claim form'

may change over time. For example in January you may be admitted for a heart attack and in June you are admitted for a broken leg. The lookup screen above allows you to maintain the claim questions for different periods of time. Also, if this is September and you want to create a claim for the January heart attack admission, you do not want that claim to have the information you entered in June for the broken leg. For this example, we will select the existing information so we can edit it.

Press 'Edit/Revise' and you will see this screen:

On this screen you can enter the hospital admission date (Dt Hosp From) and the discharge date (Dt Hosp To). You may also enter the dates of total disability, date of accident and other information that should appear on the claim.

7.1 Add - insurance company-payer

If a patient is billing his/her insurance by a charge slip or "super bill" (You are not going to bill the insurance for the patient), DO NOT register the patient's insurance. (You may want to record the information by noting it on the other information lines.)

If you are going to bill the patient's insurance:

From the Accounts receivable (main) menu

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.

2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. From this screen you must select Maintain the Insurance Company Names. * If this is your first time accessing the program, you will automatically skip down to step four.
3. This will take you to the Lookup Insurance/Payers screen. To add a new one you must click the Add New button
4. This will take you to the Insurance Payer Entry screen. Here you must type a lookup code and the name. After you have entered all the data the '**Save this Information**' button will appear. Click on 'Save this Information' to finish.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen. * If this is your first time accessing the program, you will automatically skip down to step four.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Add a New insurance for this patient button.
4. This will bring you to the Lookup Insurance/Payers menu. Click the Add New button to create a new insurance company.
5. This will take you to the Insurance Payer Entry screen. Here you must type a lookup code and the name. After you have entered all the data the '**Save this Information**' button will appear. Click on 'Save this Information' to finish.

SSI®Note:

- The computer will produce an insurance form for each insurance that you have registered for a patient. Charges will automatically print on an insurance form once. The transaction line status code will show a capital "I" when a charge has appeared on an insurance claim.
- If you do not want an insurance form for a patient do not enter any insurance information. If you want to enter the insurance information but do not want a form, enter the insurance information and select H Ins (hold insurance) for the billing cycle. You may also leave the form type blank.

7.2 Edit an insurance/payer

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. From this screen you must select Maintain the Insurance Company Names.
3. This will take you to the Lookup Insurance, Payers screen. Here you must click on the insurance/payer you wish to edit and then click on the Edit/Revise button.
4. This will take you to the Insurance Payer Entry screen. Here you can make any necessary changes. When you are finished click the Save this Information button.

399990 STRATFORD SOFTWARE RX TEST

Insurance/payer Entry

Lookup Code

Name

Default class behavior Medicare

Default form type

Address 1

Address 2

City State Zip

Phone 1

Phone 2

NationalPlanID

PPO ID

EDI Code

Contact

ClaimOfficeID

Comment

MediGapID

Memo

NAIC ID

Title XIX

Question: What is the EDI Lookup?

Answer: It was once used to lookup several codes for this insurance. At this time if you put something in that text box (1-9 characters alpha-numeric) it indicates that you want this insurance to be transmitted. What you put is not important anymore. This is a change from older versions of the Stratford program.

Question: what is the NationalPlanID?

Answer: It is a 5 digit (numeric) code that uniquely identifies a payer/insurance company. This is the terminology that you will see in specs following the HIPAA rules. It was once called PayerID and some other terms. For example: 31146 is NHIC. 60054 is Aetna. We believe that all payers will have a 5 digit identifier in the future if they do not already. If you transmit your claims this is required by many payers for the 'other' insurance. For example, Medicare will use this number to automatically 'crossover' to a secondary payer.

7.3 Form Types

309999 STRATFORD RX TEST ACCOUNT

Form Type Entry

Form Lookup Code

Form Type Description

Form Type Code

Security Level, if any

Ask for Patient ID?

Ask Beginning Date?

Ask Ending Date?

MasterTableType

Type of database

PrintFile

AuditFile

Please complete highlighted fields.

What is a 'form type' lookup code?

Who cares about form type lookup codes?

Each insurance payer that you bill must be assigned a 'form type' lookup code.

Answer: You have 20 insurance payers to bill: Medicare, Blue Cross PPO, Blue Shield, Prudential..., etc. You could create a claim for each of these if you want and print 20 different files of claims. This would probably be a waste of your time. Medicare is different from private payers so it is good to have a separate form type for Medicare, like 564. Most private payers will accept claims formatted the same way. Yes, we know this is not true, but it is 'almost' true. The Stratford program knows most of the exceptions and will automatically handle them for you. So you may be able to bill all private payer claims together with a form type like '515'. Medicaid is different so you can print all of them with the form type like '513'. We really don't care what you use for the form type - you can assign your own form type lookup codes, however, if you call our support group, we will have some numbers that we recommend. It makes it easier for us to support you. We have thousands of licensed users, some still use the old 'dos compiled' version and many use the newer 'Windows compiled' version like you use. It makes things easier for us if everyone uses the same form types. If you use something different, it will work just fine, but you will need to remember everything. Of course, the Windows version has easy lookup screens so you can find things if you forget.

7.3.1 Add -form type

From the Accounts receivable (main) menu

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Codes: FinClass, Recall, CPT, DX, Form, User. This will take you to the Lookup data file maintenance screen. From this screen you must select the Form Type Setup button. This will take you to the Form Maintenance screen where you must select the type of form you wish to view
3. This will take you to the Lookup Form Type screen. To add a new one you must click the Add New button
4. This will take you to the Form Type Entry screen. Here you must type a lookup code, description, and type code. After you have entered all the data the '**Save this Information**' button will appear. Click on 'Save this Information' to finish.

From the Patient Account Information

SSI®Note: If you enter a new Form Type in either the Patient Billing Account, Patient Insurance or Demand Form entry screens this will bring you to the Lookup Form Type screen. You can choose to add the new code from there. See either the ,Add a New Financial Class , Add - Insurance Company-Payer or Add -Form Type

7.3.2 Edit form type

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Codes: FinClass, Recall, CPT, DX, Form, User. This will take you to the Lookup data file maintenance screen. From this screen you must select the Form Type Setup button. This will take you to the Form Maintenance screen where you must select the type of form you wish to view
3. This will take you to the Lookup Form Type screen. Here you must click on the form type you wish to edit and then click the Edit/Revise button.
4. This will take you to the Form Type Entry screen. Here you can make any necessary changes. When you are finished click the Save this Information button.

309999 STRATFORD RX TEST ACCOUNT

Form Type Entry

Form Lookup Code

Form Type Description

Form Type Code

Security Level, if any

Ask for Patient ID?

Ask Beginning Date?

Ask Ending Date?

MasterTableType

Type of database

PrintFile

AuditFile

Change/Inquire Insurance control files

Please complete highlighted fields.

Delete

7.3.3 CMS 1500 FORM (08/05 or 02/12)

New paper insurance claim form - designed to accept the National Provider Id or NPI

The 08/05 form replaced the 12/90 form. The 02/12 form will replace the 08/05 form. The primary advantage of the 02/12 form is that it accepts ICD10 codes (it also will accept ICD9 codes) If you wish to begin using this form, you should first use up your stock of the old form and make sure you have plenty of the new forms on hand before doing anything to change the program. All versions of Stratford software later than 9.4.8334 support the 02/12 form.

You should be aware that changing the program to format a new form is not a thing which you should experiment with using your real patient data. You should use the trial version which is built into every Stratford program including yours. The trial version has always been included with every copy of Stratford software. When you create an insurance claim, various flags are set inside the program to prevent duplicate claims from being created. This means if your form is not formatted correctly for the paper claims that you are using, you cannot re-create those claims automatically. Of course, you can always demand the claims if you know the patient and the transaction dates. We advise you to use paper claims that you get from Stratford if you are not certain. We advise you to have a recent, verified backup before you make any changes like this. Even better, transmit your claims and forget the paper claims.

Here is how you setup your program to format for the new form.

From the main directory select #8 "File and system management"

Next select #7 "EDI Related Information programs"

Last select #3 "Insurance/EDI Form Control Settings"

Next put in the form type that you wish to change to the new form. Most people use the form type "564" for Medicare. You should then see a screen like this:

The screenshot shows a window titled "399990 STRATFORD SOFTWARE RX TEST" with the main heading "Edit insurance control files". Below the heading are five tabs: "m6r564.ctl", "m6r964.dat", "m6p964.ini", "m6r964_s.dat", and "m6r9xx_e.dat". The "m6r564.ctl" tab is selected, and the sub-heading "Paper claim control" is visible. The form contains several fields and checkboxes:

- "Type of Claim" text box containing "mcds08" with a red arrow pointing to it.
- "Default diagnosis code version" text box with a red arrow pointing to it.
- "Carrier number" text box containing "01112".
- "Clearinghouse" text box.
- Checkboxes for: "Form with barcode?", "Split Insurance Claims?", "Suppress the legacy IDs?", "Suppress provider tax #", "Group/billing/Pay to provider (Box 33)", "POS=11 Service Address? Enter yes or no", "POS=12 - Box32 Home Address & 1 POS/page" (checked "Yes").
- Text boxes for: "Type of Bill", "Claims sort".
- Checkboxes for: "OutPatient (yes/no)", "ub6 (yes/no)", "revcode (yes/no)", "Preauthorization", "Auto-Transmit Insurance?".

At the bottom, there are two buttons: "Save these settings" and "Edit m6r5xx.ctl".

In the text box labeled "Type of Claim" you can right-click and select mc ds 0212

A context menu titled "Type of Claim specifications to use" is shown, listing four options:

- 1=mc ds 0805 (old Professional specs)
- 2=h-ub (Institutional specs)
- 3=dc ds (Dental specs)
- 4=mc ds 0212 (NEW Professional specs)

The fourth option, "4=mc ds 0212 (NEW Professional specs)", is highlighted with a blue background.

That is all there is to it. Your forms will now be formatted differently. Be sure that you enter the NPI for the rendering provider, billing provider and the referring provider screens or you will not see it on the new forms.

Note: Only the 02/12 form will allow ICD9 and ICD10 codes to print correctly. When you want to begin printing ICD10 codes on your 02/12 form, right click on "Default diagnosis code version and select ICD10. There is an automatic code conversion utility built into the Stratford software that will convert the diagnosis code that you entered in the patient account into the correct version that is required for the payer that accepts this paper claim. You have control with this simple, single step. There is no need to change the diagnosis code in the patient account.

7.3.4 Changing a form type for many patients

It is possible to change the form type in many patient insurance records quickly.

Question: Why would you need/want to do that?

Answer:

In 2007 a new CMS form was introduced. The problem is that some payers are able to accept it as required and some are not. The form layout is created based on the form type. In other words, if your form type '511' is set up to create the old form, then any patients that have 511 in the insurance record will be a candidate for creating claims. Below is an example:

- a) Blue HMO is the primary insurance for patient 10001 and is set up to be on form 511 (the old form)
- b) Green HMO is the primary insurance for patient 10002 and is set up to be on form 511 (the old form)
- c) Green HMO requires the new form beginning March 21 and will reject the old forms after that date.
- d) Blue HMO is not ready to accept the new form and will reject claims printed on the new form until September 10.
- e) if you create form type 511, you will have some claims for both of these payers. Green HMO will reject all the claims that you send to them.
- f) You need to set up a new form type: 512 that will print on the new form.
- g) You need to change all patients with Green HMO insurance to form type 512.
- h) You have a major problem because you have 5,800 patients with Green HMO insurance! How can you go into 5,800 patients and change all those form types?
- i) the solution is below:

399990 STRATFORD SOFTWARE RX TEST

Insurance/payer Entry

Lookup Code

Name

Default class behavior private pay/miscellaneous

Default form type

Address 1

Address 2

City State Zip

Phone 1 () -

Phone 2 () -

NationalPlanID PPO ID

EDI Code Contact

ClaimOfficeID Comment

MediGapID Memo

NAIC ID

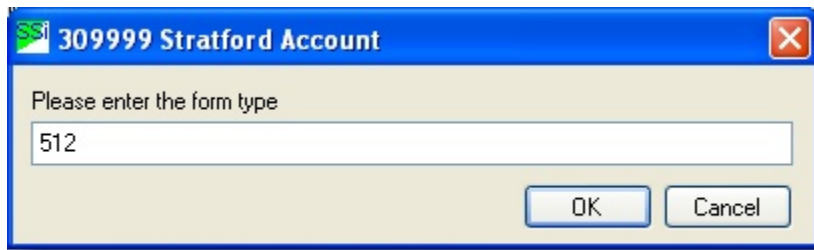
Title XIX

Press the 'Set the form type' button.

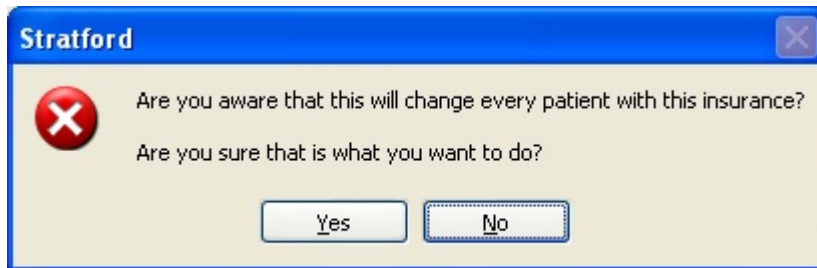
309999 Stratford Account

Please enter the form type

Enter the form type that you wish to change: example 512

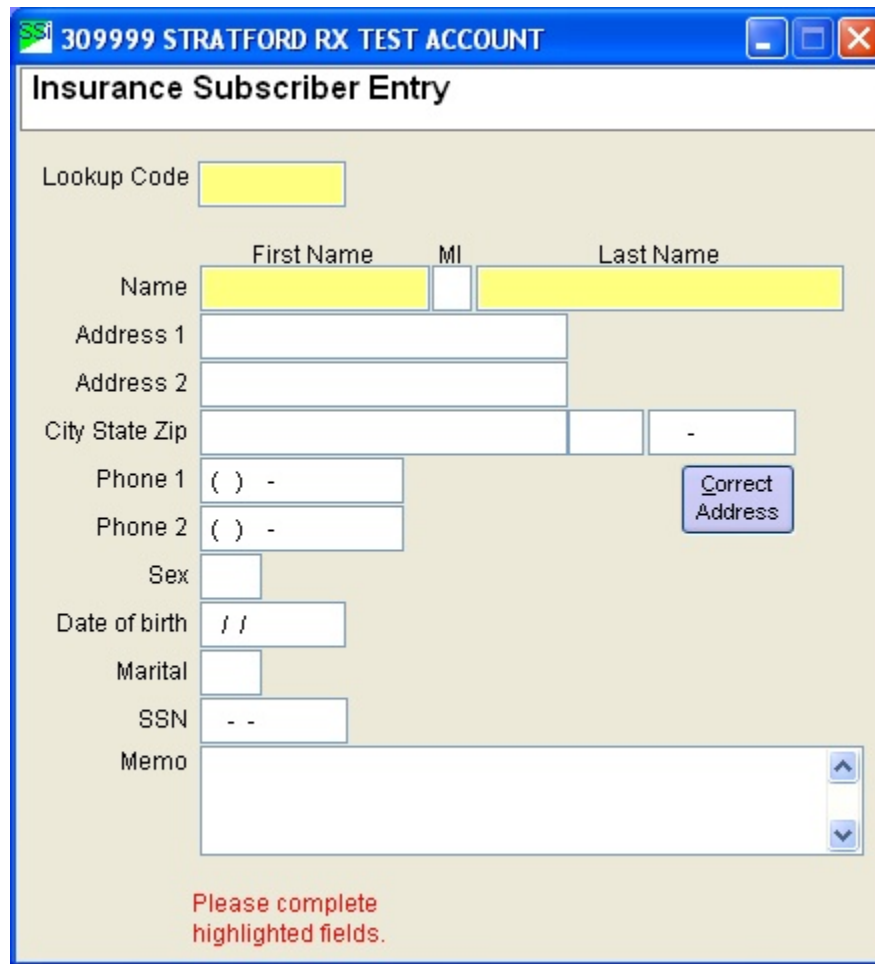


You will receive this final warning before the program changes every patient with this insurance.



You will then see a message telling you how many patient insurance records were changed, if any.

7.4 Subscriber



309999 STRATFORD RX TEST ACCOUNT

Insurance Subscriber Entry

Lookup Code

Name
First Name MI Last Name

Address 1

Address 2

City State Zip

Phone 1 () -

Phone 2 () -

Sex

Date of birth / /

Marital

SSN - -

Memo

Please complete highlighted fields.

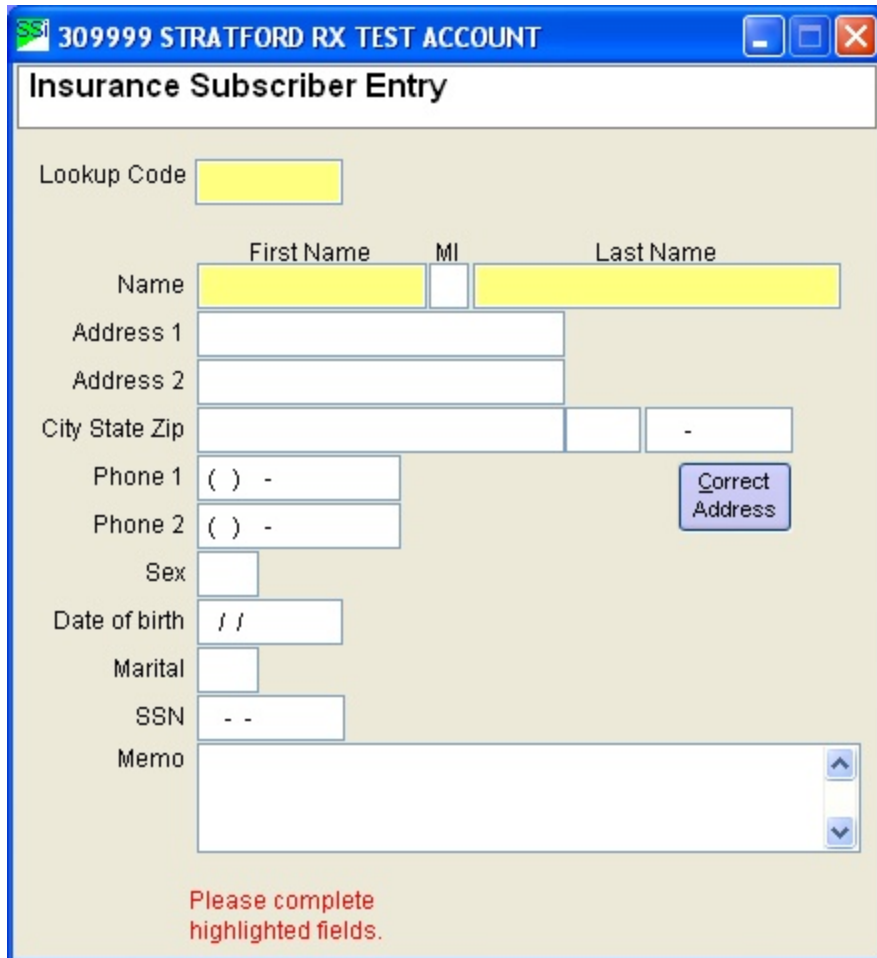
7.4.1 Add a new subscriber

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. * If this is your first time accessing the program and skip down to step four.
3. From this screen you must select Maintain the Laboratory Names. This will take you to the Lookup Insurance Subscribers Screen. To add a new one you must click the Add New button.
4. This will take you to the New Insurance Subscriber Entry screen. Here you must type a lookup code and the first and last name of the Subscriber information. After you have entered all the data press the Save this Information button.

7.4.2 Edit a subscriber

1. First you must be in the [System Management Directory](#). To get to this screen you must select **File and System Management** from the [Accounts Receivable \(main\) directory](#).

2. From this screen you must select **Provider, Payer, Employer, Refer, UPIN, Subscriber, etc.** This will take you to the [Lookup name maintenance](#) screen.
3. From this screen you must select **Maintain the Subscriber Names.** This will take you to the [Lookup Insurance Subscribers](#) Screen. Here you must click on the subscriber you wish to edit and then click the **Edit/Revise** button.
4. You will be taken to the [New Insurance Subscriber Entry](#) screen. Here you can make any necessary changes. When you are finished click the **Save this Information** button.



309999 STRATFORD RX TEST ACCOUNT

Insurance Subscriber Entry

Lookup Code

Name
First Name MI Last Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

Sex

Date of birth / /

Marital

SSN - -

Memo

Please complete highlighted fields.

7.5 Provider

NEWNMPV - 399990 STRATFORD SOFTWARE RX TEST Level:2

Rendering Provider Entry

Lookup Code Individual

Name First Name MI Last Name

Address 1
 Address 2

City State Zip

Phone 1 Scheduling enabled
 Phone 2 Electronic prescriptions enabled

Billing Identification	Prescription IDs	Prescription Other	e-Rx
NPI <input type="text" value="1234567893"/>		CLIA <input type="text"/>	
Tax ID <input type="text" value="123456789"/>		Taxonomy <input type="text"/>	
Tax ID Type <input type="text" value="S"/>		Medicare PIN <input type="text"/>	
Title <input type="text" value="MD"/>		Medicare UPIN <input type="text"/>	
Specialty Code <input type="text" value="01"/>		Medicaid ID <input type="text"/>	
State License <input type="text" value="123456789"/>		Commercial ID <input type="text"/>	

Facility address on claims
 Enter an office address if different from the address above
 Location NPI

Memo

7.5.1 Add a new provider

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Provider, etc. This will take you to the Lookup name maintenance screen. * If this is your first time accessing the program and skip down to step four.
3. From this screen you must select Maintain the Laboratory Names. This will take you to the Lookup Insurance Providers Screen. To add a new one you must click the Add New button.

4. This will take you to the New Insurance Provider Entry screen. Here you must type a lookup code and the first and last name of the Provider information. After you have entered all the data press the Save this Information button.

7.5.2 Edit a provider

1. First you must be in the [System Management Directory](#). To get to this screen you must select **File and System Management** from the [Accounts Receivable \(main\) directory](#).
2. From this screen you must select **Provider, Payer, Employer, Refer, UPIN, Provider, etc.** This will take you to the [Lookup name maintenance](#) screen.
3. From this screen you must select **Maintain the Provider Names**. This will take you to the [Lookup Insurance Providers](#) Screen. Here you must click on the Provider you wish to edit and then click the **Edit/Revise** button.
4. You will be taken to the [New Insurance Provider Entry](#) screen. Here you can make any necessary changes. When you are finished click the **Save this Information** button.
5. Note: if you bill Medicare and the place of service is 11 (office visit) you must put a facility name and address in box 32 on the CMS form and in the correct segment in the ANSI X.12 EDI claim format. You can enter the facility that you want to use on this screen.

NEWNMPV - 399990 STRATFORD SOFTWARE RX TEST Level:2

Rendering Provider Entry

Lookup Code Individual

Name First Name MI Last Name

Address 1

Address 2

City State Zip

Phone 1 Scheduling enabled

Phone 2 Electronic prescriptions enabled

Billing Identification	Prescription IDs	Prescription Other	e-Rx
NPI <input type="text" value="1234567893"/>		CLIA <input type="text"/>	
Tax ID <input type="text" value="123456789"/>		Taxonomy <input type="text"/>	
Tax ID Type <input type="text" value="S"/>		Medicare PIN <input type="text"/>	
Title <input type="text" value="MD"/>		Medicare UPIN <input type="text"/>	
Specialty Code <input type="text" value="01"/>		Medicaid ID <input type="text"/>	
State License <input type="text" value="123456789"/>		Commercial ID <input type="text"/>	

Facility address on claims
Enter an office address if different from the address above
Location NPI

Memo

Note the button labeled "Save and Enter 'Special' payer IDs". This is where you would enter a code/ID that a payer requires for this provider when there is no text box to enter it on the screen above.

7.5.2.1 UPIN code Edit

309999 STRATFORD RX TEST ACCOUNT

Upin Code Entry

Click on this link if you need to lookup a UPIN
http://www.upinregistry.com/provider_form.asp

UPIN Code

Last Name

First Name

Middle Name

Suffix

Credential

State

Zip

PIN

Specialty

Please complete highlighted fields.

Note the UPIN code is replaced by the NPI (national Provider ID). To find the NPI for a provider, you can look it up here:

<https://nppes.cms.hhs.gov> or 1-800-465-3203

7.5.2.2 Special payer ID Edit

The Stratford program will send claims to thousands of payers. Even though the HIPAA law specifies how the claims should be formatted - either paper or EDI, some payers continue to have special requirements in addition (or in place of) the HIPAA requirements. It is not possible to design a data entry screen that has a place for an unlimited number of these exceptions.

If you have a payer that wants a specific code/ID for a specific provider, here is how you can handle it.

NEWNMPVID - 399990 STRATFORD SOFTWARE RX TEST Level:2

Provider 'special' Information Entry

Provider Account Identifier: PA1122333 Provider Group?: 1

Provider Name: RANDALL READY

Payer/Insurance EDI Code: Gateway

Type of 'Special' Information:

Provider 'Special' Information:

Please complete highlighted fields.

Delete

In this example, you are entering a special provider id for provider '01'. When a claim is sent to GatewayEDI, this provider special ID will be substituted for whatever you have in the provider screen.

Note: there may be a case where you do not want a provider ID to show in a specific box on the paper claim or in a specific segment in the EDI transmission file. In this case, you can leave the ID text box blank in the form above.

NEWNMPVID - 399990 STRATFORD SOFTWARE RX TEST Level:2

Type of Special Information

- 1 spec (Special)CMS:box24j (shaded)
- 2 tax (Tax ID) CMS:box25 ;UB04/92:box5
- 3 pin (PIN #) CMS:box33b;UB04/92:box51**
- 4 grp (Group #)UB04/92:box51
- 5 clia (CLIA #) CMS:box23
- 6 name (Name) CMS:box31
- 7 locatn (Location Code) EDI only
- 8 npi (Special)CMS:Box24j (white box)
- 9 taxon (Taxonomy Code) EDI only

Provider Account Identifier: Provider Group?: 1

Provider Name: READY

Payer/Insurance EDI Code: Gateway

Type of 'Special' Information:

Provider 'Special' Information:

Please complete highlighted fields.

Delete

Select (PIN#) and it will put this special provider ID on the CMS 1500 form Box 33b

The setup below will print in box 33b a qualifier 'GG' and a special ID '123456789'

NEWNMPVID - 399990 STRATFORD SOFTWARE RX TEST Level:2

Provider 'special' Information Entry

Provider Account Identifier: PA1122333 Provider Group?: 1

Provider Name: RANDALL READY

Payer/Insurance EDI Code: Gateway

Type of 'Special' Information: pin

Provider 'Special' Information: GG|123456789

Save this information Delete

Note: if you have a case where the payer does not want a qualifier in front of the ID, you can simply delete that qualifier: (be sure to leave the separator bar '|' so the software will know that you are substituting a qualifier).

NEWNMPVID - 399990 STRATFORD SOFTWARE RX TEST Level:2

Provider 'special' Information Entry

Provider Account Identifier: PA1122333 Provider Group?: 1

Provider Name: RANDALL READY

Payer/Insurance EDI Code: Gateway

Type of 'Special' Information: pin

Provider 'Special' Information: |123456789

Save this information Delete

7.5.3 Set default provider codes

After you have entered your providers, you can setup defaults. This may be required for some practices. See the examples below:

You are solo practitioner

- No defaults are necessary, but read the other examples below

You are one of 4 providers in a group. The group has its own Medicare ID.

- Enter the provider code in the transaction screen for the provider who examined the patient
- Setup the 'group provider' in the 'master settings':

1. Enter the provider and select 'group' from the small box in the upper right.
2. Go to the 'master variable' screen: Select #8 then #1 from the main directory.

The screenshot shows a software window titled "309999 STRATFORD RX TEST ACCOUNT" with a "Master Settings" sub-window. The "Defaults (General)" tab is selected, showing the following fields:

- Area code: []
- Financial class: 1
- Open-item posting?: 1
- Billing cycle: 1
- Type of database: 6 Physician Software
- Group lookup code: [] (highlighted with a red box)
- Provider lookup code: 01
- Accept assignment?: 1
- Medicare participating?: []
- Caps lock on?:
- Num lock on?:
- Ins mode on?:
- Measurements sub-window:
 - Height (Length): cm
 - Mass (Weight): gm
 - Temperature: C
- Default email program: []
- Default email return address: []

A "Save this information" button is located at the bottom of the window.

Enter the group ID in the text box in the center top of the 'Defaults (General)' tab.

You can enter the code if you know it, or you can right-click and select from a list.

This 'group lookup code' is used in your billing. For example in your Ansi X.12 EDI formatted file this 'group lookup code' is used as the 'Bill to Provider'

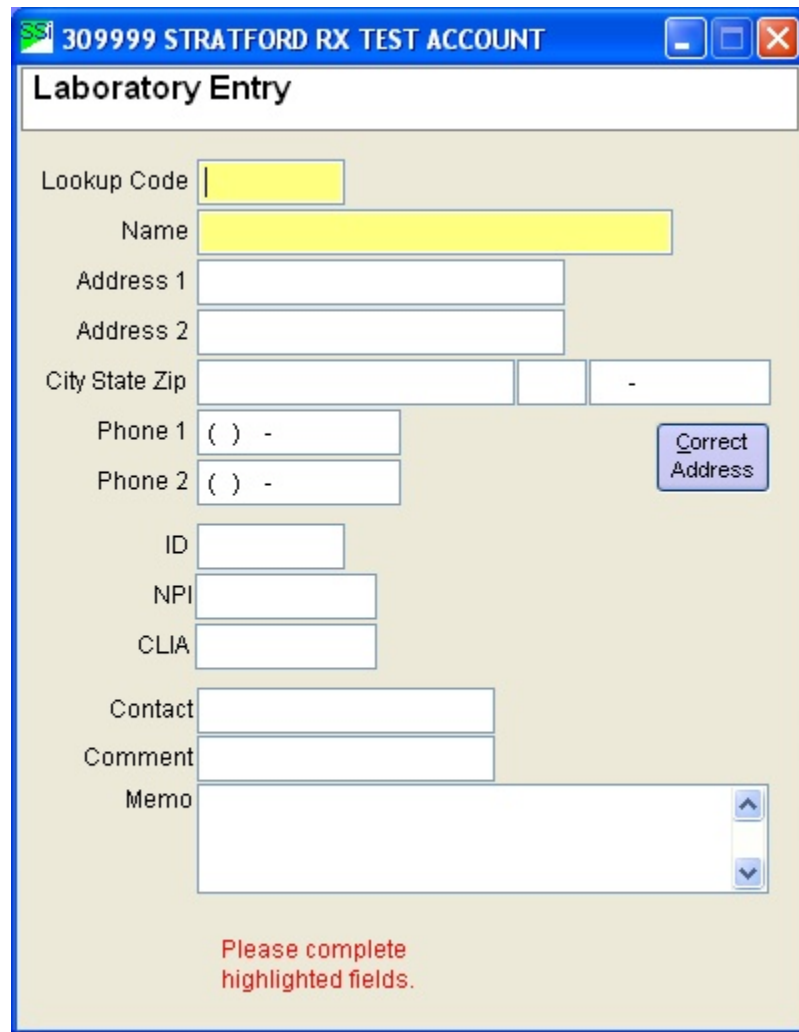
An example and explanation:

Several providers belong to a group. Medicare wants to know the identity of the 'rendering' provider, ie, the provider who actually examined the patient. That provider's lookup code is entered in the transaction screen where you enter the service date, procedure code and other related information.

If Medicare approves and pays for the service, you want the check to be sent to the 'group provider'. Entering the group provider code in the master variable screen accomplishes that.

7.6 Laboratories

SSI® can be customized for laboratory billing. Laboratories have many special billing requirements. For example, the state may require the lab to show where the test was actually run and whether it is a "reference" lab. Also, the ordering provider may need to be shown on a statement that is mailed directly to the patient. In a situation where there are several laboratories owned and/or billed by the same corporate entity from a single location, the lab may want the patient account number to reflect the lab that is doing the billing. That way the lab can easily post the payment when they receive it.



309999 STRATFORD RX TEST ACCOUNT

Laboratory Entry

Lookup Code

Name

Address 1

Address 2

City State Zip

Phone 1 () -

Phone 2 () -

ID

NPI

CLIA

Contact

Comment

Memo

Please complete highlighted fields.

7.6.1 Laboratories Information

Performing Laboratory

The provider/laboratory name and address print at the bottom of the statement. There are up to eight different names depending on the transaction.

Patient Account Number

The patient account number is printed with the Licensed user path in front of the number to make posting easier for billing offices that bill for multiple laboratories. For example, if you are in account \ssiwin\30XXXX and the patient's account number is 10001 on the statement, you will see the following account number 0200-10001.

Splitting Insurance Forms

To make the forms split on 511, 514 you must enter a unique number in the state license field. The number does not print but it is used to split the form.

Write-off Window

The transaction entry screen write-off window defaults to 100% for the percentage paid by Medicare.

Insurance Forms, Special Features

M6R514 Suppress Name and ID in Box 31

7.6.2 Add a New Laboratory

From the Accounts receivable (main) menu

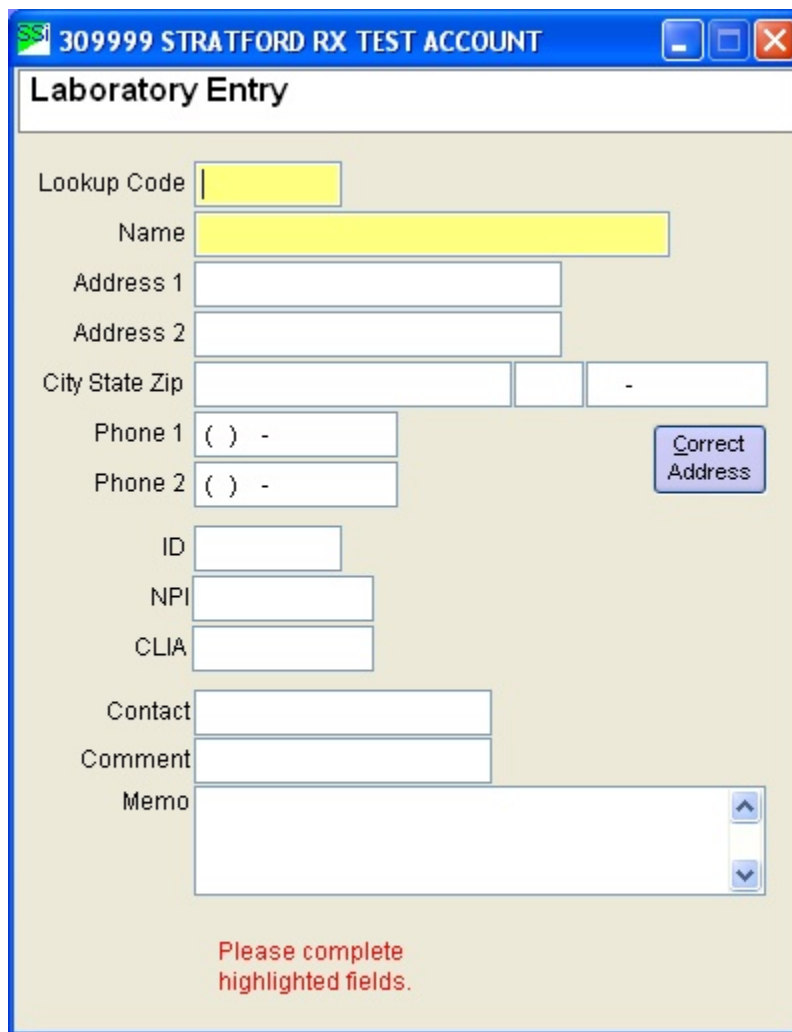
1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. * If this is your first time accessing the program and skip down to step four.
3. From this screen you must select Maintain the Laboratory Names. This will take you to the Lookup Laboratories Screen. To add a new one you must click the Add New button.
4. This will take you to the Laboratory Entry screen. Here you must type a lookup code and a name. After you have entered all the data the Save this Information button will appear. Click on Save this Information to finish.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Claim Questions (including EDI special information) button.
4. Now the CMS 1500 Claim Information screen should pop up. Enter some value in the Laboratory Name text box.
5. This will take you to the Lookup Laboratories screen. To add a new one you must click the Add New button.
6. This will take you to the Laboratory Entry screen. Here you must type a lookup code and name of the laboratory information. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.
7. Once you are back to the lookup menu, the new entry should be selected. Now click on Select button to select your new entry.

7.6.3 Edit a Laboratory

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen.
3. From this menu you must select Maintain the Laboratory Names. This will take you to the Lookup Laboratories screen. Here you must click on the laboratory you wish to edit and then click the Edit/Revise button.
4. You will be taken to the Laboratory Entry screen. Here you can make any necessary changes. When you are finished click the Save this Information button.



309999 STRATFORD RX TEST ACCOUNT

Laboratory Entry

Lookup Code

Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

ID

NPI

CLIA

Contact

Comment

Memo

Please complete highlighted fields.

7.7 Facilities

In this section you will learn the three methods for entering your facility (Dialysis and/or surgicenters, etc.) transactions. Then you will learn which programs to run to create your insurance forms.

309999 STRATFORD RX TEST ACCOUNT

Facility Entry

Lookup Code

Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

ID

NPI

CLIA

Contact

Comment

Memo

Please complete highlighted fields.

You may also wish to enter a memo about the Facility which can be done in the lower center part of the screen. After you are finished entering all the necessary information you may click the Save this information button at the bottom of the screen.

7.7.1 Facility Data Entry

Daily Entry

If you want to do daily data entry, you should itemize each transaction.

Monthly Entry

If you keep a manual listing of all your transactions and prefer to post them once a month, you would accumulate the charges for the month and do a single entry for each type of transaction. Use the quantity field to specify the number of units. For example, instead of itemizing the EPO injection on a daily basis, you would enter one EPO injection specifying the number of injections received during the month in the quantity field.

From/Through Entry

If you wish to use the from/through entry method, you would use two charge lines. One is used to specify the from (beginning) date and the second line is used to specify the through (ending) date.

To create the from date line, you would enter charge with the usual information except: the date of service is the from date and the quantity and amount fields are blank.

To create the through date line, you would enter a charge with all the normal information except: the date of service is the through date and the quantity and amount fields reflect the true amount for the period.

7.7.2 Add a Facility

From the Accounts receivable (main) menu

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. * If this is your first time accessing the program and skip down to step four.
3. From this screen you must select Maintain the Facility Names. This will take you to the Lookup Facilities screen. To add a new one you must click the Add New button.
4. This will take you to the Facility Entry screen. Here you must type a lookup code and name of the facilities information. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.

From the Patient Account Information

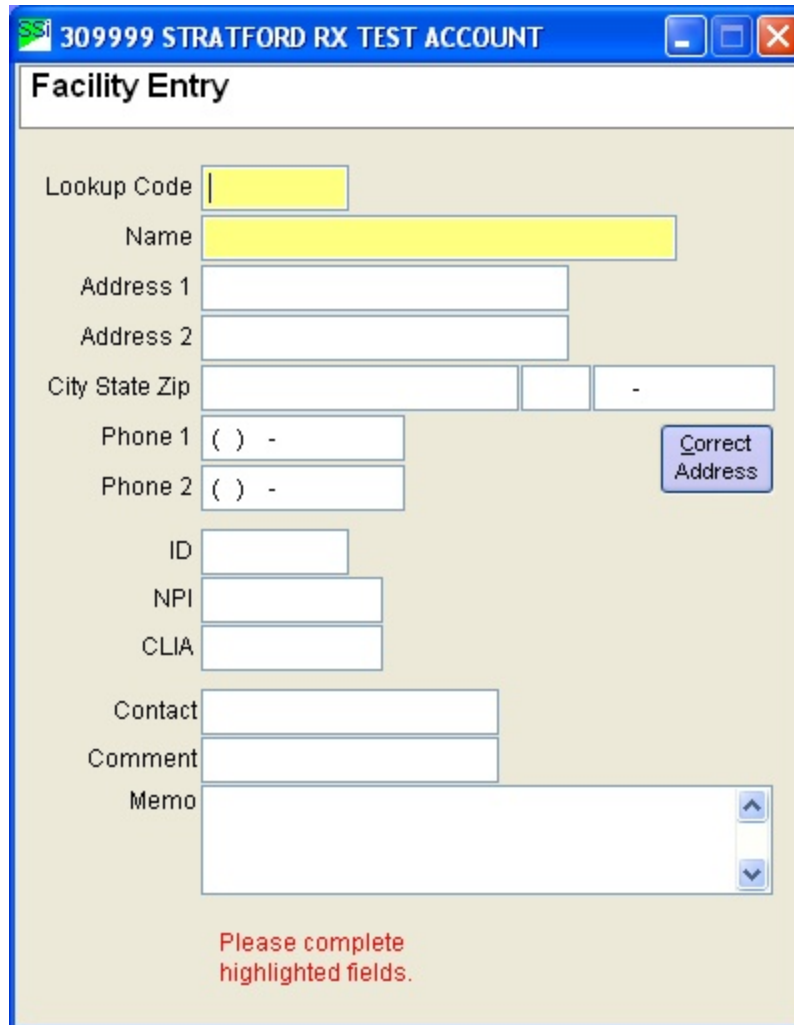
1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Claim Questions (including EDI special information) button.
4. Now the CMS 1500 Claim Information screen should pop up. Enter some value in the Facility Name text box.
5. This will take you to the Lookup Facilities screen. To add a new one you must click the Add New button.
6. This will take you to the Facility Entry screen. Here you must type a lookup code and name of the facilities information. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.
7. Once you are back to the lookup menu, the new entry should be selected. Now click on Select button to select your new entry.

7.7.3 Edit a Facility

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen.
3. From this screen you must select Maintain the Facility Names. This will take you to the Lookup Facilities screen. Here you must click on the facility you wish to edit and then click

on the Edit/Revise button..

4. This will take you to the Facility Entry screen. Here you can make any necessary changes. When you are finished click the Save this Information button.



309999 STRATFORD RX TEST ACCOUNT

Facility Entry

Lookup Code

Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

ID

NPI

CLIA

Contact

Comment

Memo

Please complete highlighted fields.

7.7.4 Revenue Codes

Each transaction MUST have a revenue code for the insurance programs to work properly. The revenue codes are required by Medicare for institutional claims. The most common code numbers are:

- 250 - Pharmacy/Drug Classification
- 634 - EPO (this drug has recently been separated from the rest due to the cost.)
- 821 - Hemodialysis treatments-at a facility
- 841 - Continuous Ambulatory Peritoneal Dialysis (CAPD) - dialysis done at home.

7.8 Insurance Claim Questions

This section will teach you how to complete your insurance claim questions. There are several different screens of claim form questions that are covered in this section: CMS-1500, CMS-1450 (UB-92) and the PM-160 and Doctors first report.

See the overview of claim questions above in [Insurance Information](#)^[274]

7.8.1 Accessing Claim Questions

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Claim Questions (including EDI special Information) button.

7.8.2 Claim Question and Insurance Forms

This section was designed for the outdated ub92 form so you will notice some differences with the ub04 form.

Claim Question

The UB04 claim form (CMS 1450) has its set of claim questions. (See the samples for the exact questions asked.)
Insurance Forms

c. 511 - UB04 Form (CMS 1450)

This form is used to bill private insurance companies. The form prints out a full itemization of all charges entered.

d. 514 - UB04 Form (CMS 1450)

This form is used to bill Medicare. This form prints an accumulation of all charges with the same revenue code classification on one charge line. In the Pharmacy classification, Medicare requires a separate charge line for each different procedure code/HCPSC code.

e. 516 - UB04 Form (CMS 1450)

This form was created for the dialysis units in Tennessee and Alabama. It is very similar to the 514 with the following exceptions:

- no unit price is calculated or printed for dialysis treatments.
- pharmacy charges (revenue code 250) do not have the corresponding procedure/HCPSC codes printed.
- the description for each classification is gathered from the description for the research (revenue) codes.
- data should be entered on a per day basis because one of the 514's function is to create a comment, for each classification, specifying the dates of service.

Suppressing Boxes 80 & 81

Boxes 80 and 81 are filled in by SSI®. If you wish these boxes to be empty then you need to create a control file. To suppress the boxes on the 514 form, create a file named "M6R514.CTL" that contains the line "ub8081=no". This file must be located in each of your accounts, (e.g., \ssiw\30xxxx, \ssiw\30xxxx, etc.) or in \ssiw\4.

This file can be created by typing at the prompt:

```
COPY CON M6R514.CTL [ENTER]
```

```
ub8081=no [ENTER]
```

Press the [F6] key [ENTER]

To create the M6R514.CTL you could duplicate the above directions or copy it from the M6R514.CTL by typing at the prompt:

```
COPY M6R514.CTL M6R514.CTL [ENTER]
```

Suppressing Box 6 on the 514

If you would like to leave box 6 blank then you need to create a control file. To suppress the box on the 514, create a file named "M6R514.CTL" that contains the line "ub6=no". This file will have to be located in each of your accounts, (e.g., \ssiw\30xxxx, \ssiw\30xxxx, etc.) or in \ssiw\4.

This file can be created by typing at the prompt:

```
COPY CON M6R514.CTL [ENTER]
```

```
ub6=no [ENTER]
```

Press the [F6] key [ENTER]

It is possible that you will wish to suppress boxes 6, 80 & 81 on your 514's. In that case include both of these lines:

```
COPY CON M6R514.CTL [ENTER]
```

```
ub6=no [ENTER]
```

```
ub8081=no [ENTER]
```

Press the [F6] key [ENTER]

Suppressing Boxes 84, 85, 86

Boxes 84, 85 and 86 are filled in by SSI®. If you wish these boxes to be empty then you need to create a control file. To suppress the boxes on the 514 form, create a file named "M6R514.CTL" that contains the line "ub848586=no". This file will have to be located in each of your accounts, (e.g., \ssiw\30xxxx, \ssiw\30xxxx, etc.) or in \ssiw\4.

This file can be created by typing at the prompt:

```
COPY CON M6R514.CTL [ENTER]
```

```
ub848586=no [ENTER]
```

Press the [F6] key [ENTER]

To create the M6R514.CTL you could duplicate the above directions or copy it from the M6R514.CTL by typing at the prompt:

```
COPY M6R514.CTL M6R514.CTL [ENTER]
```

Suppressing Box 22 on the 514

If you would like to leave box 22 blank then you need to create a control file. To suppress the box on the 514, create a file named "M6R514.CTL" that contains the line "ub22=no". This file will have to be located in each of your accounts, (e.g., \ssiw\30xxxx, \ssiw\30xxxx, etc.) or in \ssiw\4.

This file can be created by typing at the prompt:

```
COPY CON M6R514.CTL [ENTER]
```

```
ub22=no [ENTER]
```

Press the [F6] key [ENTER]

It is possible that you will wish to suppress boxes 22, 84, 85 and 86 on your 514's. In that case when creating the file include both of these lines:

```
COPY CON M6R514.CTL [ENTER]
```

```
ub22=no [ENTER]
```

ub848586=no [ENTER]
Press the [F6] key. [ENTER]

Champus Special Consideration: MTF

This is for a special type of Champus billing related to "resource sharing". A civilian provider who renders patient care at a Military Treatment Facility (MTF) as part of a Resource Sharing Agreement is required to do the following.

In addition to identifying the place of service as '26', the provider is required to identify the services as being rendered pursuant to a Resource Sharing Agreement. This is done by adding a three-digit extension to the tax identification number in box 25 of the CMS 1500 form. The information for Box 25 is entered on the Provider Entry screen. See the 'Tax ID' text box below:

NEWNMPV - 399990 STRATFORD SOFTWARE RX TEST Level:2

Rendering Provider Entry

Lookup Code Individual

Name First Name MI Last Name

Address 1
 Address 2

City State Zip

Phone 1 Scheduling enabled
 Phone 2 Electronic prescriptions enabled

Billing Identification Prescription IDs Prescription Other e-Rx

NPI CLIA
 Tax ID Taxonomy
 Tax ID Type Medicare PIN
 Title Medicare UPIN
 Specialty Code Medicaid ID
 State License Commercial ID

Facility address on claims
 Enter an office address if different from the address above
 Location NPI

Memo

How do you get the number to appear only on the forms where you want it and not on others? The simplest way is to bill for patient care in a separate patient account for this purpose. Set up a patient account just for those charges. This will help you keep the charges, payments,

and adjustments organized and separate from other billing for the patient, if any. Add a Champus insurance company record just for this type of billing. For example, the provider renders the care at Castle Air Force Base. The 3-digit number for this air base facility is 017. The bill must go to:

PALMETTO GBA-CHAMPUS CLAIMS
ATTN: RESOURCE SHARING
P.O. BOX 870010
SURFSIDE BEACH SC 29587-8701

After the name of the insurance company above you would add: (MTF:017). The insurance company name would look like the following:

PALMETTO GBA-CHAMPUS CLAIMS (MTF:017)

The insurance creating program will look for the character sequence: "(MTF:". If this is found, the program will take the next 3 characters and add them to the tax ID and print the entire number in box 25.

Medicaid Insurance Information

Medicare Insurance Information

CHDP Form PM -160

7.8.3 Add New Facility

From the Accounts receivable (main) menu

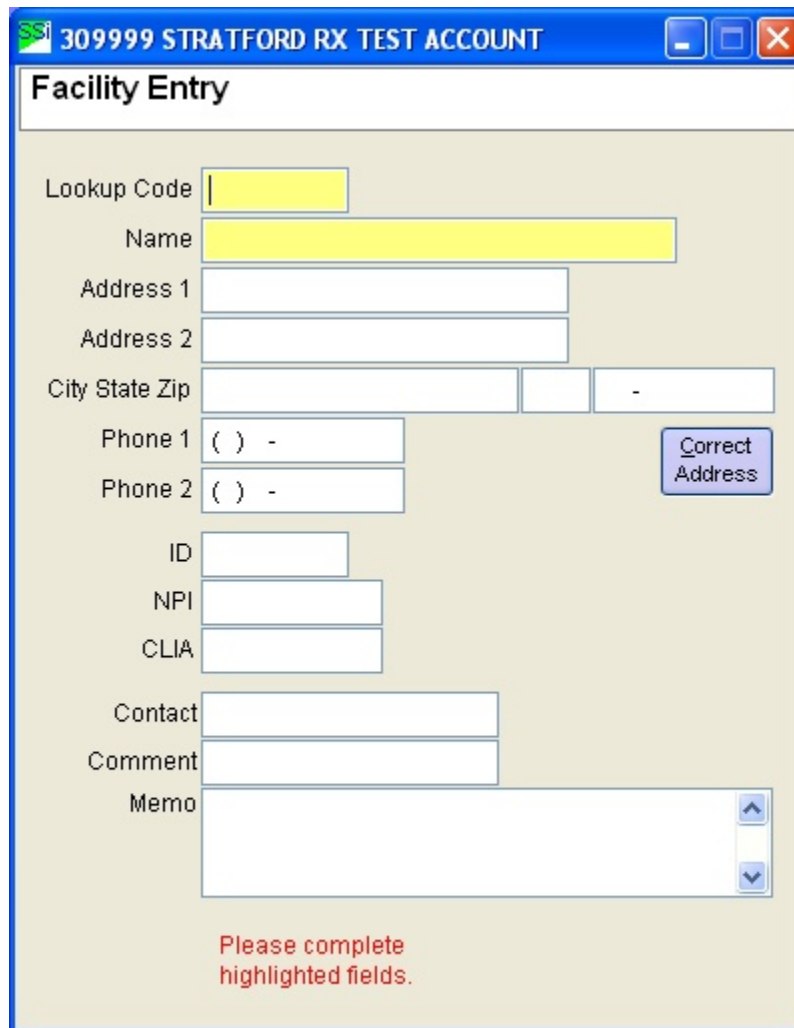
1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. * If this is your first time accessing the program and skip down to step four.
3. From this screen you must select Maintain the Facility Names. This will take you to the Lookup Facilities screen. To add a new one you must click the Add New button.
4. This will take you to the Facility Entry screen. Here you must type a lookup code and name of the facilities information. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Claim Questions (including EDI special information) button.
4. Now the CMS 1500 Claim Information screen should pop up. Enter some value in the Facility Name text box.
5. This will take you to the Lookup Facilities screen. To add a new one you must click the Add New button.
6. This will take you to the Facility Entry screen. Here you must type a lookup code and name of the facilities information. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.

7. Once you are back to the lookup menu, the new entry should be selected. Now click on Select button to select your new entry.

SSI® Note: If you do not know the zip code of the city, you may put in the name of the city with a dot [.] as the first character before the name, for example: .New York, tells the computer that you do not know the zip code of the city but would like to see the available selections. If for some reason you want to type the city and state without a zip code, or you wish to override the index then you would type the information field by field.



309999 STRATFORD RX TEST ACCOUNT

Facility Entry

Lookup Code

Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

ID

NPI

CLIA

Contact

Comment

Memo

Please complete highlighted fields.

7.8.4 Add New Laboratory

From the Accounts receivable (main) menu

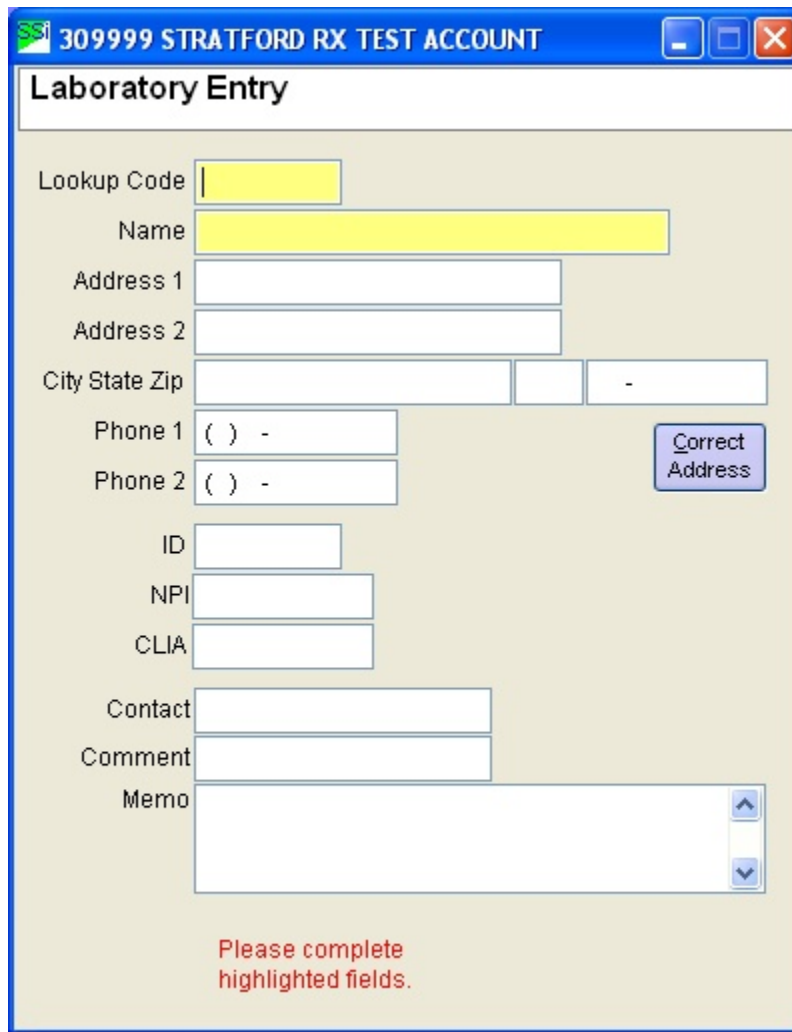
1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. * If this is your first time

accessing the program and skip down to step four.

3. From this screen you must select Maintain the Laboratory Names. This will take you to the Lookup Laboratories Screen. To add a new one you must click the Add New button.
4. This will take you to the Laboratory Entry screen. Here you must type a lookup code and a name. After you have entered all the data the Save this Information button will appear. Click on Save this Information to finish.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Claim Questions (including EDI special information) button.
4. Now the CMS 1500 Claim Information screen should pop up. Enter some value in the Laboratory Name text box.
5. This will take you to the Lookup Laboratories screen. To add a new one you must click the Add New button.
6. This will take you to the Laboratory Entry screen. Here you must type a lookup code and name of the laboratory information. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.
7. Once you are back to the lookup menu, the new entry should be selected. Now click on Select button to select your new entry.



309999 STRATFORD RX TEST ACCOUNT

Laboratory Entry

Lookup Code

Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

ID

NPI

CLIA

Contact

Comment

Memo

Please complete highlighted fields.

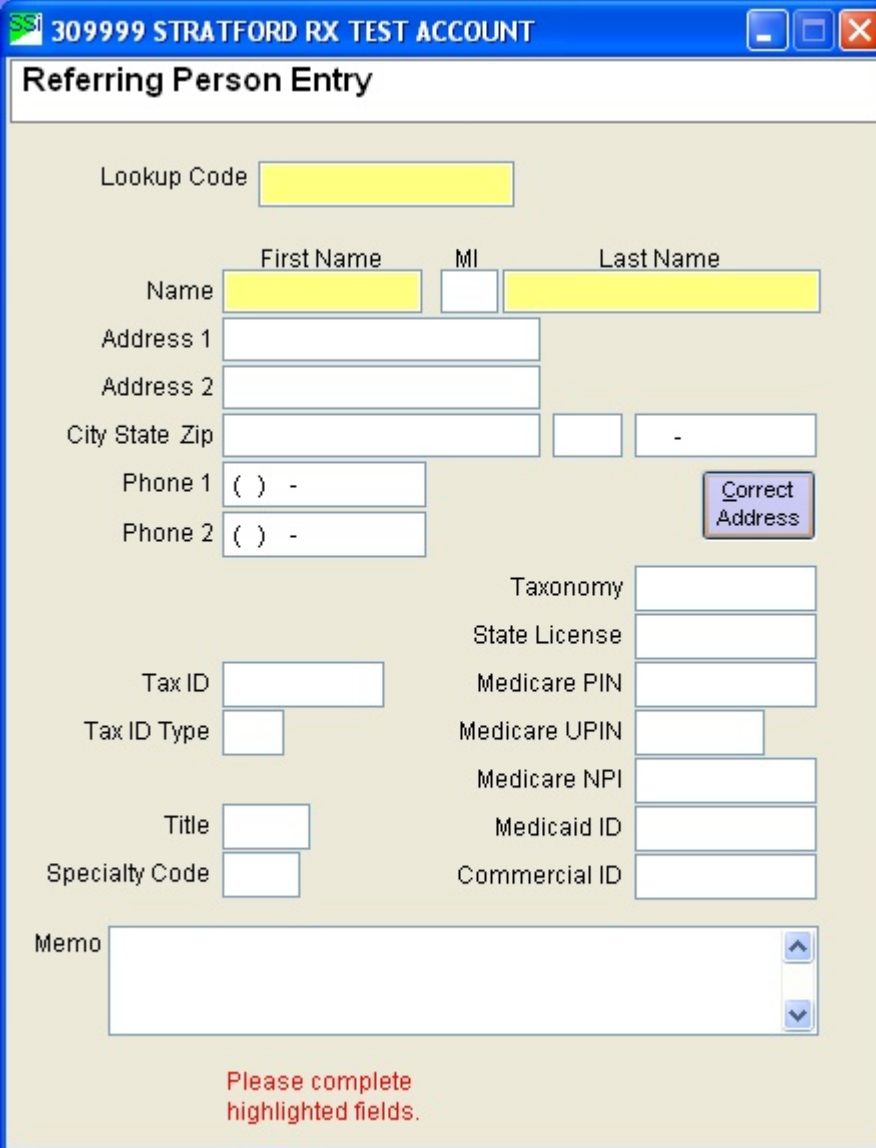
7.8.5 Add New Referring Person

From the Accounts receivable (main) menu

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. From this screen you must select Maintain the other Provider Names and IDs. 3. This will bring you to the Lookup other provider name maintenance menu. Click on Maintain the Referring Names and ID numbers.
3. This will take you to the Lookup Referring Persons Screen. To add a new one you must click the Add New button
4. This will take you to the Referring Person Entry screen. Here you must type a lookup code and the first and last name of the Referrer's information. After you have entered all the data press the Save this Information button.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Claim Questions (including EDI special information) button.
4. Now the CMS 1500 Claim Information screen should pop up. Enter some value in the Referring Name text box.
5. This will take you to the Lookup Referring Persons screen. To add a new one you must click the Add New button.
6. This will take you to the Referring Person Entry screen. Here you must type a lookup code and name of the referring person information. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.
7. Once you are back to the lookup menu, the new entry should be selected. Now click on Select button to select your new entry.



309999 STRATFORD RX TEST ACCOUNT

Referring Person Entry

Lookup Code

Name
 First Name MI Last Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

Taxonomy

State License

Tax ID

Medicare PIN

Tax ID Type

Medicare UPIN

Title

Medicare NPI

Specialty Code

Medicaid ID

Commercial ID

Memo

Please complete highlighted fields.

7.8.6 Add New Supervising Person

From the Accounts receivable (main) menu

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Provider, Payer, Employer, Refer, UPIN, Subscriber, etc. This will take you to the Lookup name maintenance screen. From this screen you must select Maintain the other Provider Names and IDs.
3. This will bring you to the Lookup other provider name maintenance menu. Click on Maintain the Referring Names and ID numbers.
4. This will take you to the Lookup Supervising Person screen. To add a new one you must click the Add New button
5. This will take you to the Supervising Person Entry screen. Here you must type a lookup

code and the rest of the Person's information. After you have entered all the data press the Save this Information button.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Insurance button at the lower right hand corner of the screen.
3. This will bring you to the Lookup Insurance Coverage for this Patient screen. Click on the Claim Questions (including EDI special information) button.
4. Now the CMS 1500 Claim Information screen should pop up. Enter some value in the Supervising Name text box.
5. This will take you to the Lookup Supervising Person screen. To add a new one you must click the Add New button.
6. This will take you to the Supervising Person Entry screen. Here you must type a lookup code and name of the supervising person. After you have entered all the data press the Save this Information button will appear. Click on Save this Information to finish.
7. Once you are back to the lookup menu, the new entry should be selected. Now click on Select button to select your new entry.

309999 STRATFORD RX TEST ACCOUNT

Supervising Person Entry

Lookup Code

Name
First Name MI Last Name

Address 1

Address 2

City State Zip -

Phone 1 () -

Phone 2 () -

Taxonomy

State License

Tax ID

Medicare PIN

Tax ID Type

Medicare UPIN

Title

Medicare NPI

Specialty Code

Medicaid ID

Commercial ID

Memo

Please complete highlighted fields.

7.8.7 CMS-1500 claim form questions

309999 STRATFORD RX TEST ACCOUNT

Cms 1500 Claim Information

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

Program: Box 10d: Dt Hosp From: //

EmployStatus: Box 11d: CPO ID: Dt Hosp To: //

WorkRelated: Box 11da: Hospice: -----

OtherAccident: Box 19: SpecialProject: Dt Totl Disability From: //

AutoAccident: Box 22: COB: Dt Totl Disability To: //

AAPlace: HGB TestRslt: .

PaperWrkType: HCT TestRslt: .

PaperWrkSent: EPO StartDose: EPSDT: Dt Illness Began: //

SpecPrgm: CreatinineTestRslt: .

FamilyPlan: Dt Serum Creatinine: //

EMG: Dt Hgb or Hct: //

PrAuthNo: Dt Of Accident: //

Dt Last Seen: //

Dt Last Work: //

Dt Assume Care: //

Dt Relinquished Care: //

Dt Last MensePeriod: //

Active Date: //

Inactive Date: //

Names

Referring: UPIN: .

Supervising: UPIN: .

Facility name: NPI:

Laboratory Name: CLIA:

Many of the text boxes are for specialized billing. Do not use them unless you know for sure that you need them. Your best reference is the EDI specifications for your specialty.

Program

Applicable program

Type of Program (codes below are applicable to the EDI claim also)

- 12 MSP, working aged beneficiary
- 12 MSP, spouse w/employer GHP
- 13 MSP, ESRD beneficiary 12mo cob 2/employer GHP
- 14 MSP, no fault, including auto primary
- 15 MSP, workmans comp primary
- 16 MSP, PHS or other Fed agency
- 41 MSP, black lung
- 42 MSP, Veteran's Administration (VA)
- 43 MSP, disabled under 65 with LGHP
- 47 MSP, other insurance is primary

Employ Status (Employment Status)

Please enter Patient's employment Status

Patient Status

- 1=Employed
- 2=Full time student
- 3=Part time student
- 4=Leave blank

WorkRelated

Please enter (Y/N) Was this work related?

Other Accident

Please enter (Y/N) Was this related to an accident other than auto?

AutoAccident

Accident related to Auto

Please enter (Y/N) Was this related to an auto accident?

AAPlace

Accident Place

Please enter Auto Accident: PLACE (State)

Box 10d

Please enter data reserved for local use (note Medicare special requirements). If you answer with a dot [.] then you will bring up a menu of possible choices required by Medicare or you may enter what you want to print in box 10d.

Box 10d

1=MSP (4,7,11)

2=2MSP (4,7,11,At)

3=MG (9,9a-9d)

4=MSP/MG (4,7,11,At) / (9,9a-9d)

5=2MSP/MG (4,7,11,At) / (9,9a-9d)

6=MSP/MG/SP (4,7,11,At) / (9,9a-9d)

7=SP (9,9a-9d)

8=MSP/SP (4,7,11,At) / (9,9a-9d)

9=MG/SP (9,9a-9d) / (At)

A=MCD (9,9a,9b)

B=MSP/MCD (4,7,11 add:9c,9d / (9,9a,9b)

C=MG/MCD (9,9a-9d) / (11,11a)

D=MSP/MG/MCD (4,7,11 add:At) / (9,9a-9d) / (At)

Leave Box 10d Blank (CMS 12/90 form)

Box 11d

Please enter

1 Yes, there is another plan

2. No, there is not another plan

3 Leave blank

4 use the defaults

PaperWrkType

Right-click will give you many choices for the qualifier code and the meaning.

PaperWrkSent

Right-click will give you many choices for the qualifier code and the meaning.

FamilyPlan

Family Planning

Please enter (Y/N) Is this related to family planning?

PrAuthNo

Preauthorization Number

Please enter the preauthorization number.

EPSDT

Please enter (Y/N) is this related to EPSDT

Entering a New Referrer Name

See Add a new Referring Person

SSI® Note: You must have the NPI code for all providers.

Entering a Supervising Name

See Add a new Supervising Person

Entering a New Facility Name

See Add a new Facility

Entering a New Laboratory Name

See Add a New Laboratory

Dt Hosp From

Date Hospitalization, Begin

Please enter the date the hospitalization began

Dt Hosp To

Date Hospitalization, End

Please enter the date the hospitalization ended.

Dt Totl Disability From

Date Total Disability, Begin

Please enter the date the total disability began.

Dt Totl Disability To

Date Total Disability, End

Please enter the date the total disability ended.

Dt Illness Began

Date of Illness, (beginning date)

Please enter the date the illness began.

Dt Sim Symptom

Date Similar Illness, (beginning date)

Please enter the date the similar symptoms began.

And others.

We hope the labels are self explanatory. If not, please contact support. You could suggest a better label or a 'tool tip text'

7.8.8 UB04 claim form questions

Institutional billing specifications - set up the insurance claims.

To set up a specific form type for UB04, from the main directory select #8, #7, #3 and then enter the form type: (example: 564/964) and then select the 1st tab for the paper claim information. Right click on the 'Type of Claim' text box and select 2=h-UB04 (institutional specs)

SELECTCONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl | m6r964.dat | m6p964.ini | m6r964_s.dat | m6r9xx_e.dat

Paper claim control

Carriernumber: 14202

Clearinghouse:

Preauthorization:

Form with barcode?: NO

Split Insurance Claims?:

Suppress the legacy IDs?:

Suppress provider tax #:

Group/billing/Pay to provider:

Type of Claim specifications to use:

- 1=mcds (Professional specs)
- 2=h-ub (Institutional specs)
- 3=dcds (Dental specs)

Type of Claim: mcds

Type of Bill:

POS=11 Service Address? Enter yes or no:

POS=12 - Box32 Home Address & 1 POS/page:

OutPatient (yes/no):

ub6 (yes/no):

recode (yes/no):

Save these settings | Edit m6r5xx.ctl

For 'UB04/Institutional' type EDI, select the 2nd tab for EDI information. Right click on the 'Type of Claim' text box and select 2=h-UB04 (institutional specs)

SELECTS CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r964_e.dat

EDI claim control

EDI format selection: **4010** or **5010**

ISA15 * [Test](#) or [Production](#)

ISA11

ISA12

GS08 * [Check with the payer](#)

Transmission re

ISA06

ISA07

ISA08

GS02

GS03

Submitter (Loop 1000A)

1000A NM103

1000A NM109

1000A PER02

1000A PER04

Carriernumber

Clearinghouse

Suppress the legacy IDs?

Suppress provider tax #

Suppress the Primary Key?

Element Separator

Sub-Element Separator

Segment terminator

Type of Claim

Type of Bill

POS=11 OV Address?

Preauthorization

Billing/Pay to provider (Loop 2000A)

Group/billing/Pay to provider

Payer (Loop 1000B)

1000B NM103

1000B NM109

Loop 2300/2400

2x00 REF02 EVY

Default diagnosis code version

Type of Claim specifications to use

- 1=mcds (Professional specs)
- 2=h-ub (Institutional specs)
- 3=dcds (Dental specs)

Save these settings

Edit m6r964.dat

Next you need to go into the patient's account, enter the insurance and the select the UB04 claim question screens below.

309999 STRATFORD RX TEST ACCOUNT

Ub92 Claim Information

Account Identifier	4658798	Class	MEDICARE
Name	ERMA		TEMPLE

General Codes Names Miscellaneous

BillType PriPmt

Pri Auth A

Pri Auth B

Pri Auth C

Remark1

Remark2

Remark3

Remark4

Box 17 Box 27

Box 18 Box 37a

Box 19 Box 37b

Box 20 Box 37c

Box 21 Box 45

Box 22 Box 76

309999 STRATFORD RX TEST ACCOUNT

Ub92 Claim Information

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

General **Codes** Names Miscellaneous

Occupation Code / Date		Occurance Span/Code			Condition Code	Value Codes / Amount	
Cd1	/	Code	Begin Date	End Date	Cd1	Cd1	0.00
Cd2	/	Cd 1	/	/	Cd2	Cd2	0.00
Cd3	/	Cd 2	/	/	Cd3	Cd3	0.00
Cd4	/				Cd4	Cd4	0.00
Cd5	/				Cd5	Cd5	0.00
Cd6	/				Cd6	Cd6	0.00
Cd7	/				Cd7	Cd7	0.00
Cd8	/				Cd8	Cd8	0.00
					Cd9	Cd9	0.00
					Cd10	Cd10	0.00
					Cd11	Cd11	0.00
					Cd12	Cd12	0.00

Save this information

309999 STRATFORD RX TEST ACCOUNT

Ub92 Claim Information

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

General Codes **Names** Miscellaneous

Referring: UPIN: ,
 Supervising: UPIN: ,

Save this information

309999 STRATFORD RX TEST ACCOUNT

Ub92 Claim Information

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

General Codes Names **Miscellaneous**

Blood Amount

1 Cemstd Dappfr Ccov_d

2 Cemidno Dappto Cn_c_d

3 Cemploc Cgrc Cc_i_d

4 Nestresp Ndedam Cl_r_d

Blood From Pud cd Ncoiam Cms

Blood Replace cspanc Ceminda Ca_h

Blood Enter Memo

Blood Deduct

OccCd/Dt 01 02 03 04 05 06 07 08 09 10**Occurrence Code**

Please enter 1st occurrence code
 Please enter 1st occurrence date
 Please enter 2nd occurrence code
 Please enter 2nd occurrence date
 Please enter 3rd occurrence code
 Please enter 3rd occurrence date
 Please enter 4th occurrence code
 Please enter 4th occurrence date
 Please enter 5th occurrence code
 Please enter 5th occurrence date

CondCode 11 12 13 14 15**Condition Code**

Please enter 1st condition code
 Please enter 2nd condition code
 Please enter 3rd condition code
 Please enter 4th condition code
 Please enter 5th condition code

Bld Furn 16

Blood Furnished

Please enter the number of units of blood furnished.

Bld Rpl 17

Blood Replaced

Please enter the number of units of blood replaced.

Not Rpl 18

Not Replaced

Please enter the number of units of blood not replaced.

Bld Ded 19

Blood Deductible

Please enter number of non replaced deductible units of blood supplied.

VaCd/Amt 20 21 22 23 24 25 26 27

Value Code

Please enter 1st value code.

Please enter 1st value amount.

Please enter 2nd value code.

Please enter 2nd value amount.

Please enter 3rd value code.

Please enter 3rd value amount.

Please enter 4th value code.

Please enter 4th value amount.

Deductbl 28

Deductible Amount

Please enter the cash and/or blood deductible amounts.

CoInsurn 29

Co-insurance Amount

Please enter amount collected from the patient toward the co-insurance.

Employee ID 30

Please enter employee ID number.

EmInData 31

Employment Information Data

Please enter employment information (enter ABCPSFM).

EmStCode 32

Employment Status Code

Please enter employee status code 1= Full-time 2= Part-time

EmLocatn 33

Employer Location

Please enter the specific employer location, the city, plant, etc.

Remarks 34 35 36

Please enter 1st remark line.
Please enter 2nd remark line.
Please enter 3rd remark line.

Bill Type 37

Please enter bill type.

7.8.9 CHDP Claim Questions

309999 STRATFORD RX TEST ACCOUNT

Form Pm160: Chdp Information

Account Identifier: 4658798 Class: MEDICARE
Name: ERMA TEMPLE

History	<input type="text"/>	HistAmt	0.00	Cnty	<input type="text"/>	Bwt	<input type="text"/>	Ott1	<input type="text"/>
Dental	<input type="text"/>	SnelAmt	0.00	CntyCode	<input type="text"/>	Vstp	<input type="text"/>	Ott1 Code	<input type="text"/>
Nutr	<input type="text"/>	AudiAmt	0.00	AidCode	<input type="text"/>	Sctp	<input type="text"/>	Ott1Amt	0.00
AGHE	<input type="text"/>	HemoAmt	0.00	LaCode	<input type="text"/>	TobPassSmk	<input type="text"/>	Ott2	<input type="text"/>
Develop	<input type="text"/>	UrdpAmt	0.00	EthCode	<input type="text"/>	TobUsed	<input type="text"/>	Ott2Code	<input type="text"/>
Snellen	<input type="text"/>	UrcpAmt	0.00	Hiblmm	<input type="text"/>	TobConsl	<input type="text"/>	Ott2Amt	0.00
Audio	<input type="text"/>	TBmpAmt	0.00	HibiAmt	0.00	WIC	<input type="text"/>	Ott3	<input type="text"/>
Hemo	<input type="text"/>	TBmxAmt	0.00	Mtpi	<input type="text"/>	Mccv	<input type="text"/>	Ott3Code	<input type="text"/>
Tbmp	<input type="text"/>	DtServ	02/02/2006	MtpiCode	<input type="text"/>	ReChk	<input type="text"/>	Ott3Amt	0.00
Tbmx	<input type="text"/>	DtnxVisit	//	MtpiAmt	0.00	ReChkDt	//	Oti1	<input type="text"/>
Hgb	<input type="text"/>	Polio	<input type="text"/>	B/P	<input type="text"/>	Dx1	<input type="text"/>	Oti1 Code	<input type="text"/>
Hct	<input type="text"/>	PoliAmt	0.00	Urdp	<input type="text"/>	Dx2	<input type="text"/>	Oti1Amt	0.00
Units	<input type="text"/>	DPT	<input type="text"/>	Urcp	<input type="text"/>	Dx3	<input type="text"/>	Oti2	<input type="text"/>
Height	<input type="text"/>	DptiAmt	0.00					Oti2Code	<input type="text"/>
Weight	<input type="text"/>							Oti2Amt	0.00
								Oti3	<input type="text"/>
								Oti3Code	<input type="text"/>
								Oti3Amt	0.00

Ddtinpr // Active Date //

History

History and Physical Exam
Please enter history and physical exam result code
Please enter history and physical exam fee

Dental

Dental Assessment/Referral
Please enter dental assessment result code

Nutr

Nutritional Assessment
Please enter nutritional assessment result code

AGHE

Anticipatory Guidance Health Education
Please enter antic. guidance health dev result code

Develop

Developmental Assessment
Please enter developmental assessment result code

Snellen

Snellen or Equivalent
Please enter Snellen or equivalent result code
Please enter Snellen or equivalent fee

Audio

Audio metric
Please enter audio metric result code
Please enter audio metric fee

Hemo

Hemoglobin or Hematocrit
Please enter hemoglobin or hematocrit result code
Please enter hemoglobin or hematocrit fee

TB Mp 11

Tb Multipuncture
Please enter Tb Multipuncture result code
Please enter Tb Multipuncture fee

TB Mx 12

Tb Mantoux
Please enter Tb Mantoux result code
Please enter Tb Mantoux fee
The following screens apply to OtTst 13, 14, and 15

Other Tests

- 1 Sickle Cell (13)
- 2 Lead:FEP (14)
- 3 Lead:Blood (15)
- 4 VDRL/RPR/ART (16)
- 5 G.C. Culture (17)
- 6 Pap Smear (18)
- 7 PKU:Blood (19)
- 8 Chlamydia (20)
- 9 Pelvic Exam (21)

B Leave Blank

Result codes

- A No Problem Suspected
- B Refused or Not needed
- C New Problem Suspected
- D Known Problem
- E Leave Blank

HGB 28

Hemoglobin
Please enter patient's hemoglobin

HCT 29

Hematocrit

Please enter patient's hematocrit

Units

<A>=Inch, Pound, Ounce Unit

<M>=Metric Unit

Please enter <A>=inch, pound, ounce unit <M>=metric units

Height

Height

Please enter patient's height

Weight

Weight

Please enter patient's weight

HistAmt**SnelAmt****AudiAmt****HemoAmt****UrdpAmt****UrcpAmt****TBmpAmt****TBmxAmt****DtServ**

Date of Service

Please enter date of service

DtNxVisit

Next Visit

Please enter date of next visit

Polio

Immunization Results

A Given today/Up to date

B Given today/Not up to date

C Not given today/Up to date

D Refused or contra-indicated

E Leave Blank - No Answer

Please enter POLIO immunization status <A>,,<C>,<D>, or <E>.

PoliAmt**DPT**

Diphtheria, pertussis, tetanus

Immunization Results

A Given today/Up to date

B Given today/Not up to date

C Not given today/Up to date
D Refused or contra-indicated
E Leave Blank - No Answer

Please enter DPT immunization status <A>,,<C>,<D>, or <E>.

DptiAmt**Cnty**

County

Please enter patient's county of residence

CntyCode**AidCode****L.A. Code**

L.A. Code

Please enter L.A. code

EthCode

Ethnic Code

Please enter patient's ethnic code

Ethnic Codes

1 Am. Indian

2 Asian

3 Black

4 Filipino

5 Hispanic

6 White

7 Other

8 Pacific Is

9 Leave Blank

HibiImm

Immunization Results

A Given today/Up to date

B Given today/Not up to date

C Not given today/Up to date

D Refused or contra-indicated

E Leave Blank - No Answer

Please enter Hib Cv immunization status <A>,,<C>,<D>, or <E>.

HibiAmt**Mtpi****MtpiCode****MtpiAmt****B/P**

Blood Pressure

Please enter patient's blood pressure

Urdip

Urine Dipstick

Please enter urine dipstick result code

Please enter urine dipstick fee

Urcmp

Complete Urinalysis

Please enter complete urinalysis result code

Please enter complete urinalysis fee

BtWt

Birth Weight

Please enter patient's birth weight

Vstp**Sctp****TobPassSmk**

Patient Exposed to Passive Smoke

Please enter Y/N is patient exposed to tobacco smoke?

TobUsed

Tobacco used by Patient

Please enter Y/N does the patient use tobacco?

TobConsl

Counseled About Tobacco Prevention?

Please enter Y/N was the patient referred for tobacco use counseling?

WIC

Please enter Y/N - was patient enrolled in WIC?

Mccv**ReChkDt**

Screening Procedure Recheck

Please enter procedure recheck date

RchkDt**Dx1****Dx2****Dx3**

Diagnosis Code

Please enter diagnosis code

Ott1, Ott1 Code, Ott1Amt

Other Immunization #1 Code

Immunization Type

1 Measles (34)

2 Mumps (35)

3 Rubella (36)

4 Hib (37)

5 Polio (IPV) (39)

6 Leave Blank - No answer

Please enter other immunization #1 code
Please enter the fee.

Ott2, Ott2 Code, Ott2Amt

Other Immunization #2 Code
Immunization Type
1 Measles (34)
2 Mumps (35)
3 Rubella (36)
4 Hib (37)
5 Polio (IPV) (39)
6 Leave Blank - No answer

Please enter other immunization #2 code
Please enter the fee.

Ott3, Ott3 Code, Ott3Amt

Other Immunization #3 Code
Immunization Type
1 Measles (34)
2 Mumps (35)
3 Rubella (36)
4 Hib (37)
5 Polio (IPV) (39)
6 Leave Blank - No answer

Please enter other immunization #3 code
Please enter the fee.

Oti1, Oti1 Code, Oti1Amt

Other Test #1
Please enter the number of the other test #1
Please enter the other test #1 result code
Please enter the other test #1 fee

Oti2, Oti2 Code, Oti2Amt

Other Test #2
Please enter the number of the other test #2
Please enter the other test #2 result code
Please enter the other test #2 fee

Oti3, Oti3 Code, Oti3Amt

Other Test #3
Please enter the number of the other test #3
Please enter the other test #3 result code
Please enter the other test #3 fee

InScr 39

Initial Screen
Please enter Y/N was this an initial screen?

PtISc 45

Partial Screen
Please enter Y/N is this a partial screen?

Mcal 47

Covered by Medicaid

Please enter Y/N Is patient covered by Medi-Cal?

MMR 33

Measles, mumps, rubella

Immunization Results

A Given today/Up to date

B Given today/Not up to date

C Not given today/Up to date

D Refused or contra-indicated

E Leave Blank - No Answer

Please enter MMR/MuR/MB immunization status <A>,,<C>,<D>, or <E>

Please enter the fee.

Immunization Type

1 MMR (measles/mumps/rubella)

2 MuR (mumps/rubella)

3 MR (measles/rubella)

4 Leave Blank - No answer

Please enter MMR/MuR/MB immunization type 1,2,3,4.

Immunization Results

A Given today/Up to date

B Given today/Not up to date

C Not given today/Up to date

D Refused or contra-indicated

E Leave Blank - No Answer

RefTo 21

Referred to (first)

Please enter (first) person referred to

RefTo 22

Referred to (second)

Please enter (second) person referred to

Cmmts 23

Comments

A pop-up screen will appear which is labeled Enter Comments/Problems

Press [ESC] to quit without saving

Press [CTRL+W] to save your notes

NewPt 38

New Patient

Please enter Y/N was this a new patient or an extended visit?

7.8.10 Ambulance Claim questions PTNSGA

The screenshot shows a software window with the following fields and values:

309999 STRATFORD RX TEST ACCOUNT	
Edi Information (ambulance) Nsga	
Account Identifier	4658798
Class	MEDICARE
Name	ERMA
	TEMPLE
Reserved Field #4	<input type="text"/>
Bed Confined - before	<input type="text"/>
Patient's weight	<input type="text"/>
Bed Confined - after	<input type="text"/>
Hospital Admit	<input type="text"/>
Moved by Stretcher	<input type="text"/>
Type of Transport	<input type="text"/>
Unconscious/Shock	<input type="text"/>
Transported to/for	<input type="text"/>
Emergency situation	<input type="text"/>
Medically necessary	<input type="text"/>
Physical restraints	<input type="text"/>
Miles	<input type="text"/>
Visible Hemorrhaging	<input type="text"/>
Pickup/Origin Info	<input type="text"/>
Services Available	<input type="text"/>
Origin Info	<input type="text"/>
Destination Info	<input type="text"/>
Purpose of round trip	<input type="text"/>
Purpose of stretcher	<input type="text"/>
Reason	<input type="text"/>
<input type="button" value="Save this information"/> Active Date <input type="text" value="/ /"/> <input type="button" value="Delete"/>	

These claim questions are for 'ambulance' providers. Note that some of the text boxes are for the ANSI v5010 and may not apply to v4010. In most cases a default will be in the software to handle it correctly in case you use one of those text boxes. Please notify Stratford software for more information.

7.8.11 DME Cert Claim questions PTNSGD

309999 STRATFORD RX TEST ACCOUNT

Edi (dme Certification) Nsgd

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

Cert Type	<input type="checkbox"/>	Matt/Sidrail	<input type="checkbox"/>	Ord Prov Last	<input type="text"/>
Med Nec	<input type="checkbox"/>	Equip/assis	<input type="checkbox"/>	Ord Prov First	<input type="text"/>
Prognosis	<input type="text"/>	Orth impair	<input type="checkbox"/>	Ord Prov MI	<input type="text"/>
HCPCS Proc	<input type="text"/>	Plan regim	<input type="checkbox"/>	Ord Prov ID	<input type="text"/>
Ambulatory	<input type="checkbox"/>	Decub Ulc	<input type="checkbox"/>	Ord Prov Phone	<input type="text"/>
Amb/Ther	<input type="checkbox"/>	Equip Use	<input type="checkbox"/>	Date Cert	<input type="text"/>
Cnf Bed/Ch	<input type="checkbox"/>	Insul dep	<input type="checkbox"/>	Cert On File	<input type="checkbox"/>
Room Conf	<input type="checkbox"/>	Diab ctrl	<input type="checkbox"/>	Resp Tract	<input type="checkbox"/>
Amb/Mobil	<input type="checkbox"/>	Apnea epis	<input type="checkbox"/>	Dx 1	<input type="text"/>
Body Posit	<input type="checkbox"/>	Surg Alter	<input type="checkbox"/>	Dx 2	<input type="text"/>
Resp/other	<input type="checkbox"/>	Tot Knee re	<input type="checkbox"/>	Dx 3	<input type="text"/>
Breath imp	<input type="checkbox"/>	Date surg	<input type="text"/>	Dx 4	<input type="text"/>
Freq/Imm ch	<input type="checkbox"/>	Date CPM	<input type="text"/>	NursHomeInd	<input type="checkbox"/>
Operate cnt	<input type="checkbox"/>	Lymphedema	<input type="checkbox"/>	NH From Date	<input type="text"/>
Siderail Part	<input type="checkbox"/>			NH To Date	<input type="text"/>
Owns Equip	<input type="checkbox"/>			Man Operat	<input type="checkbox"/>
				SideTranChr	<input type="checkbox"/>

Narrative:

 Active Date:

7.8.12 DME Info Claim questions PTNSGU

309999 STRATFORD RX TEST ACCOUNT

Edi (dme Information) Nsgu

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

General CMN Form: 02.03 L01 ALN Questions Other ALN Questions

Cert type	<input type="text"/>	DiagCode 1	<input type="text"/>	InitialDate	///
PlaceOfServ	<input type="text"/>	DiagCode 2	<input type="text"/>	RevRecertDt	///
Replaceltem	<input type="text"/>	DiagCode 3	<input type="text"/>	DtCertSign	///
CPCS Proc	<input type="text"/>	DiagCode 4	<input type="text"/>	Ord Prov Phon	<input type="text"/>
HCPCS Mod	<input type="text"/>	LengthNeed	<input type="text"/>	Cert On File	<input type="text"/>
WrntyReply	<input type="text"/>	Pt Height	85	AnswerName	<input type="text"/>
WrntyLength	<input type="text"/>	Pt weight	180	AnswerTitle	<input type="text"/>
WrntyType	<input type="text"/>	DtLastMedEx	///	AnswerEmpl	<input type="text"/>
				CertFormNo	<input type="text"/>

Save this information Active Date: 02/02/2006 Delete

309999 STRATFORD RX TEST ACCOUNT

Edi (dme Information) Nsgu

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

General CMN Form: 02.03 L01 ALN Questions Other ALN Questions

Question #1 (Y/N/D)

Question #2 (Y/N/D)

Question #3 (Y/N/D)

Question #4 (Y/N/D)

Question #5 (Y/N/D)

Question #6 (Y/N/D)

Save this information Active Date: 02/02/2006 Delete

309999 STRATFORD RX TEST ACCOUNT

Edi (dme Information) Nsgu

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

General CMN Form: 02.03 **L01 ALN Questions** Other ALN Questions

ALN L01 N01	<input type="text"/>	ALN L01 N09	<input type="text"/>	ALN L01 N17	<input type="text"/>
ALN L01 N02	<input type="text"/>	ALN L01 N10	<input type="text"/>	ALN L01 N18	<input type="text"/>
ALN L01 N03	<input type="text"/>	ALN L01 N11	<input type="text"/>	ALN L01 N19	<input type="text"/>
ALN L01 N04	<input type="text"/>	ALN L01 N12	<input type="text"/>	ALN L01 N20	<input type="text"/>
ALN L01 N05	<input type="text"/>	ALN L01 N13	<input type="text"/>	ALN L01 N21	<input type="text"/>
ALN L01 N06	<input type="text"/>	ALN L01 N14	<input type="text"/>	ALN L01 N22	<input type="text"/>
ALN L01 N07	<input type="text"/>	ALN L01 N15	<input type="text"/>	ALN L01 N23	<input type="text"/>
ALN L01 N08	<input type="text"/>	ALN L01 N16	<input type="text"/>	ALN L01 N24	<input type="text"/>

 Active Date: 02/02/2006

309999 STRATFORD RX TEST ACCOUNT

Edi (dme Information) Nsgu

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

General CMN Form: 02.03 L01 ALN Questions **Other ALN Questions**

ALN L05 N01	<input type="text"/>	ALN L20 N01	<input type="text"/>	NUM L04 N01	<input type="text"/>
ALN L05 N02	<input type="text"/>	ALN L60 N01	<input type="text"/>	NUM L04 N02	<input type="text"/>
ALN L05 N03	<input type="text"/>			NUM L04 N03	<input type="text"/>
				NUM L04 N04	<input type="text"/>
ALN L08 N01	<input type="text"/>	NUM L01 N01	<input type="text"/>	NUM L04 N05	<input type="text"/>
ALN L08 N02	<input type="text"/>	NUM L01 N02	<input type="text"/>	NUM L04 N06	<input type="text"/>
ALN L08 N03	<input type="text"/>	NUM L01 N03	<input type="text"/>	NUM L04 N07	<input type="text"/>
ALN L08 N04	<input type="text"/>				
				PCT L04 N01	<input type="text"/>
				PCT L04 N02	<input type="text"/>
				PCT L04 N03	<input type="text"/>

 Active Date: 02/02/2006

7.8.13 Oxygen Claim questions PTNSGX

The screenshot shows a software window titled "309999 STRATFORD RX TEST ACCOUNT" with a sub-header "Edi (oxygen) Information Nsgx". The form contains the following fields:

Account Identifier	4658798	Class	MEDICARE		
Name	ERMA		TEMPLE		
Cert Type		ArterBldGas		Dx 1	
Oxygen Sys		Oximetry		Dx 2	
Len of need		Date Tested	//	Dx 3	
Equip Type 1		Test Facility		Dx 4	
Equip Type 2		Test Condition		Test Narr	
Equip Reason		Clin Finding		Pat Facility	
Rx From Date	//	PortOxFlow		Cert On File	
Rx To Date	//	Ord Prov ID		DelSysType	
Date Rxed	//	Ord Prov Phone			
Date Eval	//	Test Facility			
OxyFlowRate		Finding Narr			
Freq of use		Exerc Narr			
Duration					
Other					

At the bottom of the form, there is a green "Save this information" button, an "Active Date" field with "//", and a "Delete" button.

These questions are for those providers who need to bill for 'Oxygen'

7.8.14 Vision claim information PTNSVI

309999 STRATFORD RX TEST ACCOUNT

Edi (vision) Information Nsvi

Account Identifier	4658798	Class	MEDICARE
Name	ERMA		TEMPLE

	Spectacle lenses	Contact lenses	Spectacle frames
General standard of 20 degree or .5 diopter sphere or cylinder change met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement due to loss or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement due to breakage or damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement due to patient preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement due to medical reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prescription date

Notes

Active Date

7.8.15 Chiropracter claim questions PTNSGC

The screenshot shows a software window with a blue title bar containing the text "309999 STRATFORD RX TEST ACCOUNT" and standard window control buttons. The main content area is titled "Edi (chiropractor) Information Nsgc" and contains the following fields:

- Account Identifier: 4658798
- Class: MEDICARE
- Name: ERMA (left) and TEMPLE (right)
- Reserved Field #4: [Empty]
- Initial treatment date: //
- Date of last XRay: //
- Treatment number / Number in series: [Empty] Example: 15/20
- Subluxation level: [Empty]
- Treatment Months/Years: [Empty] Example: M10 = 10 months or Y2 = 2 years
- No Treatments this month: [Empty]
- Nature of condition: [Empty]
- Date of manifestation: //
- Complication Ind: [Empty]
- Symptoms description: [Empty]

At the bottom of the form, there is a green "Save this information" button, an "Active Date" field with "//", and a "Delete" button.

7.8.16 Wisconsin Chiropractor Claim questions PTNSHA

The screenshot shows a software window with a blue title bar containing the text '309999 STRATFORD RX TEST ACCOUNT'. Below the title bar is a white header area with the text 'Edi Wisconsin Chiropractor Information Nsha'. The main content area is a light beige form with several input fields and buttons. The fields are: 'Account Identifier' with the value '4658798', 'Class' with the value 'MEDICARE', 'Name' with the value 'ERMA' and a second empty field, 'XRay Information' (empty), 'Area of Pain' (empty), 'Level of manipulation' (empty), 'Classification of Sublux' (empty), and 'Date of new injury' with the value ' / /'. At the bottom, there is a green button labeled 'Save this information', an 'Active Date' field with the value ' / /', and a 'Delete' button.

Account Identifier	4658798	Class	MEDICARE
Name	ERMA		TEMPLE
XRay Information			
Area of Pain			
Level of manipulation			
Classification of Sublux			
Date of new injury	/ /		
Save this information	Active Date	/ /	Delete

7.8.17 Doctor's first report questions PTFD

309999 STRATFORD RX TEST ACCOUNT

Form 5021: Doctor's First Report Information

Account Identifier: 4658798 Class: MEDICARE
 Name: ERMA TEMPLE

General	Narrative
Business	Fr Treatment
Occupation	Date Fr Print
Previous Treatment	Other Doctors
Injury At	Who Engaged
County	
Hour Of Injury	Date Last Worked
	Return to Work
Date First Exam	Date Return Reg Work
Hour First Exam	Date Return Mod Work
Take XRay	
Date of Hosp	Date of Death
Estimated Stay	

Names

Provider	UPIN
Employer	ID
Payer	ID
Facility	ID

Save this information Active Date Delete

309999 STRATFORD RX TEST ACCOUNT

Form 5021: Doctor's First Report Information

Account Identifier: 4658798 Class: MEDICARE

Name: ERMA TEMPLE

General Narrative

Employee Statement Remarks

Nature of Injury Subjective

XRay Findings Diagnosis

Treatment Const/Expl

Restrictions Delay

Disability

Save this information Active Date: // Delete

7.9 Creating Insurance Forms

In the insurance section you entered the basic insurance information and completed the insurance claim questions. In this section you will learn how to create and print your insurance forms.

7.9.1 Creating Insurance Forms

First you must be in the Insurance Claim Form Programs menu. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.

You will see a display similar to the one below. The selections that you see on your insurance directory will depend on where you are located. Your insurance directory might not look like the sample below.

- 1 Create ALL Private Pay
- 2 Create ALL Industrial
- 3 Create ALL Medicaid

- 4 Create ALL Medicare
- 5 Create ALL Tn/A1 UB-92 (CMS-1450) Facility (Dialysis)

Now you can just simply click on one of the selections.

SSI®Note: The program will look at the status codes and find all the transaction lines preceded by a lower case letter i. The program will create an insurance form for each patient who has transaction line(s) with the lower case i. When the program has created the form it will change the lower case i to an upper case I. See the Lookup Patient Charges screen for more information.

The creation of the form and the printing are separate operations. In other words you may create a form and print it later.

7.9.2 Demanding Insurance

Once you have printed a charge on an insurance form, the charge will not be picked up automatically again. If you want to print it on a form again, for any reason, you must DEMAND a new form. For example, if a patient called you and told you that the insurance company never received the insurance form, then you could print another one for the same period as the lost form.

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Demand Forms button at the lower right hand corner of the screen.
3. This will take you to the Lookup Form Type screen. Here you must click and select the form type you wish demand. For example you would select 511 for Private claims.
4. Next you will be asked to choose the BEGINNING and ENDING DATES. Just enter the date range you want and the claims will be created after you click on Select these dates.

7.9.3 Printing Insurance

After the some claims have been demanded or created, new selections will appear at the Accounts receivable (main) directory. These include something like:

- 9 You have 4 files that have not be printed/processed
- 10 You have 9 audit files that have not been printed.

Now you simply click on a selection 9 or 10. Then a list of files will appear. For example if you choose 9 then the list of files will look something like:

M6R911.LST PRIVATE CARRIERS ECS(IMS) 456 PAGES
M6R511.LST 92 CMS-1500 PRIVATE PAY 1456 PAGES
M6R564.LST Medicare 21456 pages

Don't print/process any files

You can click on any of these files for the Print/View/Erase menu to appear. From this menu you can select Print this file to print the file.

7.9.4 Reprint a transaction

How to have a transaction appear on a future insurance claim after it has already been printed.

The obvious way is to demand the insurance claim and enter the date(s) of the transaction(s). This will override any 'flags' and will force that transaction to appear on an insurance claim - even if it has already appeared on a previously created claim.

Question: Is there a way to have this transaction appear in the 'full run' of insurance claims that you create from the main menu?

Discussion: When you create your insurance claims from the main menu (not by demanding them) a 'flag' is set in the transaction that will prevent that transaction from appearing on a future insurance claim.

Look at the transaction you want to change in the open item transaction lookup screen: (See the upper case 'I'? that means this charge has been printed on the primary insurance. The '-' next to it means there is no secondary insurance.)

300006 Stratford Trial Account

Lookup All Open-item Transactions For This Account

Account Identifier: 10001 Class: MEDICARE
 Name: JACKIE JONES
 Balance: \$173.00 Account running total: 0.00

Buttons: Add a New charge, Add a new Pmt, +adj, -adj, memo, non-print memo, Edit/Revise, Resort this display

Type	ASII	Dr	Date	Procedure	Qty	Description	Amount	OpenBalance	Dx1	POS	Srch
Chg	a s I	01	02/01/2010	90806	1.0	45 TO 50 MIN FACE TO	35.00	35.00	304.12	32	
Chg	a s I -	01	02/05/2010	90841	1.0	PSYCHOTHERAPY	68.00	68.00	304.12	32	
Chg	a s I -	01	04/20/2010	90806	1.0	45 TO 50 MIN FACE TO	35.00	35.00	313.1	11	
Chg	a s I -	01	07/04/2010	90806	1.0	45 TO 50 MIN FACE TO	35.00	35.00	671.84	11	

Press the Edit/Revise button to see the next screen so you can change this flag.

Notice the 'Y' in the first position of this text box. This means that this transaction has been printed on the primary insurance.

300006 Stratford Trial Account

Charge Entry

Account Identifier: 10001 Class: MEDICARE

Name: JACKIE JONES

Balance: \$173.00 Account running total: 0

Date	Procedure	Quantity	Description	Amount	POS	Dx 1
02/05/2010	90841	1.0	PSYCHOTHERAPY	68.00	32	304.12
	Mod 1					Dx 2
	Mod 2					Dx 3
	Mod 3					Dx 4
	Mod 4					

Auto-Transaction lookup code or Justpress TAB
1=charge (default)
7=Pre-auth

Start time: []
Stop time: []

Open balance: 68.00

Facility location

Facility name: HNH NPI: [] HINCHAM NURSING HOME User ID: 304911

Provider: 01 FRANCIS, MARY Audited?: N

Print anywhere?: Y EOM Audit?: N

Print on insurance?: Y Active Date: 02/08/2010

Print on statement?: Y Printed on Insurance: Y

Optional to date: / / Printed on Statement: []

TOS: V Date last ins print: 02/08/2010

Revenue Code: [] Date last smt print: / /

Research Code: []

Save this information Delete

Answer 1: You can always reprint this transaction by demanding an insurance claim with this date of service.

Answer 2: You can also right-click on this text box to get this display:

Transaction print flags

1=Set this transaction flag to print on insurance.

2=Do nothing

If you select number 1, you will set the flag to 'not printed' so this transaction will print again the next time you create a 'full run' of patient insurance forms. Note that all the insurance flags will be set, so if the patient has coverage by 2 insurance companies, both flags will be set.

300006 Stratford Trial Account

Charge Entry

Account Identifier: 10001 Class: MEDICARE

Name: JACKIE JONES

Balance: \$173.00 Account running total: 0

Date	Procedure	Quantity	Description	Amount	POS	Dx 1
02/05/2010	90841	1.0	PSYCHOTHERAPY	68.00	32	304.12
	Mod 1					Dx 2
	Mod 2					Dx 3
	Mod 3					Dx 4
	Mod 4					

Open balance: 68.00

Auto-Transaction lookup code or Justpress TAB
1=charge (default)
7=Pre-auth

Start time:
Stop time:

Facility location

Facility name: HNH NPI: HINGHAM NURSING HOME User ID: 304911

Provider: 01 FRANCIS, MARY Audited?: N

Print anywhere?: Y EOM Audit?: N

Print on insurance?: Y Active Date: 02/08/2010

Print on statement?: Y Printed on insurance:

Optional to date: / / Printed on statement:

TOS: V Date last ins print: 02/08/2010

Revenue Code: Date last smt print: / /

Research Code:

Be sure to save!

Note that the text box has been cleared exactly the way it looks when this transaction has never been printed on an insurance claim. The 'Date of last insurance' text box still gives you the date that it was previously printed. If you do create a new insurance claim with this transaction, the 'Date of last insurance' will be changed.

Be sure that you press the 'Save this information' button anytime you make any changes or your changes will not be saved.

Now look at the open item transaction lookup screen. Note that now that transaction has a lower case 'i' which indicates that this transaction has not been printed on the primary insurance claim.

300006 Stratford Trial Account

Lookup All Open-item Transactions For This Account

Account Identifier: 10001 Class: MEDICARE
 Name: JACKIE JONES
 Balance: \$173.00 Account running total: 0

Type	AS	I	Dr	Date	Procedure	Qty	Description	Amount	OpenBalance	Dx1	POS	Srch
Chg	a	s	l	01	02/01/2010	90806	1.0	45 TO 50 MIN FACE TO	35.00	35.00	304.12	32
Chg	a	s	l	01	02/05/2010	90841	1.0	PSYCHOTHERAPY	68.00	68.00	304.12	32
Chg	a	s	l	01	04/20/2010	90806	1.0	45 TO 50 MIN FACE TO	35.00	35.00	313.1	11
Chg	a	s	l	01	07/04/2010	90806	1.0	45 TO 50 MIN FACE TO	35.00	35.00	671.84	11

7.10 270 Eligibility inquiry

You can send an eligibility request to the patient's insurance payer. If you go into the patient account and select the insurance that you want to inquire about, you will see a screen like this:

309999 STRATFORD RX TEST ACCOUNT

Patient Insurance Entry

Account Identifier 10002 Class PRIVATE
 Name JOSEPH CALVI

Insurance Company Information
 Payer lookup MEDICARE ID MEDICARE
 Address 1 Paper Form Type 564
 City St Zip EDI Form Type 964
 Phone 1 () -

Subscriber Information
 Subscriber Relation to patient 18
 Address 1 Signature to release info 1
 City St Zip Signature to assign payment 1
 Phone 1 Ph 2 Accept assignment 1
 Data of birth / / Id 699012702A
 Sex SSN Group No
 Grp Name
 Patient/Member ID
 Employer ID

Insurance coverage order 2 Secondary Active Date 04/26/2006
 Default class behavior 4 Medicare Inactive Date / /

Edit the EDI insurance control files Eligibility inquiry Claim status inquiry

Save this information Delete

Press the button labeled 'Eligibility inquiry' This will create a standard ANSI X.12 270 request file. You can setup as many requests as you want and send all of them in one transmission. After pressing the button you will get a confirmation screen. When you are ready to transmit the request, go to the main directory and transmit the same as you would for an insurance claim.

In order to inquire you may need to change some information on the insurance control screen below:

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl m6r964.dat m6p964.ini m6r964_s.dat **m6r9xx_e.dat**

EDI - Eligibility 270

Transmission records

ISA06	BBB33333B	Carriernumber	31140
ISA07	ZZ	Clearinghouse	
ISA08	31140		
ISA15	P		
GS02	BBB33333B		
GS03	31140		

EDI format

ISA12	00401	Element Separator	124
GS08	004010X098A1	Sub-Element Separator	094
		Segment terminator	126

7.11 276_Claim Status Inquiry

See Insurance claims inquiry (276/277) in the tutorial section above.

*Stratford Software, Inc.
EDI and practice management software*

Part

VIII

8 Appointment Scheduling

Before you begin to use a computerized appointment schedule you must always keep in mind that your computer is going to fail and you are going to (potentially) lose some (or all) of your patient information. If this has not happened to you, you have been lucky so far, but your luck will run out some day. Think what would happen if you lost an unknown number of appointments for today as well as an unknown days in the future. If you have more than one provider's appointments on a single computer, your potential problems are multiplied. You could have a serious mess if you do not have a current backup.

We recommend that an appointment schedule should only be on a file server if you have a network with multiple users accessing the appointment schedule. No person should be allowed to do any work on that file server except while making a backup. No data entry should be done on the file server.

This file server should have RAID 5 or better security. RAID 5 will (should) keep your data safe even if one hard drive fails. RAID 6 will (should) keep your data safe even if two hard drives fail at the same time. When a computer's hard drives near the age of the warrantee (usually 3 or 5 years), you are on dangerous grounds. What if you buy a good quality server today. It has RAID 6. Then 5 or more years from now, you have a power failure or something like that and 3 or more drives fail to start? You would lose everything. Think about that. Keeping data on a hard drive, no matter how expensive or secure is simply not secure.

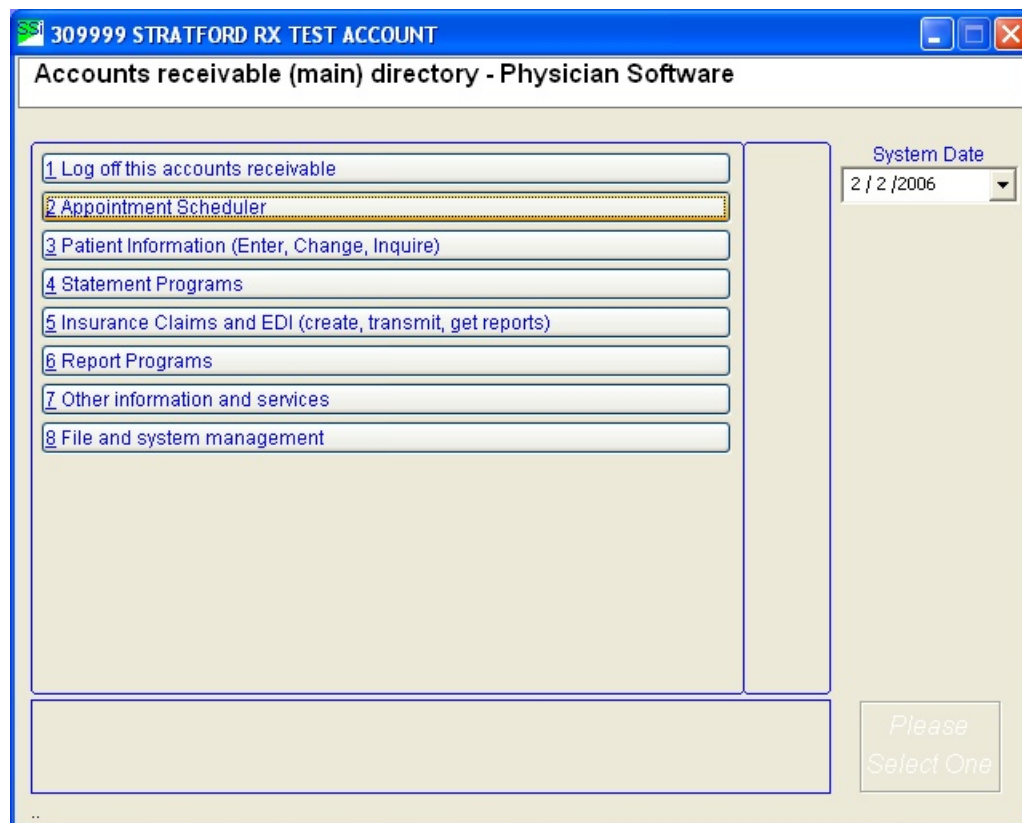
You must have a permanent off line backup. Our preference at this time is CD/DVD-R. The reason for CD/DVD instead of some kind of tape or other proprietary backup is that almost any computer can read a CD/DVD. The data should be 'zipped' before copying to the CD/DVD. The reason is that the files will not be forced to be read-only. 'Winzip compatible zip' can be extracted by almost any computer. You can have a major hardware failure and be running again in a short time.

An excellent alternative to a file server is a NAS (Network Attached Storage) like ReadyNAS by Netgear. These cost about the same as a server, but no one can do data entry on them because there is no keyboard, mouse or display. You control them from another computer on the network. Most NAS hardware has 'hot-swap' hardware. In other words, you could have a hard drive failure - remove it while everyone keeps working and replace it, again while everyone is working. The NAS firmware will rebuild the missing data on the new drive. A NAS does not substitute for a good, permanent, off-line backup as described above.

In this section you will learn how to set up the appointment scheduler and how to make appointments.

Once you have entered your appointments you may print out your appointment schedule. You may sort the appointments by date, provider, or patient.

Select #2 from the main menu



Below is the appointment schedule screen for 2 providers. Note there are 4 appointments scheduled for the provider named "READY". There are only 3 bars, but notice that the 1st bar is really 2 appointments. One appoint overlaps the other beginning about 9:20. We know this because it has a grey area over the center of the bar. There is a black vertical line at the left side of the grey area about 9:20. This marks the beginning of the overlapping appointment. The grey 'overlapping' area ends about 9:50. This is the end of the appointment that is 'under' the other. If you wish to know the names of the patients and the times, hold your mouse cursor over the appointment bar for a second.

The screenshot shows the 'Appointment Scheduler' window for '309999 STRATFORD RX TEST ACCOUNT'. The interface includes fields for patient ID, Name, and phone numbers. A calendar on the right shows the current date as February 2, 2006. The main schedule area displays a grid for Thursday, February 2, 2006, with time slots from 8:00 to 4:00. Two providers are listed: 'READY' and 'JONES'. The 'READY' provider has four appointment bars: one from 8:00-9:00, one from 9:00-10:00 with a grey overlapping area from 9:20-9:50, one from 10:00-11:00, and one from 1:00-2:00. The 'JONES' provider has one appointment bar from 12:00-1:00. At the bottom, there are navigation buttons: 'Show One Year', '<< Default >>', 'Search / Add Patient', and 'Print Schedule'.

You will see a 'tool tip' with the 2 appointments listed in time order. In this case, it is obvious that Erma Temple's appointment is the left most appoint bar because it starts at 8:55 while the Jack Arbagast's appointment begins at 9:23. The Jack Arbagast appointment starts at the left edge of the grey area, there also is a black vertical line marking the beginning of the appointment.

The screenshot shows a software window titled "309999 STRATFORD RX TEST ACCOUNT" and "Appointment Scheduler". At the top, there are input fields for ID, Name, Phone 1, and Phone 2. Below this is a calendar view for Thursday, February 2, 2006, with a time grid from 8:00 to 4:00. Two appointments are visible: one for Erma Temple starting at 8:55 and one for Jack Arbagast starting at 9:23. A tooltip is displayed over the 9:23 appointment, listing the patient names and IDs in chronological order: "08:55 TEMPLE, ERMA ID:4658798" and "09:23 ARBAGAST, JACK ID:4658798-G". To the right of the calendar is a monthly calendar for February 2006 and a date range selector with "Begin", "End", and "System" fields, all set to 02/02/2006. At the bottom, there are navigation buttons: "Show One Year", "Default", "Search / Add Patient", and "Print Schedule".

If you wish to see more details about either of these appointments, you can right-click on the appointment bar. Below see the result when we right-click on the overlapping appointments (double-booking) discussed above.

The screenshot shows the 'Appointment Scheduler' window for '309999 STRATFORD RX TEST ACCOUNT'. The main area displays a calendar for Thursday, February 2, 2006, with a time slot from 8:00 to 4:00. Two overlapping appointments are visible: 'READY' and 'JONES'. A context menu is open over the overlapping area, listing the following options:

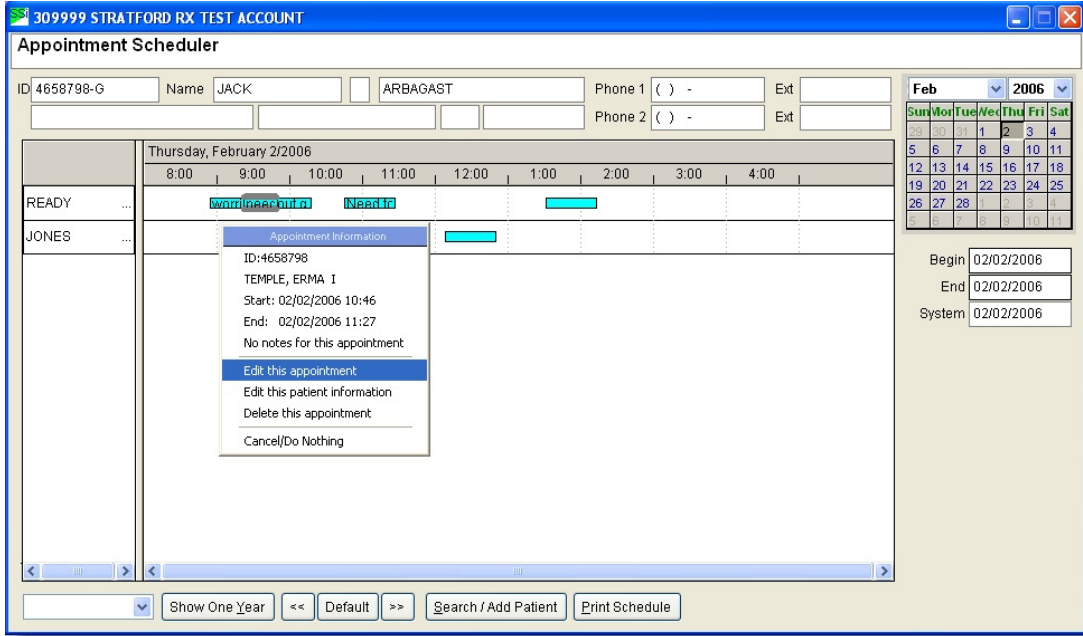
- Select one of these appointments
- ARBAGAST, JACK ID:4658798-6 ** No notes for this appointment
- TEMPLE, ERMA ID:4658798 ** No notes for this appointment
- Cancel/Exit - this menu

On the right side of the window, there is a calendar for February 2006 and a date selection area with the following values:

- Begin: 02/02/2006
- End: 02/02/2006
- System: 02/02/2006

At the bottom of the window, there are several buttons: 'Show One Year', '<< Default >>', 'Search / Add Patient', and 'Print Schedule'.

If you wish to edit/inquire about the appointment for Erma Temple, click on her name in this 'shortcut menu'. You will now see the screen below:



Click on the selection "Edit this appointment" and you will see the screen below:

309999 STRATFORD RX TEST ACCOUNT

Schedule Appointment Entry

ID: 4658798 Name: ERMA TEMPLE

READY Special schedule style:

Date & Time

Start: 02/02/2006 10:46:00 AM Repeat: None Until: 02/02/2006

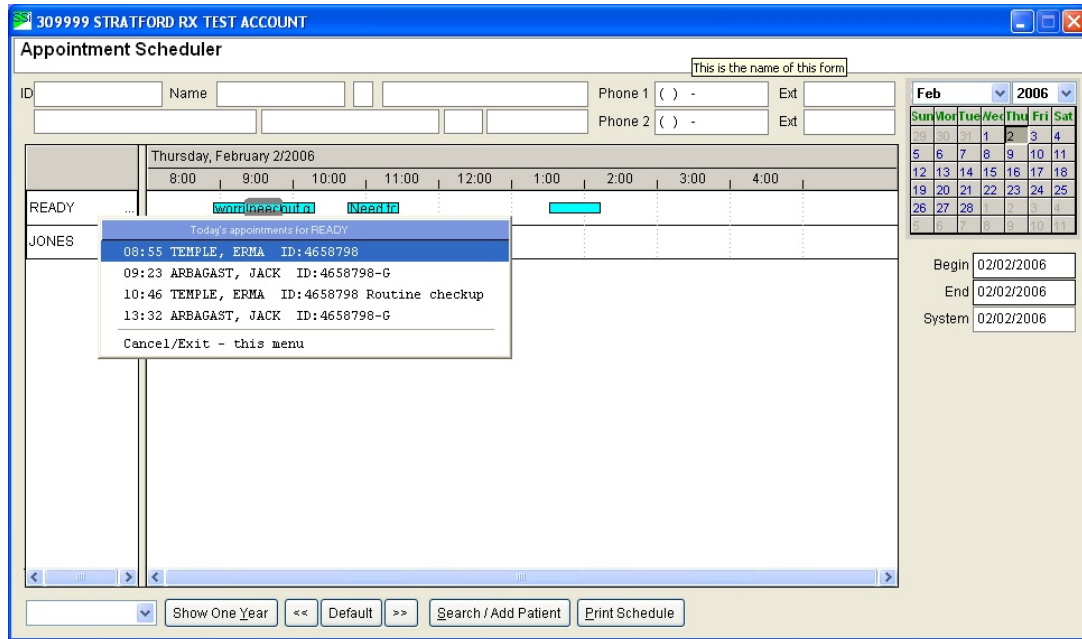
End: 02/02/2006 11:27:00 AM

Appointment Desc.: Need to discuss headaches

Appointment Notes: Routine checkup

Here you can make any changes you need to make.

If you would like to (instantly) see a listing on the screen (no printout) of all the appointments for the day for a selected provider, click on the left side of the schedule screen on the provider's name. You will see the screen below:



Note: this display of one day's appointments, one provider, is controlled by the 'report maintenance'. To get to this maintenance screen, go to the main directory and right-click on #2 schedule. Refer to the section in this manual titled One Day - One Provider. For example, in the display above, the screen shows the appointment at 1:32. On the 'report display' it shows this same appointment at 13:32 (military/24hr time). You can change this to be the same as the schedule display if you want.

8.1 Create New Appointment

From the Accounts receivable (main) menu

1. From the Accounts receivable (main) menu select Appointment Scheduler.
2. At the Appointment Scheduler you can create a new appointment by:
 - Click and drag on the start time of the appointment until you reach the desired end time. At the Appointment Entry screen find and select the patient for which the appointment will be.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Appointments button at the lower right hand corner of the screen. NOTE: If there isn't a

previous appointment for this patient the Appointment Entry screen will appear instead of the Lookup Appointments screen.

3. You will be taken to the Lookup Appointments screen. Here you must select the appointment you wish to edit and then click on the Add New button.
4. At the Appointment Entry screen you must enter a provider lookup. Once you are finished entering additional information, click the Save this appointment button.

8.2 Edit Existing Appointment

From the Scheduler

1. From the Accounts receivable (main) menu select Appointment Scheduler.
2. This will bring you to the Appointment Scheduler. To change an existing appointment you must right click on the bar that represents the appointment. Choose "Edit this appointment" to make changes to current appointment.
3. This will take you to the Appointment Entry screen for that patient. Make your changes and click on save.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Appointments button at the lower right hand corner of the screen.
3. You will be taken to the Lookup Appointments screen. Here you must select the appointment you wish to edit and then click on the Edit/Revise button.
4. At the Appointment Entry screen change the appointment as you see fit. Once you are finished, click the Save this appointment button.

8.3 Overlapping Appointments (Double Booking)

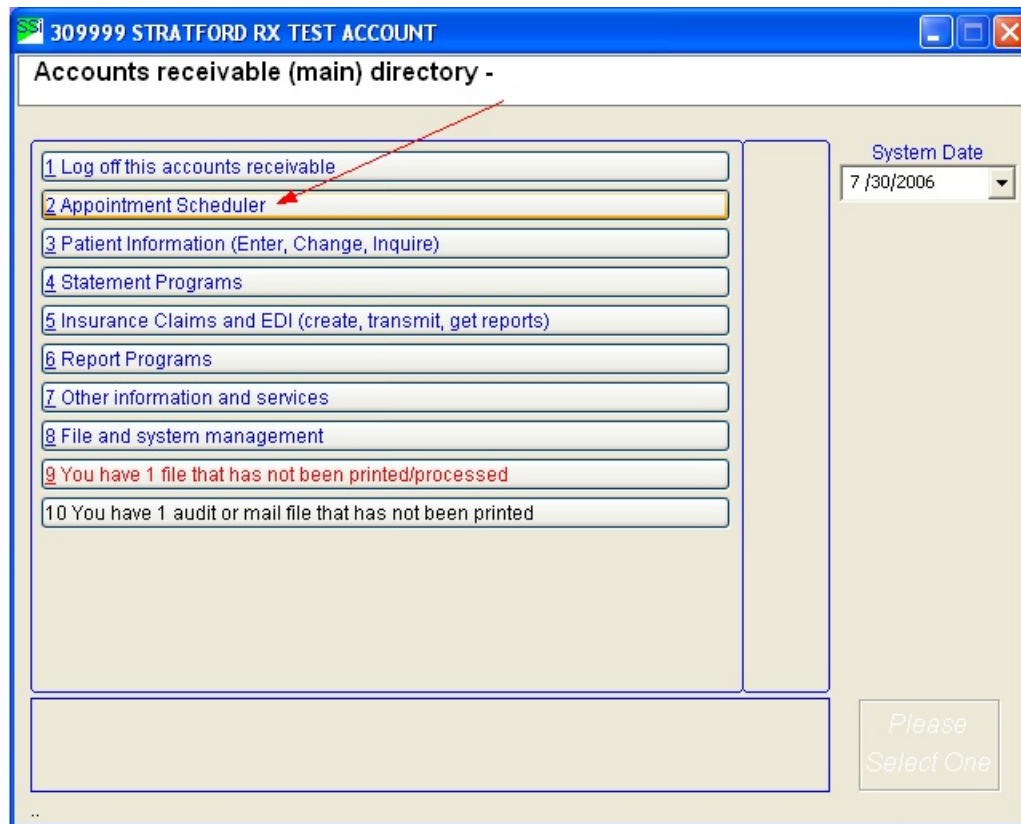
If the appointments are overlapping, a gray highlight bars will appear to highlight the overlapping times.

You can right click on any of the overlapping appointments then a selection menu will pop up. You can now select which appointments you want to edit or look at.

8.4 One Day - One Provider

There is a schedule screen that will show one day for one provider so that you can better see the day's appointments.

You can access this screen if you **right-click** on the 2nd main menu item



This will show today's appointments for the last provider that you used in this screen. You can change this display for the date and the provider by using the controls at the bottom of the screen.

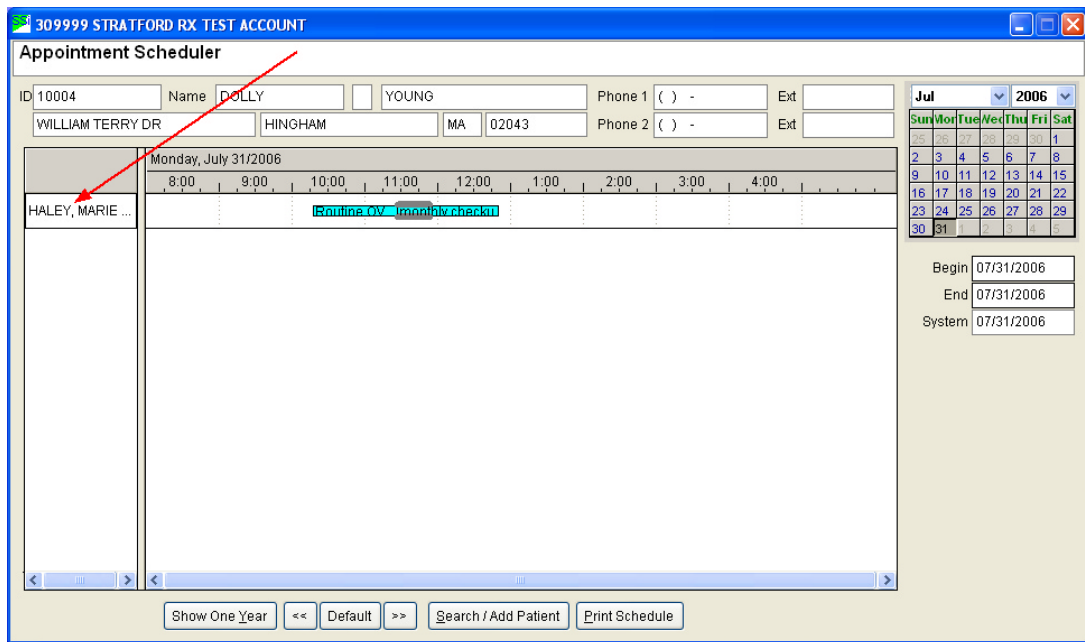
309999 STRATFORD RX TEST ACCOUNT

Daily Appointment Schedule

8	:00		
	:15		
AM	:30		
	:45		
	:00		
9	:15		
	:30		
	:45		
	:00		
10	:15	[YOUNG ,DOLLY]	
	:30	Routine DV	
	:45	CBC and SMA panel	
	:00		
11	:15		[WILDER ,KATIE]
	:30		monthly checkup
	:45		B/P , refill meds
	:00		
12	:00		
	:15		
PM	:30		
	:45		
	:00		
1	:15		
	:30		
	:45		
	:00		
2	:15		
	:30		
	:45		
	:00		
3	:15		
	:30		
	:45		
	:00		
4	:15		
	:30		
	:45		

Provider 01 HALEY MD, MARIE F 7/31/2006 Print Maintenance Exit

Another way to access this one-day/one-provider screen is from the main schedule screen. Shift-Left-click on the left column of the schedule where the provider entry is located. If you just Left-click you will get a simple 'short-cut' menu with all of the appointments for that provider for the day that is displayed. if you right-click you will see the setup screen for that provider. This may seem complicated, but if you use it a lot, you will do it without thinking.



Here you will see a one day schedule using the provider that you clicked on the main schedule and the day that is showing on the main schedule. As always, you can change the one-day display.

309999 STRATFORD RX TEST ACCOUNT

Daily Appointment Schedule

Time	Appointment
8:00 AM	
8:15 AM	
8:30 AM	
8:45 AM	
9:00 AM	
9:15 AM	
9:30 AM	
9:45 AM	
10:00 AM	
10:15 AM	[YOUNG, DOLLY] Routine OB CBC and SMA panel
10:30 AM	
10:45 AM	
11:00 AM	
11:15 AM	[WILDER, KATIE] monthly checkup B/P , refill meds
11:30 AM	
11:45 AM	
12:00 PM	
12:15 PM	
12:30 PM	
12:45 PM	
1:00 PM	
1:15 PM	
1:30 PM	
1:45 PM	
2:00 PM	
2:15 PM	
2:30 PM	
2:45 PM	
3:00 PM	
3:15 PM	
3:30 PM	
3:45 PM	
4:00 PM	
4:15 PM	
4:30 PM	
4:45 PM	

Provider: 01 HALEY MD, MARIE F 7/31/2006 Print Maintenance Exit

Notice at the bottom of the schedule the button labeled 'Print' that will allow to print this display. There is another button labeled 'Maintenance'. This button allows access to the maintenance screen for this provider's one day display:

Form

HALEY MD, MARIE F

Daily schedule maintenance

General | Bars | Print | Color | Special

Enter time: HHMM
0000 = Midnight

Prime time start Prime time end

Height offset Selected

Conflict offset Text Y offset

Time Units

Time Border Type

Border Type

Time Type

Options

- Time Bar
- Include Am/Pm
- Military Time
- Multiple Time Zones

Start time End time

Here you can modify many of the features of the one-day display for this provider. The first tab 'General' has the start/stop times for the provider for today's day of the week (example: Monday). When you set the Prime-time (start & stop times) on the General tab, it will set the times for every day of the week. If you wish to have a different start & stop time for different days of the week, click the 'Special' tab:

	Prime time start	Prime time end
Sunday	0800	1700
Monday	0800	1700
Tuesday	0800	1700
Wednesday	0800	1700
Thursday	0800	1700
Friday	0800	1700
Saturday	0800	1700

Here you can change the start & stop times for this provider for each day of the week.

You can change the color of the Prime-time (start & stop times) by clicking the 'Color' tab.

The screenshot shows a software window titled "Form" with a subtitle "HALEY MD, MARIE F Daily schedule maintenance". The window has five tabs: "General", "Bars", "Print", "Color", and "Special". The "Color" tab is currently selected. It contains two columns of color selection options, each with a label and a circular color swatch. The options are:

- Back color (grey swatch)
- Bar move color (dark blue swatch)
- Bar size color (white swatch)
- Border color (black swatch)
- Default back color (white swatch)
- Default task color (blue swatch)
- Fore color (black swatch)
- Non-prime color (white swatch)
- Prime time color (cyan swatch, highlighted with a red arrow)
- Print app color (white swatch)
- Selected back color (dark blue swatch)
- Selected fore color (white swatch)
- Selected time color (grey swatch)
- Tentative color (grey swatch)
- Time back color (white swatch)
- Time bar fore color (black swatch)
- Time fore color (black swatch)

At the bottom of the window, there are two buttons: "Save this information" (highlighted in green) and "Exit".

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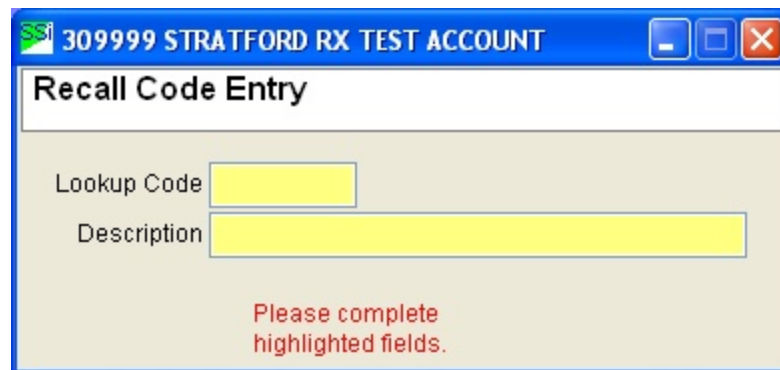
IX

9 Recall Information

Why Recall?

Recalls are used for several reasons. One reason is to remind patients that it is time for them to make a follow-up appointment. In the case of a serious diagnosis, the doctor may have a legal obligation to see that his/her patient is getting continuing care. Documented recalls can help to meet this responsibility. Recalls are also used to increase income. A yearly reminder of a History & Physical or GYN exam mailed to every appropriate patient will certainly result in many more appointments than just leaving it to the patient to remember to call on their own.

The recall program is very flexible. You can have as many types of recalls as you wish. You might keep it simple and use only one recall that asks the patient to call for an appointment. You might use the recall program to produce superbills, Collection Letters and Return Visit Notices.



The screenshot shows a software window titled "309999 STRATFORD RX TEST ACCOUNT" with a "Recall Code Entry" header. Below the header are two input fields: "Lookup Code" and "Description". Both fields are highlighted in yellow. At the bottom of the window, there is a red text message that says "Please complete highlighted fields."

Self Mailers

Stratford sells a multi-part self mailer that is one half page in length. The mailer separates, supplying you with a sealed notice that is ready to mail to your patient as well as a copy to keep for your records. Contact Stratford if you would like a sample of this form.

Recalls can be set up to print on any size paper, including letterhead, the only requirement is that it be on continuous paper unless you are using a laser printer

Definitions

"Recalls" as used in SSI®, refer to the letters or other forms created by the recall program.

"Recall Code" is the alpha-numeric code used within SSI® to refer to a particular template. For instance, Recall Code "HP" could refer to a reminder mailed to a patient to call for a physical exam.

"Recall Date" is the date you wish SSI® to create a letter/form for a particular patient. Every recall code used within a patient has a date attached.

"Files" used in this section refer to the files that contain the information/template used by SSI® in creating the recall forms. These files must contain the recall code in their names. Recall code "TWO" requires two files named "M6RTWO.DAT" and "M6STWO.DAT".

"Request Codes" are codes encased in brackets that tell SSI® to go to each patient account to pull in certain information. An example is [*13*] which tells SSI® to pull the patient's account

number into the recall.

9.1 Adding Recalls

From the Accounts receivable (main) menu

A recall date and recall number allow you to send a message out to a patient or recall the name on a list at a future date for a specific reason. For example, you may want the patient to return in six months to be rechecked.

1. First you must be in the System Management Directory. To get to this screen you must select File and System Management from the Accounts Receivable (main) directory.
2. From this screen you must select Codes: FinClass, Recall, CPT, DX, Form, User. This will take you to the Lookup data file maintenance screen. From this screen you must select the Patient Recall Code Setup button.
3. This will take you to the Lookup Recall Code screen. To add a new one you must click the Add New button
4. This will take you to the Recall Code Entry screen. Here you must type a lookup code, description and the rest of the Recall Code information. After you have entered all the data press the Save this Information button.

From the Patient Account Information

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Recall button at the lower right hand corner of the screen.* If this is your first time accessing the program and skip down to step four.
3. At the Lookup Patient Recalls menu click Add a New Recall for this Patient.
4. This will take you to the Patient Recall Entry screen. Here you must type a lookup code, description and the rest of the Recall Code information. After you have entered all the data press the Save this Information button.

9.2 Edit Recalls

A recall date and recall number allow you to send a message out to a patient or recall the name on a list at a future date for a specific reason. For example, you may want the patient to return in six months to be rechecked.

1. First you must be at the Patient Account Information screen.
2. Once you are in the Patient Account Information screen for the desired patient, click on the Recalls button at the lower right hand corner of the screen.
3. This will take you to the Lookup Patient Recalls screen. Here you need to click on the recall you wish to edit and then click the Edit/Revise button.
4. This will take you to the Patient Recall Entry screen. Now you may edit the recall. Once you are finished, click the Save this information button.

9.3 Creating Recalls Reports

1. First you must be in the Report directory menu. To get to this screen you must select Report Program from the Accounts Receivable (main) directory.

2. When you are in the Report directory menu, you need to select Rpt Gen: Collections, Recall, etc. This will bring you to the Report Generator Programs.
3. Now you can select Create RECALL LISTINGS listing to great the Recall code reports. A menu will appear to ask you for a specific recall code. You can leave the field blank and click on Run the report now button to create

9.4 Recall Files

For each recall code you need two files. How you name the files is critical. The names contain within them the first five characters of the individual recall code. This is best described by showing you some example codes and their corresponding file names. For instance if you use recall code "HP" the corresponding files are: M6RHP.DAT and M6SHP.DAT

More examples are:

Recall Code	File Names
APPT	M6RAPPT.DAT
1	M6R1.DAT
10	M6R1O.DAT
6MONTH	M6R6MONT.DAT

The following will not work because the first five characters of each recall code are not unique:

Recall Code	File Names
LETTER1	M6RLETTE.DAT
LETTER2	M6RLETTE.DAT

For your files, the M6R....DAT file is the header file. If you are using the SSI® recall forms, this file should be an empty file because there is no header. All that is needed is for the file to exist (see SSI® Note below for instructions on creating an empty file). If you are using the recall program to create a recall report you may want to include a header to appear at the top of the first page. Using a text editor such as DOS EDIT or Notepad you can create any header you wish. Never use tabs when creating your text file.

The M6S....DAT file is the body of the recall and must be the same length as the requested letter/document. This file contains your entire recall message and any request codes for information that you want pulled in from the patient database in the format: [*01*] . If you have multiple recall reasons then all the M6S*.DAT files must be the same length. If you use the standard SSI® snap-apart recall forms you must be aware that they are exactly 33 lines long. If you use DOS edit or another text editor that shows line and character position, you want to set up your file so that:

- the doctor's address starts at line 5, character 15
- the body of the message starts at line 11, character 11 and runs through to line 25, character 80.

The patient's address starts at line 27, character 11. If you use the recall for creating reports instead of recall forms, you are not really limited to the spacing. Just remember that the neater you create the report, the easier it will be to read and interpret. A standard piece of 8 1/2 X 11 paper is 66 lines in length and approximately 80 usable characters wide if you use a standard dot matrix printer. If you use a laser printer the measurements may be different depending on the font, proportional spacing, etc. You cannot use a laser printer with a snap-apart form. This type of form requires an "impact" printer. A laser printer does not "hit" the paper; it "coats" the

paper like a copy machine so the image is only on the top copy.

In the \ssiw\1 sub-directory is a sample file named RECALL.TEM that can be copied from \ssiw\1 into your data account to use as a starting template. The command to copy this file into your account is:

```
COPY \ssiw\1\RECALL.TEM \ssiw\30XXX\M6SHP.DAT
```

Print the sample file and study how it is setup.

The next step is to use your favorite text editor to make appropriate changes. Request codes can be used to pull in specific information on each patient. For instance, "[*25*]" will cause the patients account balance to print. This would be useful in a collection letter. The RECALL.TEM file uses the following request codes,

```
[*10*]  
[*11*]  
[*12*]
```

to pull in the guarantor name, street address and city-state-zip, respectively. You can find a complete list of request codes at the end of the CUSTOM REPORT section.

Once you have edited your recall, save the file as a DOS text or ASCII file. Be sure to test your recalls before using them for a complete run.

SSI® Note Since the recall program removes the recall tag from each account as it creates the letter, it is important to set up and test recall codes and their corresponding letters/forms before beginning to tag patient accounts.

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Part

X

10 Creating Statements

In this section you will learn how to create and print statements. Only the patients that you have designated will receive statements. You have several statement types available with options for printing each type. You may create a balance forward statement, an open item statement, and a family account statement. You may select the patient financial classes that you want to receive a statement.

10.1 Creating Statements

1. From the Main Menu (Physician)] select 4 for Statement Programs. This will bring you to the Statement Directory.
2. Now you can select the type of statement you want to create

You set up the frequency between your statements (also called billing cycle) in your System setting Listing. For example if you set this setting to 30 days between statements, a patient will receive a statement at intervals no less than 30 days no matter how often you run your statements. The program puts in the date it sent the last statement to a patient in the Patient Account Information Screen. When you run your statements, the program checks the date to see if 30 days have passed before it creates another statement for each patient.

You may override the 30-day waiting period for the next statement by creating a demand statement.

You also have control over how far back statements are itemized. If you run open-item statements, all "open" charges are shown on the statement. If you run "Standard 1-Up" statements, charges are only itemized for the period defined in the system setting `cm_tritmsm`. This setting is set to 30 days "from the factory," but you may change it to any number you wish (including 999,999). 30 days means the last 30 days of activity will be itemized on the statement. Any balance prior to 30 days will be listed as "Previous Balance."

SSI® Note: If you plan to create statements from the Statement Programs menu, and you wish to create different types of statements, you should create them in this order: open item statements first, then standard 1-up statements, and then family accounts. This is because if you run the family statements first it will create a family statement for all patients, and you will not be able to create open items or 1-ups. If you run 1-ups first you will not be able to create open-items.

Changing The Statement Frequency

1. From the Accounts receivable (main) directory select 8 for File and System management. This will bring you to the System management directory.
2. From the System management directory select 1 for Set the Main control settings. Now this will bring up the Master settings screen.
3. Here you can click on the Default (Forms) tab and enter the days between statement in the corresponding field.

10.2 Family Account Statements

A family account statement, also called a guarantor statement is a statement where the "Bill to" (the person paying the bill) is not necessarily the patient. The bill to could be a parent, in

the event the patient is a child. All the transactions for the patients assigned to a guarantor will be printed on one statement addressed to the guarantor. For example, in a pediatric practice, you might want the parent to get one bill with all the transactions for all the children.

You may have a situation where you are billing an institution (hospital or nursing home) for patients that you have seen. The statement would be addressed to the hospital or nursing home and each patient would be listed on the bill.

1. From the Accounts receivable (main) directory select 4 for Statement Programs. This will bring you to the Statement Directory.
2. Now you can select Family Account Statements
3. After the statement has have been created, new selections will appear at the Accounts receivable (main) directory. These include something like:

- 9 You have 4 files that have not be printed/processed
- 10 You have 9 audit files that have not been printed.

4. Now you simply click on a selection 9. Then a list of files will appear. The Family Account Statement will be m6d401.lst
5. You can click on the file for the Print/View/Erase menu to appear. From this menu you can select Print this file to print the file.

SSI® Note Even if a guarantor is paying the bill, each patient still has a separate account in order to bill insurance.

10.3 Industrial Open Item Statements

The Industrial Open Item statement is a balance forward statement. The statement will itemize the transactions one time. On the next statement you will see a previous balance for the older charges and itemization for the transactions that are appearing on the statement for the first time.

1. From the Accounts receivable (main) directory select 4 for Statement Programs. This will bring you to the Statement Directory.
2. Now you can select Industrial Open Item Statements
3. After the statement has have been created, new selections will appear at the Accounts receivable (main) directory. These include something like:

- 9 You have 4 files that have not be printed/processed
- 10 You have 9 audit files that have not been printed.

4. Now you simply click on a selection 9. Then a list of files will appear. The Industrial Open Item Statement will be m6d401.lst
5. You can click on the file for the Print/View/Erase menu to appear. From this menu you can select Print this file to print the file.

10.4 Medicare Open Item Statements

The difference between regular Open Item Statements and Medicare Open Item Statements is that on the Medicare Open Item Statement only the charges that have had at least one payment posted against them will show up on the statement. This feature is optional and can be controlled through the main control settings. (From the main directory select #8, #1, then default (Forms) on the right side under 'Statement control')

1. From the Accounts receivable (main) directory select 4 for Statement Programs. This will bring you to the Statement Directory.
2. Now you can select Medicare Open Item Statements
3. After the statement has have been created, new selections will appear at the Accounts receivable (main) directory. These include something like:
 - 9 You have 4 files that have not be printed/processed
 - 10 You have 9 audit files that have not been printed.
4. Now you simply click on a selection 9. Then a list of files will appear. The Medicare Open Item Statement will be m6d434.lst
5. You can click on the file for the Print/View/Erase menu to appear. From this menu you can select Print this file to print the file.

SSI® Note: You can add the 434 form code to the form type list. See Add -Form Type for more information.

10.5 Private Pay Open-Item Statements

When you create open-item statements you will see each line item that does not have a zero balance. Each line item listed will tell how much is still owed for that line item. To be able to create open item statements, you must post your transactions "open item".

1. From the Accounts receivable (main) directory select 4 for Statement Programs. This will bring you to the Statement Directory.
2. Now you can select Private Pay Open-Item Statements
3. After the statement has have been created, new selections will appear at the Accounts receivable (main) directory. These include something like:
 - 9 You have 4 files that have not be printed/processed
 - 10 You have 9 audit files that have not been printed.
4. Now you simply click on a selection 9. Then a list of files will appear. The Private Pay Open-Item Statements will be m6d401.lst
5. You can click on the file for the Print/View/Erase menu to appear. From this menu you can select Print this file to print the file.

SSI® Note: You may post your transactions open item and produce a balance forward statement, but you cannot post balance forward and get an open item statement. To get a Balance Forward Statement on an Open Item Patient, you must demand it from inside the patient's account or use the "doopenitm=yes" setting in the statement control file.

Instructions for Creating Balance Forward Statements for Open-Item Patients.

You may post your transactions open item and produce a balance forward statement. To get a Balance Forward Statement on an Open Item Patient you must demand a 401 statement from within the patient's account. To get balance-forward statements for all your open item accounts you must build a control file:

Quit the Stratford program and at either the \ssiw\4 prompt (to affect all A/R's) or at the \ssiw\30XXXX prompt (to affect just the \ssiw\30XXXX A/R) type:

```
EDIT M6R401.CTL (and then press [ENTER])
```

Then type in lower case letters:

```
doopenitm=yes
```

then save your work.

When you are ready to run statements, go to the statement menu and choose 401. This will create balance forward statements for your open item accounts. If 401 is not a choice on your statement menu you can add the choice by typing 401 at the statement menu.

SSI® Note: A charge does not print on an open item statement unless at least one transaction (payment, adj or memo) has been posted against the charge. This default can be overridden by changing the main setting "Cm_smpaoc" to the number "2". This tells the Stratford program to print all open item charges on a statement regardless of whether anything has been posted to the charges. The Medicare open item statements (434) always require that a transaction be posted against a charge before it shows on the 434 statements.

Open item statements always show the total balance at the bottom of the statement. If you wish you can have an "Amount Due Now" line appear that reflects just the total of the items shown on the statement. To get this feature, quit the Stratford program and at either the \ssiwin\4 prompt (to affect all A/R's) or at the \ssiwin\30XXXX prompt (to affect just the \ssiwin\30XXXX A/R) type:

EDIT M6R4.CTL (and press enter)

Then type in lower case letters:

amountduenow=yes

then save your work.

The next time you run your open item statements the "Patient amount due now" will appear at the bottom of the statement.

10.6 Standard 1-Up Statments

The standard 1-up statement is a balance forward statement. The statement will itemize the transactions one time. On the next statement you will see a previous balance for the older charges and itemization for the transactions that are appearing on the statement for the first time.

1. From the Accounts receivable (main) directory select 4 for Statement Programs. This will bring you to the Statement Directory.
2. Now you can select Standard 1-up Statements
3. After the statement has have been created, new selections will appear at the Accounts receivable (main) directory. These include something like:

9 You have 4 files that have not be printed/processed

10 You have 9 audit files that have not been printed.

4. Now you simply click on a selection 9. Then a list of files will appear. The Standard 1 Up Statement will be m6d401.lst

You can click on the file for the Print/View/Erase menu to appear. From this menu you can select Print this file to print the file.

10.7 Reprinting Statements

What if you make a mistake and print the statements on the wrong form? What if the printer jams and ruins your forms? You can reprint the statements without having to recreate them. The statement file has a file name. To reprint the statements you would exit from the SSI® program and go to the \ssiwin\30XXXX where 30XXXX is your account number.

COPY M6R401.LS LPT1 (this would reprint the latest 401 statements to the main printer)

You can substitute the 3 digit number part of the file name for any other form type, such as 431, and substitute LPT2 if you wish to send to that printer.

10.8 Customizing Your Statements

You may find the need to customize your statements. Some users have wanted to add things such as "for billing questions call..." or putting in a different "pay to" address. All of these things are possible. What is not possible is to alter the general format of the statements. If you need to do some customization on your statements, you need to setup *.DAT files in your actual account(s), such as \ssiwin\30XXXX. Unless you are absolutely certain you know what you are doing, you should start by practicing in your demo account (\ssiwin\6). If all goes well, then you can do the same in your real account(s).

You should start by copying the appropriate *.DAT files into your account(s). At the DOS prompt, type:
CD\ssiwin\30XXXX (or CD\ssiwin\6 for your demo, if you are not 100% sure yet!)

COPY M6R401.DAT M6R431.DAT for open item private statements
COPY M6R401.DAT M6R432.DAT for open item industrial statements
COPY M6R401.DAT M6R434.DAT for open item Medicare statements
COPY M6R401.DAT M6R441.DAT for family account statements

You are not finished yet! If you stop at this point all of your statements will go out with "SSI® Systems Demo Account" and an incorrect address!
You must be familiar with a text editor, such as the EDIT command. Edit the above M6R4xx files (in your account, not in \ssiwin\1!) and put in the correct information. Remember to maintain the format or your statements will not print correctly! You may add notes such as "for billing questions call" in any space at the top or bottom. The middle is reserved for transaction information and will ignore your text. Demand a few statements and print them. Be sure to print at least 3 statements in one file so that you test the "paging". If you make your template too long or accidentally put in a code that changes your printer, the paging might be incorrect. This could cause a blank page between each of your statements.

To Prevent Aging from Printing on Statements

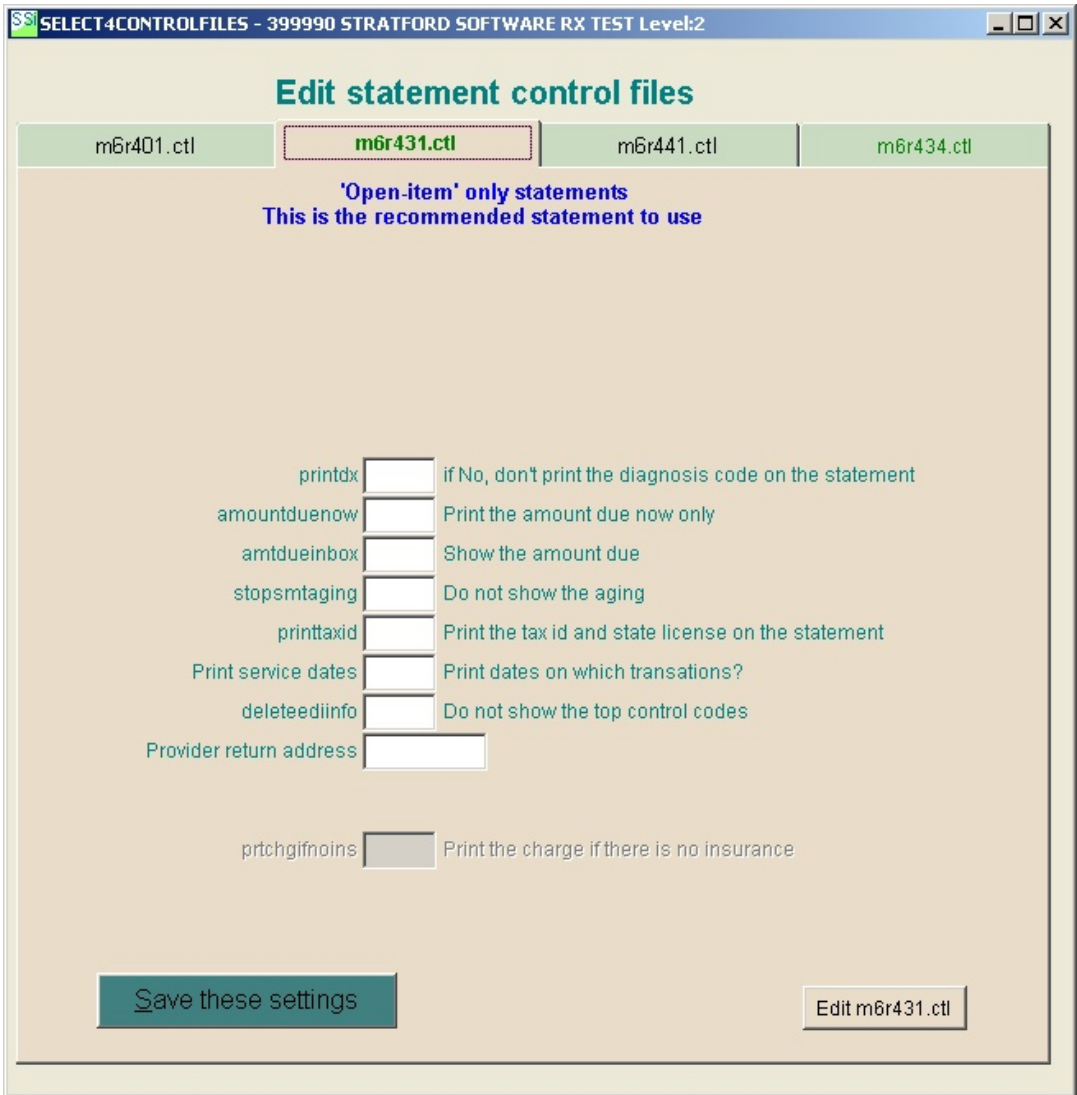
If you do not want the aging to print on the statement, you can turn off this feature. You may use your favorite word processor or EDIT. If you use EDIT then you would type EDIT M6R4.CTL. You might see the following file:
prtsetup= 027 & 1 -3 e & 1 66 P 027 & a 4 L 027 & a - 2R
prtsetup= 027 E
2-up=no
rptlength=65
(*** End of File ***)

If you want to stop the aging type:
stopsmtaging=yes

Using 2-up Statements

If you want to print 2-up statements, put the following line in your M6R4.CTL file:
2-up=yes

Below is the statement control file screen that will allow you to change most functions without manually editing the control file.



Provider return address. Leave this blank if you are happy with the return address on the statements. If you want to change the address, you may create a provider record with the address the way you want it on the statement. Then right click in this text box and select that provider record.

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Part

XI

11 Creating Service Charge

In this section you will learn how to add service charges to past due accounts.

11.1 Creating Service Charge

1. First you must be in the Report directory menu. To get to this screen you must select Report Program from the Accounts Receivable (main) directory.
2. When you are in the Report directory menu, you need to select Reports: Patient: Apha, Numeric, Aging, Codes. This will bring you to the Account listing directory.
3. Now you can select Add service charges to past due account to add service charges to past due patients as well as creating a report of these charges.. The Report Information 678 menu will appear to ask you for a specific questions regarding the parameters to the service charges you want to apply.

Common Causes for No Service Charge

- Patient is set to "Hold Statements"
- Patient has not yet received a statement
- Patient is not yet due for another statement (cm_mintmsm)
- Patient is the wrong Financial Class
- Patient balance is less than the minimum amount to charge
- No dunning is allowed on patient
- Patient is a Medicaid patient

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Part

XII

12 Electronic Claims

In this section you will learn:

- how to sign up for EDI
- how to send your claims electronically
- how to make certain that the insurance carrier received the claims
- how to print out copies of your audit reports

If you wish you may print out copies of the actual claims.

Electronic Data Interchange is made up of a series of programs. These programs allow you to submit your claims over the telephone lines using a modem.

If you look at your computer and do not see a modem, you may have an internal modem (inside the computer). We recommend that the modem have a separate telephone line. If you have multiple telephone lines, do not use a line that is part of a roll-over. The roll-over (hunting) line may cause interference with the modem's ability to function properly.

12.1 Basics of Electronic Claim Submission

Signing Up

To send electronic claims with your Stratford Software you must follow these steps:

1. You must sign up with Medicare, Medicaid, and/or a clearinghouse
2. You must submit a backup to Stratford so we can build transmission files for you, send test claims, and get you approved

Step One: Depending on which claims you wish to submit electronically you may need to contact your Medicare and/or Medicaid representative. They will provide you with sign-up registration papers for your ID and password. If you are going to send private insurance claims you must sign up with a clearinghouse. Some clearinghouses also accept Medicare and Medicaid claims and some will even print forms on paper for you. In most cases, Medicare and Medicaid claims are free if you transmit "direct." Most clearinghouses charge an initial sign up fee, a minimum monthly fee, and/or a per claim charge. Contact Stratford to find out which clearinghouses are accepting claims in your area.

Step Two: Stratford will build some files for you that tell the computer who to call and what to send. When you are approved for production, we will send a CD containing the needed files with instructions for loading the files onto your computer. We can also transmit the files directly to your computer or attach them to an email.

Transmitting Claims

The following steps will ensure trouble free transmission of electronic claims:

1. Create claims just as you would if you were printing them on paper (see the chapter: Creating Insurance Forms)
2. Transmit your claims
3. Verify that the claims were received
4. Print the claims on plain paper (if desired)
5. Print any audit reports and delete any unnecessary files

Step One: See Creating Insurance Forms

Step Two: After the claims have been demanded or created, new selections will appear at the Accounts receivable (main) directory. These include something like:

- 9 You have 4 files that have not been printed/processed
- 10 You have 9 audit files that have not been printed.

Now you simply click on selection 9 or 10. Then a list of files will appear. For example if you choose 9 then the list of files will look something like:

M6R911.LST PRIVATE CARRIERS ECS(IMS) 456 PAGES
 M6R511.LST 92 CMS-1500 PRIVATE PAY 1456 PAGES
 M6R564.LST Medicare 21456 pages
 Don't print/process any files

You can click on any of these files for the Print/View/Erase menu to appear. From this menu you can select Transmit this File to send the file.

Step Three: Verification of claims is accomplished differently depending on the destination of your claims. For example, some clearinghouses like CareVU will send an audit report of your previous transmission during the current transmission of new claims. Northern California Medicare has a bulletin board that users can call to get the status of their electronic claims. Still others, such as Medicaid of California (Medi-Cal), transmit the audit report to you at the end of transmission. Some may require you to verify your transmission by telephone. You must determine what method your destination uses and verify that your claims were received before proceeding. If you ignore this step you will inevitably be forced to manually demand your claims and resubmit them. Stratford has no way to know when you transmit or if your transmission worked correctly. Stratford is not notified when there is a problem. Stratford depends on you, the client, to tell us when there is a problem.

Step Four: Once you have verified that your claims were received, you should load your printer with plain paper and print a copy of your claim forms on plain paper. See Printing Insurance for more information. You should save this plain paper copy until you receive payment on the claims. If for some reason the destination "loses" your electronic claims you can submit a paper copy from the plain paper version or use it to demand a new claim.

Step Five: After printing the claim forms you should also print the AUDIT files. Remember, if you still have the original EDI "LST" transmission file, you can very simply retransmit the claims, without recreating the claims. We have clients who keep a backup of the "LST" files so they can easily retransmit.

12.2 EDI File Naming Conventions

EDI file names have three parts. For instance, the "M6R911.TRN" has these parts:

1st Part	2nd Part	3rd Part
M6R	911	.TRN

The 1st part of the file name identifies whether the file is an audit file. If the first three characters are "AUD" then it is an audit file. The possible designations are:

AUD audit file
 M6R other file

The 2nd part (3 or 4 characters in length) tells us which EDI program created the file. The

possible designations are:

911	Private Carriers EDI, CareVU, etc.
914	Medicare
915-919	User defined
961	Private Carrier EDI, CareVU, etc.
964	Medicare for all States
965-969	User defined

The 3rd part following the "." identifies the type of file. The possible choices are:

- .TRN transmission file (do not print)
- .TOT raw audit file (do not print)
- .LST print file (print this one).

By using the above directions the "M6R911.TRN" can be identified as a file created by the Private Carriers EDI program used in transmission and is not printed. The "AUD914.LST" is identified as an audit file created by the Medicare EDI program and should be printed.

12.3 Medigap and Secondary Payer

In many areas of the United States, the Medicare intermediaries will automatically "crossover" some of your secondary insurance claims. This means you no longer need to track, print or transmit the secondary insurance. Medicare will give the "medigap" (secondary payer) insurance company all the information they need to process the claim and pay you. The way that Medicare is able to do this is with a special code that has been assigned to all "medigap" payers in the area covered by the Medicare Intermediary. For example: Transamerica is the Medicare intermediary for Medicare part B (physician) insurance coverage in the Los Angeles, California area. They have a list of codes that they call OCNA (Other Carrier Name and Address). These codes tell Transamerica which insurance company to "crossover" the primary payer information. You may ask: why don't they just look at the insurance company name and "cross it over"? One reason is that there are many ways that you might enter an insurance company name. You might enter Blue Cross for Blue Cross coverage, however, that does not say anything about which "Blue Cross". There are many Blue Cross offices and they all might have different contracts, codes, id numbers, etc. Also, you might abbreviate the name in a way that is clear to you, but is not programmed into the Transamerica computer. By using the code, they know what you mean and your insurance information will be "crossed over" and you will not be required to devise some elaborate method for tracking it. You may also ask: why does not Stratford put these numbers in the computer and maintain it like they do the "payer ID" numbers. The reason is: at this time, every Medicare intermediary has a different code scheme. At some point in the future maybe they will adopt the PAYERID numbers which are mandated by law. At that time, we may be able to maintain it for you.

At this time most private insurance companies are working on ways to do automatic "crossing over" of information to secondary payers. Soon, you probably will not be required to do anything special for secondary payers. The "ANSI 837" format for electronic claims can handle up to 2 secondary payers with the present specification. Stratford first sent a test for this type of transmission during the week of September 6, 1993, to Medicare of Northern California.

Electronic Medigap claims are setup by inserting the proper Medigap code in each crossover insurance. You can obtain the list of codes from your Medicare representative. You must revise each insurance company that crosses over and insert the proper Medigap code into the Medigap field. See Edit an Insurance/Payer

12.4 Notes on EDI

Electronic Data Interchange employs phone lines to transmit your claims to another computer.

Stratford has created a process to make EDI submission as smooth as possible.

The first step is the easiest. You create the appropriate claim form for the type of EDI you wish to submit. These can be either demanded individually or created from the Insurance Directory. The next step requires you to enter the EDI directory and choose the correct intermediary (i.e., Medicare, Medicaid, private carrier, etc.). SSI® goes through a series of steps. First SSI® looks for an existing transmission file. If one is not found then a new one is created from the forms in your insurance directory. If forms are found, SSI® then pulls those forms over to the EDI directory and creates a new transmission file.

The third step does not require your participation. You just sit back and enjoy the background processing as your claims are transmitted.

Following transmission you will print your hard copy of the claims. The last step requires you to print the audit and clear the account. If the account is not cleared the next time you attempt to submit your EDI claims you will end up sending an old transmission file.

SSI® Note Some users choose to transmit all claims (i.e., private pay, Medicare, and Medicaid) to their clearinghouse. In this case the insurance form type may be the same for all electronically submitted claims.

Insurance Form Type

Your intermediary will determine what insurance form type you set for your Medicare clients

Intermediary	Insurance Form Type
Medicare: all states ANSI 837	564
Medicare: All states NSF	514
Medicare: via a clearinghouse	511

M6P964.DAT File

The associated file: M6P964.DAT (usually located in \ssiw\4) holds the passwords and phone number used in transmission. This file potentially can have 30 lines.

CMS requires all Medicare submitters to change the password every 30 days. Your Medicare intermediary may not require this now, but someday it will. The Stratford program always creates a new password that can be used to automate the process of changing the password. We have implemented this for the payers that require it.

If your payer has notified you that you will need to change your password, you should immediately send a fax to Stratford so we can research it.

The Stratford program can create a new password that meets the CMS requirements, as we understand them:

- The new password must be different from the current password.
- The software vendor (Stratford) will not know what the password is.
- Medicare personnel will not know what the password is.
- The provider will always have access to the password using the EDI maintenance program.

M6R964.DAT File & Other .DAT File

M6R964.DAT is a text file used by the Medicare EDI program. All data stored in the

M6R964.DAT file is labeled. EDI is controlled by various .DAT and .CTL files located in various directories. In your \ssiw\4 directory you will find the M6P9xx.DAT file(s). The xx would be the transmission type, so that Medicare ANSI, which is usually numbered 964, would be controlled by the M6P964.DAT file.

Carrier EDI Setup

Common EDI Mistakes

The four most common reasons why Medicare claims do not transmit are:

1. PIN or group number is missing in box 33 of the CMS 1500
2. Charges on the claim form are \$0.00
3. The "M6R914.DAT" file has certain procedure codes excluded.
4. The word "MEDICARE" is not in the insurance company name or is not in caps.

If you have a network you must transmit your claims from the workstation that has the modem attached.

Electronic Data Interchange requires that your data be perfect. There will not be a person examining the claims you submit to "interpret" what you meant. The following are some examples of the kind of mistakes to avoid. These are all mistakes made in the past year.

- When submitting Medi-Medi claims in California, assignment must be accepted.
- Do not submit procedure codes to Medicare that begin with the letter "X". There are many third-party coding seminars available. You should attend one per year to stay abreast of all the changes.
- California Medicaid (Medi-Cal) requires 14 digit ID #s. If you use the Social Security Format for California Medi-Cal ID numbers be sure to precede the SSN with "00000".
- Medicare requires the ordering physicians UPIN number for Lab services.
- California Medi-Cal will not transmit if the insurance company name is other than "MEDICAID" or "MEDI-CAL".
- California Medi-Cal will not transmit if no provider number shows on the insurance form. Check for the provider ID number. If missing, check the provider look-up file to be sure the number is in the file. Also check to be sure the "data control code" for Medi-Cal patients is set to 3.
- Private Carrier EDI requires that the provider number appear on the CMS 1500 form for the claim to be submitted electronically. Check the provider look-up file to be sure the number is entered correctly.
- Transamerica/Southern California Medicare will not transmit unless "Release of Medical Information" says yes.

12.5 Signing Up for EDI

The SSI® program contains the EDI modules. They are integrated into the programs and do not need to be added or loaded. You must sign up with the intermediary or clearinghouse before you may start submitting, unless you are already an approved submitter. The procedures for filing your application differ for each EDI destination and your location. The text/examples below describe one area, Northern California. The procedures are similar for Wisconsin, Texas, New York, Florida, etc. We chose California because it has different intermediaries for Northern and Southern California physician billing. It has a different one for facility billing. There is another one for DME billing. Dental is different from all the others. Most states are much simpler.

Most EDI destinations require users to complete a testing period before allowing them to submit claims for payment. This testing period is used to check many things.

- They are checking your data entry for accuracy
- They check to be sure that your provider ID's and submitter ID's are correct.
- They check to see if you are filling out your insurance form correctly.

Certain specialties and procedure codes may require additional information to be included. EDI requires you to be more accurate. The benefits are quicker payment and fewer rejections.

After you have sent in the EDI applications, that payer will usually contact you within two weeks. If you do not hear from the payer, contact them. Once the application is accepted you will be assigned passwords. Contact Stratford once you have your passwords. Stratford will build the files that allow you to transmit. You may be asked to send a backup of your data to Stratford to facilitate testing.

Private carrier testing takes about a week to pass. Medicare and Medicaid can take 2-4 weeks, depending on how many tests need to be sent. Medicare will contact you with the results of each test. Medicaid must be contacted for the results of any test. It is important that you fax Stratford with the results of each test. If you do not hear from Medicare within two weeks of the test, please give Stratford a call and we will try to help you solve the problem.

Medicare Application

The application for physician's Medicare EDI in Northern California currently is available from NHIC, the Medicare intermediary. Once you receive your ID and password from Medicare, contact Stratford and we can arrange to start testing. The intermediary will never pay you for the test claims, so you must submit those test claims on paper. Once the Medicare intermediary has accepted your test claims, you may start sending your claims electronically for payment.

SSI® Note: Medicare has accepted a standard format named ANSI 837. This format promises to be even more "standard" than the National Standard Format. This format is included with the Stratford program. In addition to the ANSI 837 there is the ANSI 835, an electronic EOB form. This format file is recognized by the Stratford program and is automatically formatted for "humans" to read if you try to print it. Without the Stratford program or another program that can interpret the file, there would be no way to make any sense out of it. This will allow the Stratford program to automatically post payments to your files

Medicaid Application

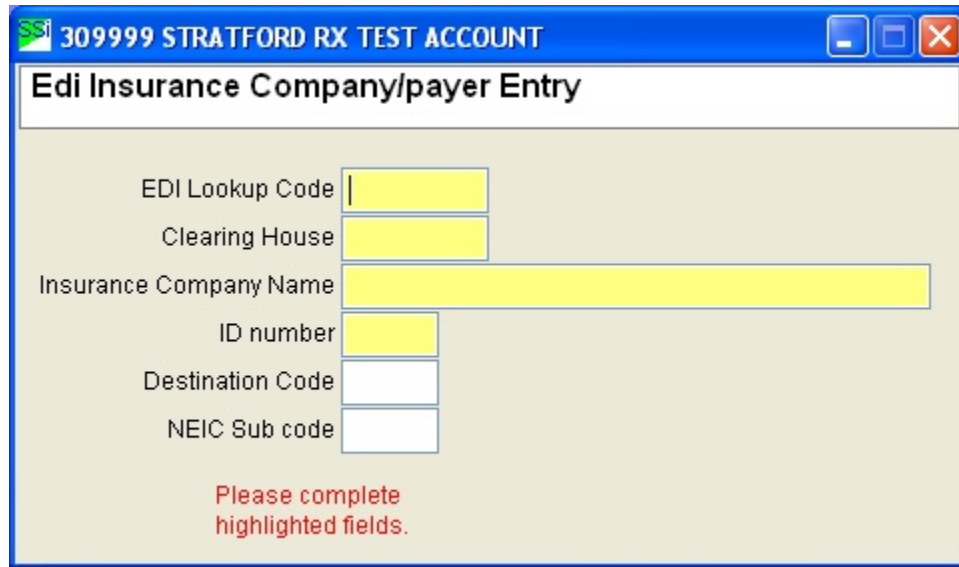
To submit electronically, you must send an application to get a password and submitter ID number. The application form is available from your Medicaid representative. Your system already has the software to submit your claims to Medicaid. There is a test series of claims that must be sent. Once you have sent the required number of claims and the intermediary has accepted the test claims, you may then submit all of your Medicaid claims electronically.

Commercial Carriers and Health Maintenance Organization

Most of the commercial carriers (Blue Cross, Blue Shield, Aetna, etc.) accept claims electronically, but they may not accept the claims directly from the provider. Instead, they employ clearinghouses to review your claims for accuracy. After review, the clearinghouse forwards them to the correct carrier.

The clearinghouse handles claims for many different payers. They have a per claim charge but in many cases the fees are picked up by the individual insurance carriers.

12.6 EDI Insurance Company/payer Code Edit



309999 STRATFORD RX TEST ACCOUNT

Edi Insurance Company/payer Entry

EDI Lookup Code

Clearing House

Insurance Company Name

ID number

Destination Code

NEIC Sub code

Please complete highlighted fields.

To get to this screen:

1. from the main menu select #8
2. select #7 EDI related information programs
3. select #1 Maintain the EDI insurance company names
4. From the lookup screen select a payer/clearinghouse to edit or enter a new one.

12.7 Insurance control files

There are at least 3 'control' files that determine how your insurance claims will print on paper and transmit to the payers. This section gives some directions for some of the things you can do to change/control the way your claims are created.

From the main directory select #8 "File and system management"

Next select #7 "EDI Related Information programs"

Last select #3 "Insurance/EDI Form Control Settings"

Next put in the form type that you wish to change to the new form. Most people use the form

type "564" or "5MCARE" or "5NHIC" for Medicare. You should then see a screen like this:

SELECTCONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level2

Edit insurance control files

m6r564.ctf | m6r964.dat | m6p964.ini | m6r964_s.dat | m6r964_e.dat

Paper claim control

Carriernumber

Clearinghouse

Preauthorization

Form with barcode?

Split Insurance Claims?

Suppress the legacy IDs?

Suppress provider tax #

Group/billing/Pay to provider

Type of Claim

Type of Bill

POS=11 Service Address? Enter yes or no

POS=12 - Box32 Home Address & 1 POS/page

OutPatient (yes/no)

ub6 (yes/no)

revcode (yes/no)

Save these settings

Edit m6r5xx.ctf

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level2

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r9bx_e.dat

EDI claim control

EDI format selection: 4010 or 5010

ISA15 * [Test](#) or [Production](#)

ISA11

ISA12

GS08 * Check with the payer

Transmission records

ISA06

ISA07

ISA08

GS02

GS03

Submitter (Loop 1000A)

1000A NM103

1000A NM109

1000A PER02

1000A PER04

Carrier information

Carrier number

Clearinghouse

Suppress the legacy IDs?

Suppress provider tax #

Suppress the Primary Key?

Element Separator

Sub-Element Separator

Segment terminator

Type of Claim

Type of Bill

POS=11 OV Address?

Preauthorization

Billing/Pay to provider (Loop 2000A)

Group/billing/Pay to provider

Payer (Loop 1000B)

1000B NM103

1000B NM109

Loop 2300/2400

2x00 REF02 EW

Default diagnosis code version

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level2

Edit insurance control files

m6r564.ctl | m6r964.dat | **m6p964.ini** | m6r964_e.dat | m6r964_e.dat

EDI - ID - Password control

ID

Password

Phone#

TestType

BaudRate

ComPort

BatchNumber

Interchange

GroupControl

Save these settings

Edit m6p964.ini

Those are the 4 pages on this screen. The 4th page is for future expansion.

Some payers want to see a 'service address' in box 32 on the CMS 1500 claim form when the place of service is the office. Here is how you can force that:

On the 1st page of the insurance control screen:

309999 STRATFORD RX TEST ACCOUNT

Edit insurance control files

Form Type M6R564.CTL | EDI Type M6R964.DAT | EDI Type M6P964.INI | EDI Type M6R964.CTL

m6r5xx.ctl

Carriernumber

Clearinghouse

Form with barcode?

Split Insurance Claims?

Use the new CMS 1500 (08/05) form?

Type of Claim

POS=11 Service Address?

Yes or No
1=Yes
2=No

Save these settings

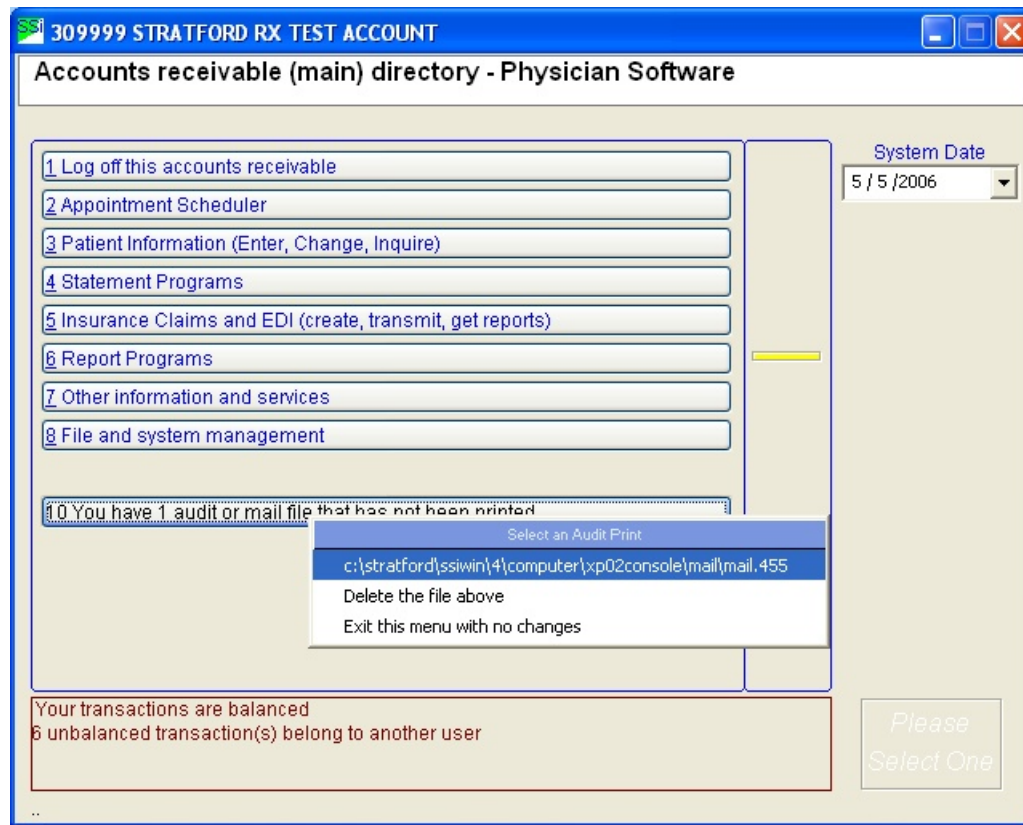
Type 'Yes' in the box labeled 'POS=11 Service Address?' - or you can right-click and select 1=Yes from the 'shortcut' menu.

12.8 999 Functional acknowledgement

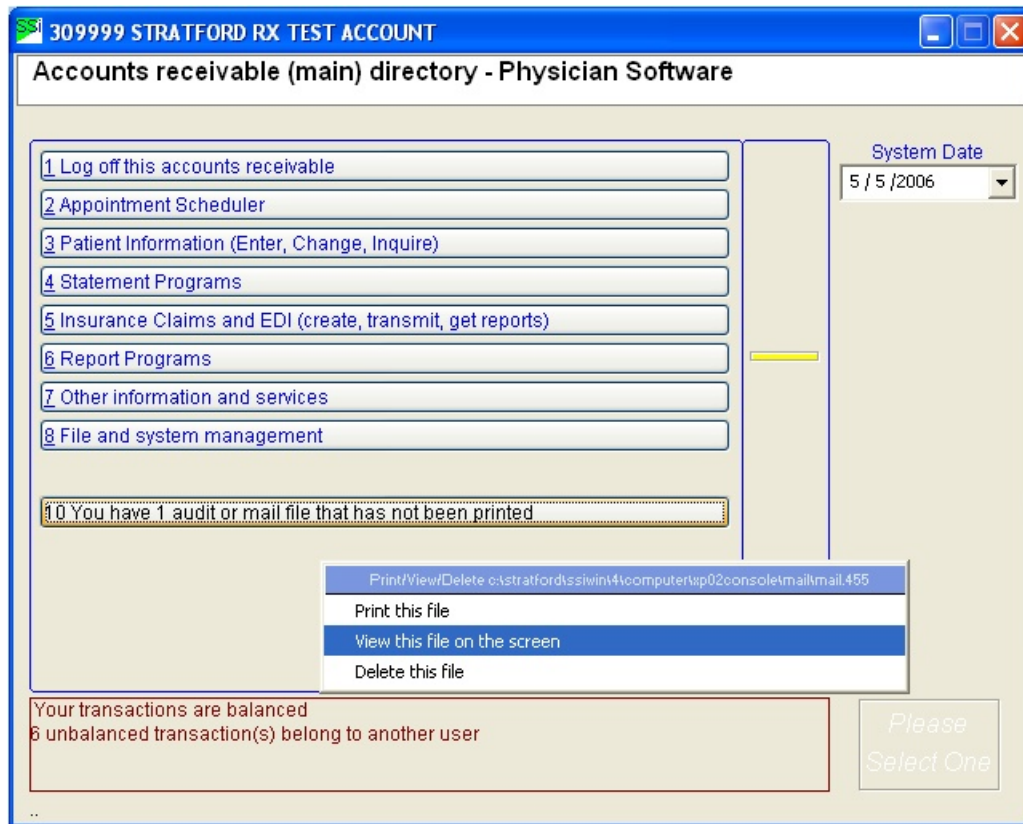
This section applies to the 997, 999 and possibly other types of feedback that you might receive from a payer.

After you send your EDI insurance claims, the payer may provide an acknowledgement immediately or within 24 hours. Typically this acknowledgement will give you the results of a 'pre-pass' edit. This is a list of errors (if any) in your transmitted file that relate to structure or some basic problem with the file. Typically it will not tell you that the claim will be paid. You should consider this to be a way for the payer to tell you that your transmission was received.

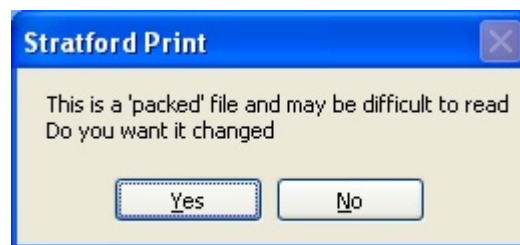
From the main directory you will notice that one of the lower menu selections will change to notify you that a file has been received:



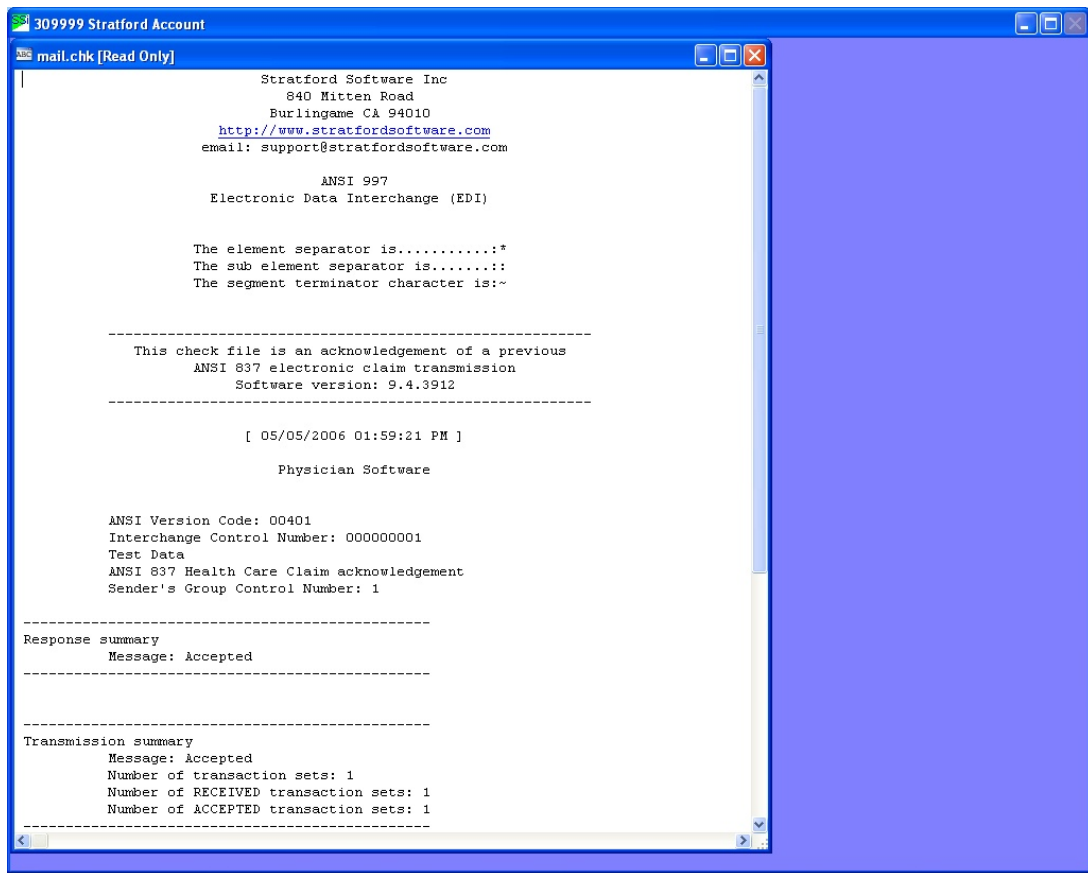
After you select the newly received mail file, you will see the screen below. Select 'View'



Next you will see this image:



Select 'Yes' because an ANSI X.12 file is difficult to read without reformatting. Next you will see a screen like this:



12.9 ANSI X.12 Versions Change/Inquire

The Stratford program supports the ANSI X.12 transaction set

Previous to 2008, the program defaults to version 4010 A1 for these transaction sets:

270/271 eligibility
276/277 claim status
837/835 claims / EOB

997 Functional acknowledgement

You can change the version for any specific payer/clearinghouse. In other words, you can transmit directly to Blue Cross using version v4010 A1 and to Medicare using v5010 A1. Depending on how you setup your database, these versions will be sent in one of three different formats: Professional, Industrial, Dental.

From the main directory select #8, #7, #3. Enter the 'form type' of the payer/clearinghouse (the receiver of your claims) . Example 564 (same as 964)



On the insurance control file screen, select the 'EDI Type M6R964.DAT' tab.

Here is how you can easily change your current v4010 transmission to v5010. Simply click the **5010** link on the screen below. Your payer may want you to first test with several claims before you can transmit in 'Production' mode. They may want you to test in 'Test' mode. This varies from payer to payer. If you need to transmit in test mode, simply right-click on the ISA15 text box or click the **Test** link.

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r9xx_e.dat

EDI claim control

EDI format selection: [4010](#) or **5010**

ISA15 * [Test](#) or [Production](#)

ISA11

ISA12

GS08 * [Check with the payer](#)

Carrier number

Clearinghouse

Suppress the legacy IDs?

Suppress provider tax#

Suppress the Primary Key?

Element Separator

Sub-Element Separator

Segment terminator

Type of Claim

Type of Bill

POS=11 OV Address?

Preauthorization

Transmission records

ISA06

ISA07

ISA08

GS02

GS03

Submitter (Loop 1000A)

1000A NM103

1000A NM109

1000A PER02

1000A PER04

Billing/Pay to provider (Loop 2000A)

Group/billing/Pay to provider

Payer (Loop 1000B)

1000B NM103

1000B NM109

Loop 2300/2400

2x00 REF02 EW

Default diagnosis code version

If you want to change back to v4010, simply click the [4010](#) link on the screen above.

The information above works for most payers.

Any specific payer may require something that is not in the published specs so you may need to check with them.

Below are the individual text boxes that you may need to change and some more information.

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r964_e.dat

EDI claim control

EDI format selection: **4010** or **5010**

Carrier number: 31140
 Clearinghouse:
 Suppress the legacy IDs?
 Suppress provider tax#
 Suppress the Primary Key?
 Element Separator: 124
 Sub-Element Separator: 094
 Segment terminator: 126
 Type of Claim: mcds
 Type of Bill:
 POS=11 OV Address?
 Preauthorization:
 Billing/Pay to provider (Loop 2000A)
 Group/billing/Pay to provider:
 Payer (Loop 1000B)
 1000B NM103:
 1000B NM109:
 Loop 2300/2400
 2x00 REF02 EW:
 Default diagnosis code version: ICD9

ISA15: P * Test or Production
 ISA11: U ← Change to >
 ISA12: 00401 ← Change to 00501
 GS08: 004010X098A1 * Check with the payer

Transmission records

ISA06: BBB33333B
 ISA07: ZZ
 ISA08: 31140
 GS02: BBB33333B
 GS03: 31140

Submitter (Loop 1000A)

1000A NM103: SUBMITTER
 1000A NM109: BBB33333B
 1000A PER02: OFFICE MGR
 1000A PER04: 6506927970

Change to ICD10 only after the payer recommends →

Save these settings ← Don't forget to Save Edit m6r964.dat

Look on the left side in the 'Transmission records' section. Change ISA11 to the 'greater than' sign: > (or whatever the payer recommends)

Look on the left side, about midway down to the two text boxes in the section labeled 'EDI format'. Note that it is presently set up for 'Professional v4010 A1'

We will change that to 'Professional v5010 A1'. Right click on the ISA12 text box and select 00501. The reason is that you want this value to appear in the ISA segment, 12th element. This is the 1st record/line of the file that you transmit to the payer. That will tell the payer/receiver to expect this specific type of 'package'. The ISA segment is a fixed length record. Example:

```
ISA|00|.....|01|SECRET....|ZZ|SUBMITTERS.ID..|ZZ|RECEIVERS.ID...|012007|1044|^|00501|
000000905|1|T|^~
```

SELE⁵CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level2

Edit insurance control files

m6r564.ctl | **m6r964.dat** | m6p964.ini | m6r964_s.dat | m6r9xx_e.dat

EDI claim control

EDI format selection: 4010 or 5010

ISA15 P * Test or Production

ISA11 U

ISA12 00401

GS08 004010X098

EDI Format

- 1=00401 (v4010 and v4010 A1)
- 2=00501 (v5010 and v5010 A1)

Transmission records

ISA06 BBB33333B

ISA07 ZZ

ISA08 31140

GS02 BBB33333B

GS03 31140

Submitter (Loop 1000A)

1000A NM103 SUBMITTER

1000A NM109 BBB33333B

1000A PER02 OFFICE MGR

1000A PER04 6506927970

Carrier number 31140

Clearinghouse

Suppress the legacy IDs?

Suppress provider tax #

Suppress the Primary Key?

Element Separator 124

Sub-Element Separator 094

Segment terminator 126

Type of Claim mcds

Type of Bill

POS=11 OV Address?

Preauthorization

Billing/Pay to provider (Loop 2000A)

Group/billing/Pay to provider

Payer (Loop 1000B)

1000B NM103

1000B NM109

Loop 2300/2400

2x00 REF02 EW

Default diagnosis code version ICD9

Save these settings

Edit m6r964.dat

Next, right click on the 'GS08' textbox and select 005010X222 (or the correct selection).

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r9xx_e.dat

EDI claim control

EDI format selection: **4010** or **5010**

Carrier number: 31140
 Clearinghouse:
 Suppress the legacy IDs?:
 Suppress provider tax #:
 Suppress the Primary Key?:

ISA15: P * Test or Production
 ISA11: U
 ISA12: 00401
 → GS08: 004010X098A1 * Check with the payer

Transmission records:
 ISA06: BBB33333E
 ISA07: ZZ
 ISA08: 31140
 GS02: BBB33333E
 GS03: 31140

Submitter (Loop 1000A)
 1000A NM103: SUBMITTER
 1000A NM109: BBB33333B
 1000A PER02: OFFICE MGR
 1000A PER04: 6506927970

Group/billing/Pay to provider (Loop 2000A):
 Payer (Loop 1000B)
 1000B NM103:
 1000B NM109:
 Loop 2300/2400
 2x00 REF02 EW:

Default diagnosis code version: ICD9

Type of Claim specifications to use:
 1=004010X098 (Professional specs)
 1=004010X098A1 (Professional specs A1)
 2=004010X096 (Institutional specs)
 2=004010X096A1 (Institutional specs A1)
 3=004010X097 (Dental specs)
 3=004010X097A1 (Dental specs A1)
 1=005010X222 (Professional specs)
 1=005010X222A1 (Professional specs A1)
 2=005010X223 (Institutional specs)
 2=005010X223A1 (Institutional specs A1)
 3=005010X224 (Dental specs)
 3=005010X224A1 (Dental specs A1)

Element Separator: 124
 Sub-Element Separator: 094
 Segment terminator: 126
 Type of Claim: mclds
 Type of Bill:
 POS=11 OV Address?:
 Preauthorization:

Save these settings Edit m6r964.dat

This value will appear in the 'GS' segment, 8th element. Example:

GS|XX|SENDER CODE|RECEIVERCODE|19991231|0802|1|X|005010X222A1~

Here is an example of a finished screen - 3 things changed - ready to transmit in v5010

SELECT5CONTROLFILES - 399990 STRATFORD SOFTWARE RX TEST Level:2

Edit insurance control files

m6r564.ctl **m6r964.dat** m6p964.ini m6r964_s.dat m6r9xx_e.dat

EDI claim control

EDI format selection: **4010** or **5010**

ISA15 * [Test](#) or [Production](#)

→ ISA11

→ ISA12

→ GS08 * [Check with the payer](#)

Transmission records

ISA06

ISA07

ISA08

GS02

GS03

Submitter (Loop 1000A)

1000A NM103

1000A NM109

1000A PER02

1000A PER04

Carrier number

Clearinghouse

Suppress the legacy IDs?

Suppress provider tax #

Suppress the Primary Key?

Element Separator

Sub-Element Separator

Segment terminator

Type of Claim

Type of Bill

POS=11 OV Address?

Preauthorization

Billing/Pay to provider (Loop 2000A)

Group/billing/Pay to provider

Payer (Loop 1000B)

1000B NM103

1000B NM109

Loop 2300/2400

2x00 REF02 EW

Default diagnosis code version

That is all there is to it as far as the Stratford program requirements!

Your payer/clearinghouse/receiver may have other requirements: test files, different ID/password, and other items. Generally they will publish a date for the changeover and give you the information that you need. You can contact the Stratford support team to help you as needed.

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XIII

13 Creating Reports

There are many standard reports that you can create with the SSI® program. You should keep the two reports that comprise your audit trail, the Day Sheet (Transaction and Deposit Slip or 601) and the End of Month Report (Periodic Transaction Listing or 680). The end of month report is the report that your accountant will want to review.

13.1 Creating Reports

1. First you must be in the Report directory menu. To get to this screen you must select Report Program from the Accounts Receivable (main) directory.
2. Now you can select from the various Categories of Reports, Transaction listing directory or Account listing directory

13.2 601 Day Sheet

In the SSI® system this report is named the Transaction and Deposit Slip Audit. When you balance and audit your transactions, you will automatically create this report. See Balancing Your Entries for more information.

Day Sheet

- Lists all transactions posted since last day sheet
- Creates a deposit slip
- Breaks out payments by type cash, check, credit card
- Shows beginning and ending accounts receivable
- Totals charges, adjustments and payments
- Can be compared to appointment schedule to make sure all patient visits have been entered into computer
- Makes dollar amounts posted permanent to protect practice from embezzlement

Deposit Slip

The program will create a deposit slip on the right hand side of the Day Sheet. You have the option of getting an additional deposit slip on a separate page that prints after the day sheet. You may attach the additional deposit slip to your bank deposit. To activate the additional deposit slip, you must set up a deposit template file by the name of DPSLIP.DAT in your account.

The 601 (batch audit) can be created and printed in Alphabetical or Numerical order. You can change one of the main control variables. From the main menu select #8, then #1. When you get to the 'Master Settings' screen, select the 'Printing' tab.

309999 STRATFORD RX TEST ACCOUNT

Master Settings

Defaults (General) | Defaults (Forms) | Data entry | **Printing** | Labels

Normal (10 chr/inch)

Compressed (17 chr/inch)

Please do not make changes on this page
(You can, but please be very careful)

cform1

cform2

cform3

cform4

cform5

cform6

cform7

cform8

cform9

cformat

Sort 601: A=alpha, N=numeric

Allow 680 to be skipped

Here you can change the sort order for the 601 report.

13.3 671 Alphabetical patient listing

You may run an alphabetical patient listing at any time.

- The stars tell you whose accounts are past due
- Identify patients on "hold statement"
- See which patients are set to be recalled for future visits and reason for visit.
- Find out the next sequential account number.

13.4 672 Numerical patient listing

The Numerical Patient Listing is a quick reference to the status of your patient's accounts. This report can provide a valuable link between the billing office and those who deal with the patients at the front desk.

- The stars tell you whose account is past due
- Identify patients on "hold statement"
- Quickly check recall dates and reason for recall
- See if you have skipped any account numbers

13.5 673 Aged accounts

By getting a financial class aging instead of an alphabetical aging, you will be able to easily identify the patients who owe the most money for the longest time. Once you have identified the problem accounts, you will be certain that your collection person targets those accounts first. This is also an excellent way to track PPO's and HMO's.

The name of the file is M6R673.LST

- Keep Track of Past Due Accounts
- Easily Identify Slow Paying Patients
- Track Medicare, Medicaid Past Due Accounts
- Track HMO, PPO Past Due Accounts

13.6 674 Alphabetical aged patients listings

This report has the same information as the AGED PATIENT LISTING by financial class except that the program sorts the patients alphabetically.

The name of the file is M6R674.LST.

- Keep Track of Past Due Accounts
- Clearly Show Date of Last Payment
- Gives Patients Telephone Number
- Gives Aging of Your Total Accounts Receivable.

13.7 675 Aged by insurance

This report has the same information as the AGED PATIENT LISTING by financial class except that the program sorts the patients by insurance company.

The name of the file is M6R675.LST.

- Keep Track of Past Due Accounts
- Clearly Show Date of Last Payment
- Gives Patients Telephone Number
- Gives Aging of Your Total Accounts Receivable

13.8 676 Zero accounts in one financial class

This program will 'zero' all the patient account balances in a specified financial class.

This program can be run by selecting 6, 7, 6 from the main directory.

You will be asked for a financial class. Then the program will find all patient accounts in that financial class that have an open balance. It will automatically enter an offsetting transaction to bring the patient balance to zero.

This program is useful for Capitation because you will not receive a payment for individual charges. You may not want to manually enter a payment or minus adjustment to each charge.

This program also has other uses.

For example, you get the Stratford program from a payer and you have been using it only for EDI. You have not been entering payments. Now you want to start taking advantage of other

features of the program. You want to zero all the patient balances. The program will find each charge that has an open balance and post a payment to that charge to bring the charge balance to zero. When finished, all charges will have a zero 'open' balance and all patients will have a zero balance.

Be very careful with this program. It can do a lot of damage if misused. It can enter hundreds of thousands of transactions that would need to be manually removed if you did not want to run the program. You can see that this could do a lot of damage if that is not what you wanted. For this reason you must be sure to have a good backup before you run this program.

13.9 677 Listing by transaction codes

You may wish to get a list of all patients who are in your practice who have a certain diagnosis code.

- Track patients with a certain diagnosis code.
- Select a diagnosis code range that you want to track.

This screen will let you enter a range of research codes, provider codes, procedure codes, and diagnosis codes. The first field is the lowest (minimum/first) occurrence and the second is the highest (maximum/last) occurrence possible in the range. If you want a report for a single code, then enter that code as both the minimum and the maximum.

13.10 677 Patient listing by diagnosis, procedure (and other) codes

The Numerical Patient Listing is a quick reference to the status of your patient's accounts. This report can provide a valuable link between the billing office and those who deal with the patients at the front desk.

- The stars tell you whose account is past due<
- Identify patients on "hold statement"
- Quickly check recall dates and reason for recall
- See if you have skipped any account numbers

13.11 680 End of month report

The name of the file is M6R680.LST

- Monthly Audit of Accounts Receivable
- Calculates Figures for Accountant Quickly

This report is the second report in your audit trail. The first report is the day sheet. With the day sheet and the end of month report you should be able to reconstruct your entire accounts receivable. It is important that you keep these reports. This report cannot be recreated, when you run the report the transactions are flagged and will only appear on the report one time. You may run this report from the Report Directory.

This report provides a printed copy of the month's financial activity. It will be listed in alphabetical order by patient. The following information is included on this report:

- Patient account number
- Patient name
- Guarantor name
- Billing address
- Primary phone number
- Account Balance

- Financial class
- Previous balance
- Date of last statement
- Date of last insurance
- Aging code (*=30 days, **=60 days, ***=90days)
- Provider number
- Date of service
- Research code (if any)
- Procedure code
- Transaction description
- Bank number (payments)
- Diagnosis code (charges)
- Amount (charges, payments, adjustments)

13.12 681 Trial periodic transaction listings

This report is identical to the 680 with one exception: it does not mark the files.

13.13 682 Patient transaction listing

This report lists all the (non-purged) transactions ever entered for a particular patient. The formatting is identical to the 680 report. You may specify a date range.

13.14 683 Comprehensive transaction listing

This report lists all transactions by patient that have been entered into the computer. It is formatted identically to the 680 report. This report can be very large and take a very long time to print.

13.15 684 Transaction listing by date

This report lists all transactions by patient for a specified date range. It is formatted and laid out identically to the 680 report. This report can be very large and take a very long time to print.

SSI® Note: *****CUTOFF DATE IS VERY IMPORTANT*****

The Periodic Account and Transaction Listing is an END OF MONTH (EOM) ACCOUNTING REPORT that lists all the transactions entered since you last ran the 680 Report. You will get a Provider Production Report (685) and an optional Procedure Code Listing (687) when you request the 680 program.

The 685 and 687 reports created with the 680 may differ from a 685/687 report that is created from the menus. This is because the 680:685/687 uses only transactions entered since the last 680 was created without regard to the date. The 685/687 that is created from menus is based on a date range.

This Report must be run at the time of your END OF MONTH cut-off. When your cut-off date has been selected, do not make any transaction entries after the cut-off date. The program

marks the files during the 680 program, much as it changes the "a" to the "A" after the 601 AUDIT program. The computer keeps track of whether a transaction has appeared on a 680 Report. The 680 Report will only contain transactions that have never appeared on a previous 680. This report provides a printed copy of the month's financial activity.

The 681 Periodic Account and Transaction Listing that can be selected from the Report Directory is different from the 680 Program, and MUST NOT be substituted for the 680 Program!

13.16 685 Production report (by provider)

When you run your End of Month Report you will automatically get a provider production report. You may also run this as a stand-alone report. It provides the following:

- Totals for Charges, Payments, Adjustments per Provider
- Track Cash Flow
- Track Payment History of Insurance Carriers
- Sorts by financial class

Please note the section that discusses the batch audit (601). You may get a production report by provider with each batch audit. This batch audit production report has similar information to this provider production (685) report.

13.17 687 Production report (by CPT)

When you run your End of Month Report you will automatically get a procedure production report. You may also run this as a stand-alone report. It provides the following:

- Totals occurrences, billed amount and percent of all charges for each procedure
- Gives above totals for each provider and percent of all providers
- Lists totals for all providers
- Sorted by financial class

13.18 688 Open-item transaction listing

The Open-Item Transaction Listing will list all open-item transactions by patient that do not have a zero balance. These transactions will be listed by patient for the date range you specify.

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XIV

14 Creating Custom Reports

Custom Reports

In this section you will learn how to create custom reports for your practice. You will create your custom reports with the Report Generator. If you have a favorite data base program you may use it to produce your custom reports. Most standard report writers such as Crystal Reports, R&R and all others that we have seen will access Stratford's files. Stratford is an "open system". This protects your investment since the files are "self documenting". In most cases, you will not need any help from us to create your custom reports. We will not offer much discussion of these report writers here since they all have their own unique characteristics. Also, even though a mouse may be a bother with bookkeeping data entry, it can be very helpful when you are designing a report.

As you can tell by reading the Electronic Data Interchange section, the appointment scheduler section and the clinical note section, we believe in "open systems". We encourage outside developers and consultants to add enhancements to our products and we will do as much as possible to help.

14.1 Custom report

Report Generator Programs

Note that this section deals with the report writer that was developed in our old dos-compiled version and was brought to this windows-compiled version to maintain compatibility. The database is completely different so not all functions are 100% compatible. If you have trouble, please ask the support group and we can probably help you.

To reach the report generator programs select
6 Report Programs
from the ACCOUNTS RECEIVABLE (MAIN) DIRECTORY.
From the Report Programs Directory select
3 Rpt Gen: Collection, Recall, etc.
4 Report Generator: One at a time
5 Reports: Appointment Scheduler
6 reserved
7 Reports: Patient: Alpha, Numeric, Aging, Codes
8 Reports: Transaction/Production: 680/681/682/683, etc
9 New 'Windows' report creator/generator
10 Special programs (may not be supported in the future)

You will see the following reports in the Report Generator Programs Directory:

- 1 Create ALL PATIENT listing 631
- 2 Create CREDIT BALANCE listing 632
- 3 Create 90 DAYS PAST DUE listing 633
- 4 Create 60 DAYS PAST DUE listing 634
- 5 Create RECALL listing 635
- 6 Create ZERO BALANCE listing 636
- 7 Create ACTIVE ACCOUNT listing 637
- 8 Create NO TRANSACTION listing 638

You will see the following reports in the Report Generator: One At A Time directory:

- 1 APPOINTMENTS
- 2 APPOINTMENT LISTING (by date)
- 3 APPOINTMENT LISTING (by provider)

How to run the report generator

Select

6 Report Programs

then select

3 Rpt Gen: Collection, Recall, etc.

then select

3 Report generator 633 (90 days past due)

The report will start running. After the report is completed, you have the option of either printing or viewing the report. The report will look like this:

```

90 DAY PAST DUE ACCOUNTS   Stratford Demo Account   PAGE 1
633/633 DATE 6/11/92      520 South El Camino Real #524
                           San Mateo, CA 94402

Account Last      Last      90 Day
Number Name      Transaction Work Phone Balance Balance
10002 Another Patient 06/09/92 (650) 123-4567 1244.67 2245.67
10003 Another Patient 02/25/92 (650) 123-4567 200.00 200.00
10004 Another Patient 03/15/92 (650) 123-4567 400.00 400.00
10001 Sample A Patient 06/09/92 (650) 123-4567 12000.00 10000.00

```

Customizing Your Reports

In SHS®, you are allowed to customize the contents of the 631-638 reports. This includes recalls, the 635 report, which are discussed in the report section. Customized reports require the creation of 2 files; one controls the header of the report and the other controls the body.

Header	Body
M6R631.DAT	M6S631.DAT
M6R632.DAT	M6S632.DAT
M6R633.DAT	M6S633.DAT

Through	Through
M6R638.DAT	M6S638.DAT

For example, the above 633 report lists all patients with a 90 day past due account. It includes the account number, name, last transaction date, work phone, balance and 90 day balance. If you wish, you could add the patients home phone number by making the following changes. First, copy the M6S633.DAT and M6R633.DAT file into each of your data directories. The original files are found in the \130\1 directory. Then use your favorite text editor to add the appropriate field number pulled from the accompanying request code list, in this case [*08*], to the M6S633.DAT file. Finally, if you wished, you could add a matching header to the M6R633.DAT file. Be sure to save the files as ASCII or DOS text, otherwise SHS® will not be able to read their contents. Never use tabs [TAB] in these files.

Note All customized reports must have their control files located in the data directory (for most users this is \130\200). If this is not done, the changes in the reports will be lost when the program is updated. If you ever wish to return to the original report format, erase the customized reports from your data directory. If you have several accounts, then you will want to keep your customized reports in \130\4.

To change the M6R633.DAT file, type EDIT M6R633.DAT. The file would look like this:

```
010630501124124
```

```
90 DAY PAST DUE ACCOUNTS
```

```
Account   Last           90 Day
Number   Name   Transaction   Work Phone   Balance       Balance
```

```
(*** End of File ***)
```

Now add "Home Phone" to the end of the header line. Save your work and exit.

To change the M6S633.DAT file, type EDIT M6S633.DAT. The file would look like this:

```
[*13*] [*23*] [*34*] [*09*] [*25*] [*29*]
```

```
(*** End of File ***)
```

Add, [*08*] to the end of the line in this file. Save your work and exit.

Next time you run the 633 it will now contain the home phone as well.

Enhanced reporting capability will be available in upcoming SHS® releases.

Note The maximum number of characters on any line is 131. Use the Request Code List to check the width of each field. In this example, adding the home phone will increase the report width from 109 characters to 125. Never use tabs in your templates; always use spaces.

Request Codes

When working with the Report Generator, you will be able to request information from patient accounts by using a request code. The Request Code will tell the computer which information you want to include in your report. The Field Length tells you how many spaces this information will take up when the report is printed. The Description tells you what information you can expect to print when you use this Request code.

Requested Data: Trimming spaces

According to this manual, the Last name takes up a fixed number of character spaces in the finished document. If the last name is Smith and you only want to use 5 characters enter your request codes with a “T” (for “trim”):

[*02*], [*03*] a fine person =
SMITH , JOHN a fine person.

[*02T*], [*03T*] a fine person =
SMITH, JOHN a fine person.

The first (non-trimmed) method is good for making single line reports like an alphabetical listing. The second is good for the body of a letter.

If you want to make a fancy letter such as a “mail merge” reminder, create your template using Microsoft Word. Use the fancy fonts, etc. When your final document is printed, the request codes will be replaced with your data and it will be beautiful. Those of you who are computer literate can use a Wizard in Microsoft Word to directly access the Stratford data files. You do not even need the Stratford report generator.

The codes, their description and field length are as follows:

Request Code	Field Information Description	Field Length
[*01*]	Name of Financial class	11
[*02*]	Last name	14
[*03*]	First name	10
[*04*]	Middle initial	1
[*05*]	Sex	1
[*06*]	Date of Birth	8
[*07*]	Social Security Number	11
[*08*]	Home phone number	14
[*09*]	Work phone number	14
[*10*]	Billing name	25
[*11*]	Billing street address	25
[*12*]	Billing city state zip	25
[*13*]	Account number	6
[*14*]	Last Doctor Seen	2
[*15*]	Statement cycle status	4
[*16*]	Employer name	25
[*17*]	Date of Injury	8
[*18*]	1st Information Line	25
[*19*]	2nd Information Line	25
[*20*]	3rd Information Line	25
[*21*]	Main Diagnosis	6
[*22*]	Age	7
[*23*]	First name MI Last name	27
[*24*]	Number of Insurance Coverages	1
[*25*]	Account balance	11
[*26*]	Current balance	11
[*27*]	>30 day balance	11
[*28*]	>60 day balance	11
[*29*]	>90 day balance	11
[*30*]	Account recall date	12
[*31*]	Date of last statement	8
[*32*]	Date of last insurance	8
[*33*]	Date of first transaction	8
[*34*]	Date of last transaction	8
[*35*]	Date of last charge	8
[*36*]	Date of last payment	8
[*37*]	Report Date	8
[*38*]	Account Aging	3
[*39*]	Financial class: numerical	4
[*40*]	Computer's date ex: 07/14/93	8
[*41*]	Computer's full date, ex: 19990714	8
[*42*]	Computer's time 12 hour, ex: 03:41	5
[*43*]	Computer's time 24 hour, ex: 15:41	5
[*44*]	Computer's date, ex: July 14, 1994	11-18
[*45*]	Reserved.	
[*46*]	Reserved.	
[*47*]	Month of Date of Birth	2
[*48*]	Patient Marital Status	8
[*49*]	Patient zip code	9

[*50*]	Primary insurance Name	25
[*51*]	Primary insurance Add 1	25
[*52*]	Primary ins. City State Zip	25
[*53*]	Subscriber Name	25
[*54*]	Subscriber Add 1	25
[*55*]	Sub. City State Zip	25
[*56*]	Patient Add 1	25
[*57*]	Pat. City State Zip	25
[*58*]	Patient Relationship	6
[*59*]	Patient Signature on File	11
[*60*]	Accept Assignment Yes or No	3
[*61*]	Subscriber ID	20
[*62*]	Subscriber Group No	15
[*63*]	Bill as a Crossover Yes or No	3
[*64*]	Private Form Type, if none N/A	3
[*65*]	Reserved.	
[*66*]	Reserved.	
[*67*]	Reserved.	
[*68*]	Referring Person & Address	36
[*69*]	Referring Person ID	9
[*70*]	Facility Name & Address	36
[*71*]	Facility ID	9
[*72*]	Laboratory Name	36
[*73*]	Laboratory ID	9
[*74*]	Outside Lab Yes or No or Spaces	3
[*75*]	Work Related Yes or No or Spaces	3
[*76*]	Auto Accident Yes or No or Spaces	3
[*77*]	Similar Symptoms Yes or No or Spaces	3
[*78*]	Family Planning	8
[*79*]	Prior Authorization	11
[*80*]	Laboratory Charges	9
[*81*]	Date of Illness	8
[*82*]	Date of Consult	8
[*83*]	Date Returned to Work	8
[*84*]	Date Total Disability From	8
[*85*]	Date Total Disability To	8
[*86*]	Partial Disability From	8
[*87*]	Partial Disability To	8
[*88*]	Hospitalized From	8
[*89*]	Hospitalized To	8
[*90*]	Secondary Insurance Name	25
[*91*]	Secondary Insurance ID	20
[*92*]	Secondary Insurance Group	15
[*93*]	Tertiary Insurance Name	25
[*94*]	Tertiary Insurance ID	20
[*95*]	Tertiary Insurance Group	15
[*96*]	refer to LN108	25
[*97*]	Referring Address 1	
[*98*]	Referring City State Zip	
[*99*]	Secondary Insurance Company Address 1	
[*100*]	Secondary Insurance Company City State Zip	
[*101*]	Tertiary Insurance Company Address 1	
[*102*]	Tertiary Insurance Company City State Zip	

[*103*]	Group Provider NPI	
[*104*]	Provider NPI	
[*105*]	Patient Date of Death	8
[*106*]	Guarantor Name	
[*107*]	Guarantor Address 1	
[*108*]	Guarantor Address 2	
[*109*]	Guarantor City State Zip	
[*110*]	Reserved	
[*111*]	Reserved	
[*112*]	Reserved	
[*113*]	Reserved	
[*114*]	Reserved	
[*115*]	Reserved	
[*116*]	Reserved	
[*117*]	Reserved	
[*118*]	Reserved	
[*119*]	Reserved	
[*120*]	Reserved	

You will indicate with a code where you want this information in your report. The computer will replace the code with the information that you requested.

Additional fields will be made available on future software updates.

Patient Account Selection For Your Custom Reports

You may customize your reports by adding your selection criteria. You may add the selection criteria to any of the request codes (fields) listed above. These selection criteria are the following:

- >= greater than or equal to
- <= less than or equal to
- = equal to
- > greater than
- < less than
- != not equal to
- \$ contained in
- !\$ not contained in

These "expressions" are used in control files that are set up exactly like those described in the section: Optional/Special Purpose Functions.

For example, we want a custom report with the following criteria.

We want patients with a balance that is at least 90 days past due.

We do not want any Medicaid patients.

We only want patients whose last names begin with K through T.

We only want male patients.

We do not want anyone who has Aetna as their primary insurance.

To do this is easy. The "633" program will select **ALL** the patients with a balance at least 90 days past due so that is the one we will use. The problem is the other criteria. To handle those additional criteria we will set up a control file named: M6R633.CTL. Inside the file we will put the following lines:

```
[*39*]!=03    (This will eliminate the Medicaid patients)
[*02*]>=K    (This eliminates names that begin with A through J)
[*02*]<=T    (This eliminates names that begin with U through Z)
[*05*]=M     (This selects male patients)
[*50*]!$AETNA (This eliminates the patients with Aetna primary insurance)
```

Note The format for date usage in selection criteria is: YYYYMMDD. Example: To specify January 9,1951 you would use 19510109.

Now for a short test to see if you understand this "complicated stuff". What if you did not want to use the "633" program? How would you use the "631" program?

Answer: The "631" program will select **ALL** patients so the control file you must setup will be the same as above with an additional criteria: patients with a balance that is at least 90 days past due. Begin by creating M6R631.CTL as shown in the example above for the "633" program.

Add the following criteria:

```
[*29*]>0    (The program will put 0.00 if the balance is zero)
```

This is an extremely powerful feature and unfortunately, the price to pay is that it is not as easy to use as you might like. It may take some experimenting, but once you have your report set up, it can be run from the menu with no operator intervention.

14.2 New Custom report writer

Reserved Report Generator Programs

This section is about the windows-compiled version of the Stratford report writer. This report writer will not replace some of the commercial 'user friendly' report writers like Crystal Reports.

We are well aware that this report writer is not for the average user. However, we have written some common reports that many people might like and so you can have the advantage of what is probably the most powerful report writer

available for the Stratford program without the pain.

If you are a programmer or someone who is very 'technically oriented' you may be able to take our samples and modify them. If you subscribe to our support and you are good to work with, we may be willing to help you - that is not a promise. Custom programming is definitely not included in our support. Also, Stratford advertises that it does not offer custom programming.

We include some samples in the folder: \Stratford\ssiw\2\reports. You must not make any changes to those files in that folder. The reason (explained better in other sections of this manual) is because we destroy/replace everything in the 0,1,2 folders with each update. If you place anything that you want to keep there, it will disappear the next time you get an update. If you want to make changes, you must copy the appropriate files to your private folder or your licensed A/R folder. An example of a licensed A/R folder is 309999.

Your private folder depends on your computer name. Let's say you named your computer 'xp02'. After you first log into the Stratford program, you will magically have a folder named: **C:\Stratford\ssiw\4\Computer\xp02**

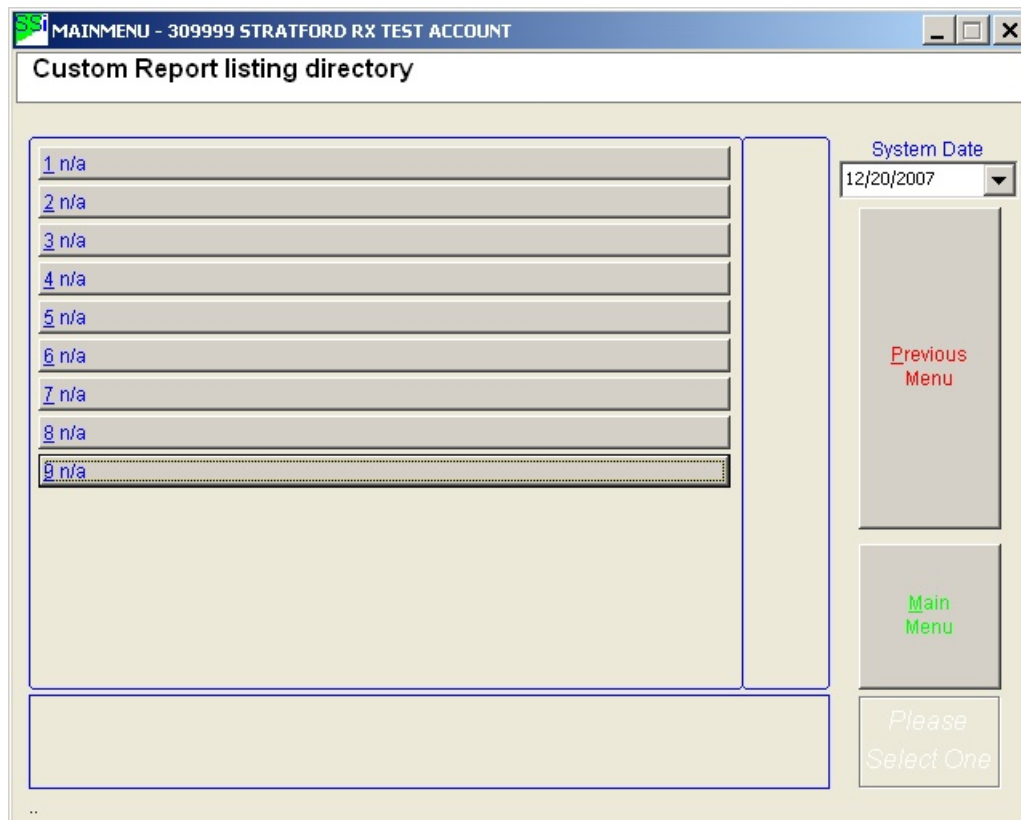
This report writer is not that easy to describe how to use. You will access the report(s) by selecting from the main directory: #6, #9

We are in the process of setting up some 'standard' reports at this time. If you are interested in a report that you think would be of interest to most Stratford clients, please let us know. Maybe we will put the report you suggest in that report menu as a sample.

The files that make up a custom report are named like this:

1. m6r1691.frx <<< the main report template
2. m6r1691.frt <<< support file for the template - you would never access this file for any reason
3. m6r1691.prg <<< has programming code to select fields from the data tables
4. m6r1691.ini <<< has the menu selection display

After going to the menu will see a screen like this.



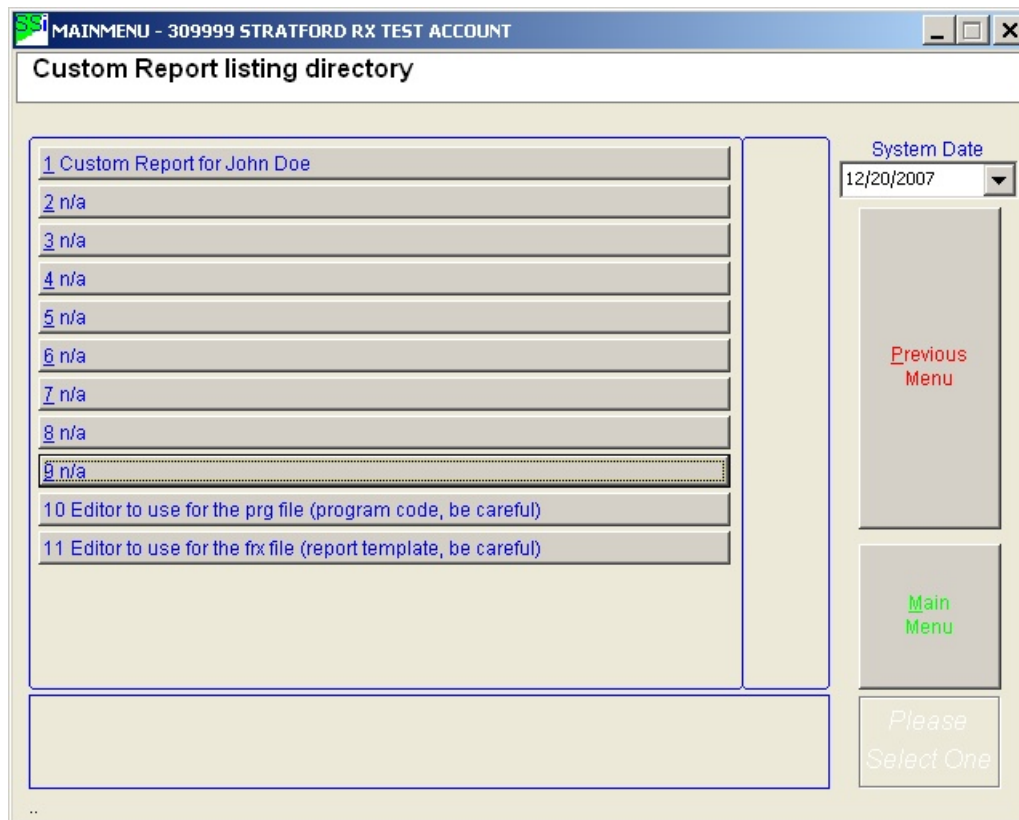
You can create a file named: m6r1691.ini and enter the following:

```
* Note: designed for John Doe
* put this ini file in the client A/R: example:
C:\Stratford\ssiwins\309999
* There should be other files,
* m6r*.ini << this file. It must be in your a/r
* m6r*.prg << the code for SQL and possibly other code. Be careful
making changes here. You could lose data
* m6r*.frx << the report template. You must use the internal program
to make modifications
* m6r*.frt << ignore this. Do not ever make any changes here
* m6r*.fxp << ignore this. Do not ever make any changes here
* m6r*.bak << ignore this. Do not ever make any changes here - this
may not be present.
```

```
[Settings]
menuselection=Custom Report for John Doe
```

We recommend that you use an editor like Windows Notepad or the one built into the Stratford program: from the main directory select #7, #11. When you first build a report, you should place the files in your A/R (ex: 309999). This file must not be created with Windows: Wordpad, MS Word or any other editor that enters invisible formatting codes.

After creating the m6r1691.ini file you should see this:



Notice the 2 new menu selections: 10 and 11. These can be used to modify the report files. Number 10 is an ordinary text editor like Notepad (nothing fancy). You can use this for programming. Of course, there are much better code editors, however, this one will not put any control codes in your files and so will not cause any trouble with your programs.

Now we will create a program in a file named: m6r1691.prg. The Stratford program has a built-in compiler and when you run the report, it will compile your program code and create a new file named m6r169.fxp. We put this as our program:

```
* Custom report for John Doe in account 309999

vp_tmpfile = goApp.login_TempPathComputer + "m6r1691.dbf"

IF USED("VFRX")
  USE IN VFRX
ENDIF

Select ;
  m6nmpt.cCode AS pt_cCode, ;
  m6nmpt.cFname, ;
  m6nmpt.cLname, ;
  m6nmpt.cAdd1, ;
  m6nmpt.cAdd2, ;
  m6nmpt.cCity, ;
  m6nmpt.cState, ;
```

```
m6nmpt.cZip,      ;
DTC(m6nmpt.dDob) as pt_DOB, ;
m6nmpt.cSSN,      ;
m6ptpl.nBal       ;
FROM ;
ptshare!m6nmpt,   ;
ptdata!m6ptpl     ;
WHERE ;
m6ptpl.inmptiid = m6nmpt.inmptiid ;
ORDER BY ;
cLname,cFname     ;
INTO Cursor VFRX

Set step on
x=1
y=2
z=3

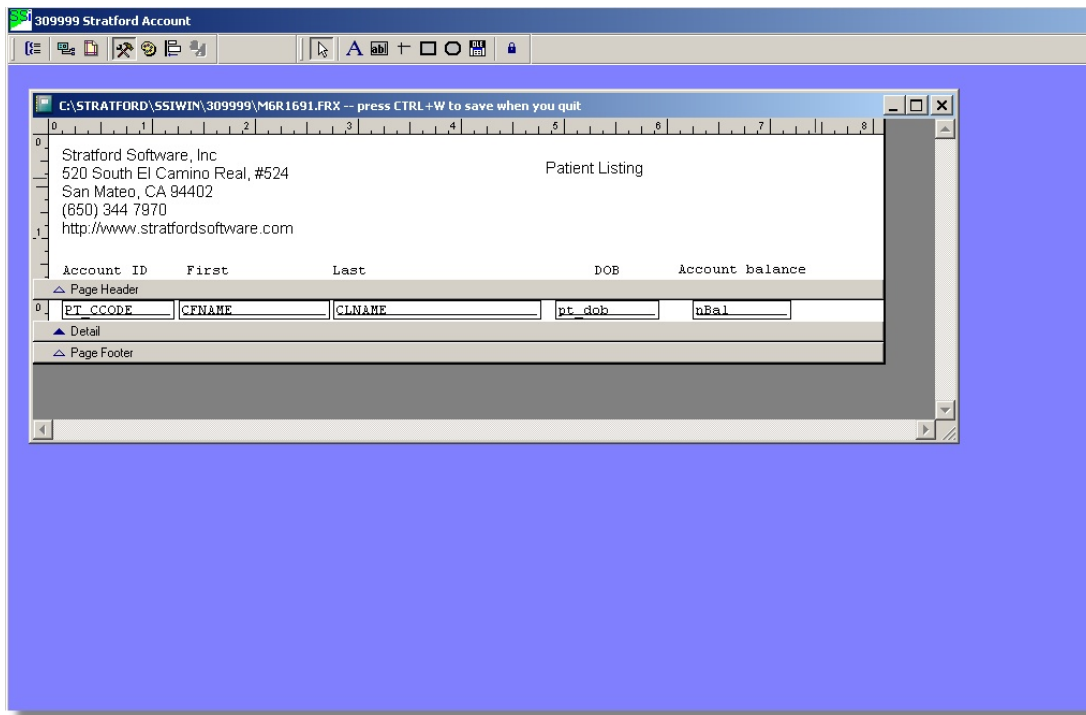
vp_tmpfile = goApp.login_TempPathComputer + "VFRX.dbf"
If ADir(aDummy,vp_tmpfile) = 1
  DELETE FILE (vp_tmpfile)
Endif

SELECT VFRX
DELETE FILE ("test.*")
INDEX on cLname+cFname TO TEST
COPY TO (vp_tmpfile)

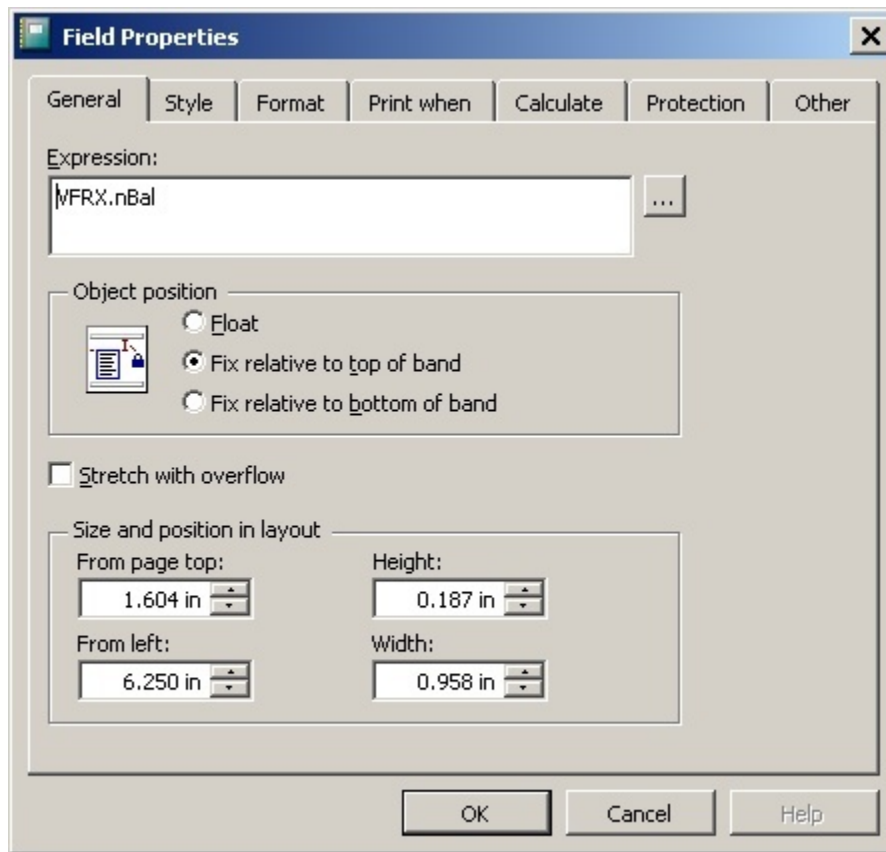
* remove the * to make this work. It will show your raw data prior to running the
report
*ACTIVATE SCREEN
*BROWSE
```

Just a reminder. Do not use an editor that puts control codes in your file. If the words above look cryptic, don't worry. It is just another language like English or Spanish only this one can be read by the Stratford program. It will read the patient names and account balances from your data tables.

Now select #11 on the menu to create/modify a report template. You will see something like this:

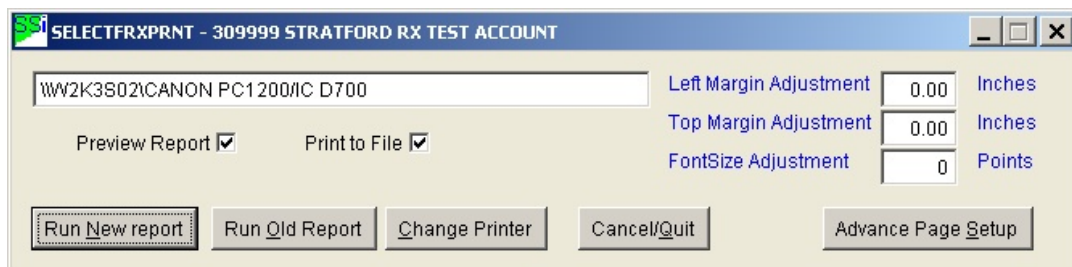


This should display the patient account number, first name, last name, date of birth and the account balance. If you right-click on the 'nBal' text box and select properties you will see something like this:



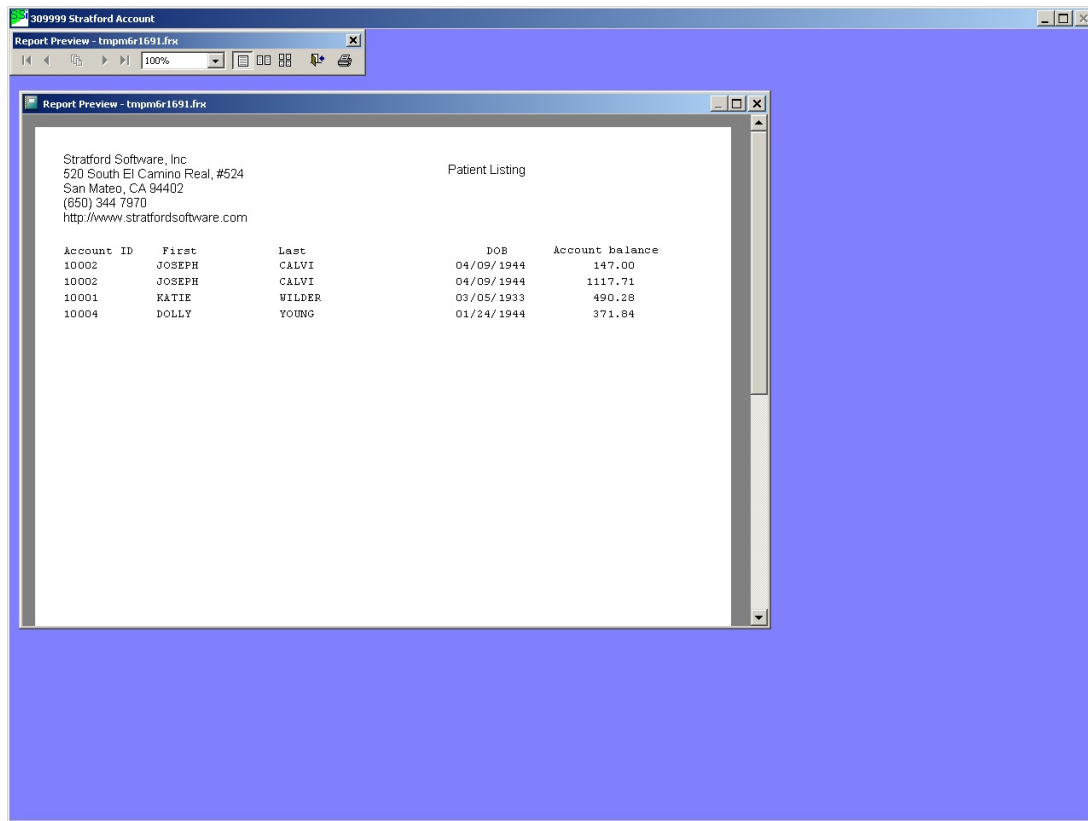
Close the windows built into the Stratford program with CTRL+W. That will save any changes. If you do not want to save any changes, just click the 'X' box in the upper right corner of the editor window.

Now select #1 on the menu to run your report. You will first see the preview creation screen:



This screen allows you to change the printer if you want. You do not need to print now. This 'preview' of your report will have nice formatting designed for a laser printer. If you do not print here, there will be an ANSI plain text version on the main menu that you can print like you print any other files.

Press the 'Run New report' button. This will show the preview, but will not print it. You can print if you want.



Note: if you have a long, multi-page report you must use the 'PageDown' and 'PageUp' keys to go from page to page on most computers. The arrow keys will move inside one page. You cannot make changes to this view. Think of it as being a 'PDF' format. If you want to create a PDF version with this nice, laser formatting, you should consider getting a printer driver that creates PDF files.

You can simply close this window without printing if you want.

We know that this will not be very helpful for most people. It is here because Stratford does have a significant number of clients who can program or have access to someone who can do some programming.

Note: the files we used to create this report are available to you. Look in the \\ssiwin\2\report folder.

We want your feedback.

*Stratford Software, Inc.
EDI and practice management software*

Part

XV

15 Optional Features

This section is a catch-all for most of the special purpose and optional codes and functions that are available. For example, the CMS insurance forms instructions specifically state that you may not use decimal points in the amounts or any other punctuation. We have had requests from some clients who want to have the decimal points. We know that when Medicare starts machine reading the forms in that client's area, the form will be rejected, however, we are trying to accommodate any reasonable request. Therefore, there is a way to get the decimal points. The end of this section contains a step by step example on "how to set up a control file".

The first options to be presented are activated/controlled by using "control" files. The control files are named the same as the program you wish to control. The programs have the same names as the print file that is created. For example, you want decimal points on the new CMS form. The "number" for ordering the CMS form is 511. The print file that is created is M6R511.LST. The program name is M6R511. The control file is named M6R511.CTL. In the control file are statements that are very much like in Microsoft Windows control files. In our example there would be a one line command: amountdecimal=yes.

15.1 Building Control Files

Building Control Files

For the statements below assume that form 511=private, 512=workman's comp/Industrial, 513=medicaid, 514=Medicare. You may use any form type you want, of course.

Paper claim control

The following section shows you how to accomplish the following special options by building control files.

- Use single digit place of service on the 511 form
- Use a decimal point on the 511 form. Remember that most Medicare intermediaries do not allow the use of a decimal on the 514 form.
- Put an "Amount Due Now" line on the Open-Item Statement. This will reflect the amount due on only those charges that have transactions posted to them.
- Print balance forward statements for open item accounts.
- Eliminates the diagnosis codes from printing on the statements

To get the single digit place of service on the 511 perform the following:

- Quit the program
- CD\ssiw\4
- EDIT M6R511.CTL
- Use your text editor to add the following in lower case, do not insert any spaces
- pos1char=yes
- test by demanding a form and viewing the results.

To have the decimal point appear in dollar amounts on the 511:

- Quit the program
- CD\ssiw\4
- EDIT M6R511.CTL
- Use your text editor to add the following in lower case, do not insert any spaces
- amountdecimal=yes
- test by demanding a form and viewing the results.

Statement control below

1. To print the amount due on this one form/page perform the following:
 - Quit the program
 - CD\ssiw\4
 - EDIT M6R431.CTL
 - Use your text editor to add the following in lower case, do not insert any spaces
 - `amtdueinbox=yes`
 - test by demanding a form and viewing the results.

2. To prevent the balance from printing on a statement perform the following:
 - Quit the program
 - CD\ssiw\4
 - EDIT M6R431.CTL
 - Use your text editor to add the following in lower case, do not insert any spaces
 - `stopsmtbalance=yes`
 - test by demanding a form and viewing the results.

3. To get open-item statements to print the total due now perform the following:
(amount will only be on the last page of a multi-page statement)
 - Quit the program
 - CD\ssiw\4
 - EDIT M6R431.CTL
 - Use your text editor to add the following in lower case, do not insert any spaces
 - `amountduenow=yes`
 - test by demanding a form and viewing the results.

Note: if all 3 above are missing or set to 'no' then the default is for the actual patient balance to print on every form/page regardless of the transactions on a specific page.

To get balance forward statements for open item accounts perform the following:

- Quit the program
- CD\ssiw\4
- EDIT M6R401.CTL
- Use your text editor to add the following in lower case, do not insert any spaces
- `doopenitm=yes`
- test by demanding a form and viewing the results.

To prevent diagnosis codes from printing on statements perform the following:

- Quit the program
- CD\ssiw\4
- EDIT M6R401.CTL (or M6R431.CTL for open-item stmts)
- Use your text editor to add the following in lower case, do not insert any spaces
- `printdx=no`
- test by demanding a form and viewing the results.

15.2 List of Features

List of Features

Files	Command	Description
most files	<code>lmargin=x</code>	causes the left margin to

		be moved right x columns.
most files	prtsetup=xxxxxx	used mostly for laser printers. This gives codes7 to be sent to the printer prior to printing
most files	prtreset=xxxxxx	used mostly for laser printers. This gives codes to be sent to the printer after printing
most files	rptlength=66	used mostly for laser printers. This changes the length of the text in the file.
M6R1885.CTL	ignoreopenitem=yes	will cause the transaction deletion program to delete transactions as though the account is not open item
M6R4.CTL	2-up=yes	will cause the right side of the statement to print giving a "2-up" statement. Report width=130
M6R4.CTL	alternating=yes	similar to 2-up=yes except that the "insurance" side will print on the next form; allows using the 1-up statements
M6R4.CTL	amtduinbox=yes	suppresses printing the patient balance in boxes and instead prints amount due
M6R4.CTL	amountduenow=yes	will print "Patient amount due now" on open item statement
M6R4.CTL	printdx=no	suppresses diagnoses printing on statements
M6R4.CTL	prtpvbottom=yes	will cause the provider name to print at the bottom of the statement
M6R4.CTL	prtpvtrxline=yes	will cause the provider lookup code to print on the statement transaction line. Optionally use with prtrefdr so the provider name is at the bottom of the statement
M6R4.CTL	prtrefdr=yes	will cause the referring doctor name to print on the statement
M6R4.CTL	rejectpaper=no	will cause the form to be created even if there are errors like missing name &/or address. An audit is created
M6R4.CTL	rptskipdays=x	causes x days to be skipped before printing a transaction on a statement. If a patient

		came in every x days they would never get a statement
M6R4.CTL	stopsmtaging=yes	suppresses printing aging on statements
M6R4.CTL	stopsmtbalance=yes	suppresses printing the patient balance on statements
M6R4.CTL	smpaoc=0	0=use common setting, yes or no override the common setting
M6R4.CTL	doopenitm=yes	process open item accounts on regular statement run (401)
M6R401.CTL	doopenitm=yes	process open item accounts on regular statement run (401)
M6R401.CTL	alternating=yes	like '2-up' above but works with 80 column printer: prints next statement with charges only, for insurance billing
M6R401.CTL	docontrolcode=1	will cause the 401 stmt program to only look at patients with data control code=1; if you put 12 then it will look at patients with code=1 or 2
M6R401.CTL	doopenitm=yes	will cause the 401 stmt program to print open-item patients
M6R431.CTL	prtchgifnoins=yes	print charges without regard to activity if no insurance is registered for patient
M6R5.CTL	amountdecimal=yes	causes decimals to print on the CMSforms. Default is no
M6R5.CTL	barcode=xxx	xxx=yes causes the ins co name to start printing at position 45 (avoids the bar code). if xxx is a number (15-55), the ins co name will start printing at that position
M6R5.CTL	Bx19keyedclaimtype=xx	xx=value to be put in CMS 1500 box 19 for "keyed claim type" XE "Keyed claim type"
M6R5.CTL	carriernumber=xxxxx	the Medicare carrier number, taken from the federal register. (ex: 951=WPS in Wisconsin)
M6R5xx.CTL	clearinghouse=xxx	the clearinghouse/carrier which will receive your transmission. ex:

		xxx=carevu,ets, and others which are predefined by Stratford
--	--	--

m6r5xx.ctl:

At this time we continue to support many special forms for different carriers, specialties and state requirements. We believe there is a trend away from many different forms and possibly in the future every insurance company will accept the CMS 1500 form for medical and the ADA form for dental. There will continue to be different requirements for completing the form and the codes in this file are the way that the Stratford program will know how to print the form for you. The Stratford program can print almost any type of claim at this time using the numbered series: 511-519 and 561-569. These programs are matched to the integrated EDI programs 911-919 and 961-969. The EDI programs in the 911-919 and 961-969 series are programmed to transmit in either the National Standard Format (NSF) or the ANSI 837 format. You may only transmit the dental forms using ANSI 837. At this time we believe the ANSI 837 format (or its successor) will eventually replace all other formats. We are not doing any NSF updates except for those carriers that will not accept the ANSI 837.

m6r1885.ctl:

ignoreopenitem=yes

This is for the transaction deletion program.

Description: ordinarily no transactions are deleted unless the charge has a zero balance. If the balance is zero, the charge and its associated payments, adjustments and memos are deleted.

If this switch is used, all transactions will be deleted as though the account is not open item. If the deleted transactions do not total zero, a new transaction will be placed in the account to keep the patient's balance and the accounts receivable from changing. If the deleted transactions total a minus amount, a zero charge will be placed in the account and a payment will be associated with that charge to keep the minus amount.

m6r673.ctl:

bucket1=3

bucket2=4

bucket3=5

The 'buckets' refer to the 3 columns in this report. Please refer to a copy of the report to help you understand this discussion. The first column labeled 30-59 days is controlled by bucket number 1. The second column labeled 60-89 days is controlled by bucket number 2. The third and last column labeled ≥ 90 days is controlled by bucket number 3. The defaults for the buckets are written above. When bucket1 is equal to 3, then the first column will show amounts that are at least 30 days past due. When bucket2 is equal to 4, then the second column will show amounts that are at least 60 days past due. When bucket3 is equal to 5, then the third column will show amounts that are at least 90 days past due. Calculate it this way: decide the aging intervals you want, divide by 30 and then add 2. This seems complicated but most people are happy with the 30/60/90 breakdown and we are discussing this for those people who want a custom printout. Those people want to be able to control the program and to do that you must work a little. This really does not qualify as 'high math' anyway. For example you want all the people who are 1 year past due to sort to the top of each financial class. Ok, let's figure this out. 1 year is about 360 days, right? Using the formula above we divide by 30 and we get? (answer=12). Now we add 2 (answer=14). The final answer to the problem is 14. We did not explain it very clearly above but this report sorts bucket 3 to the top. Bucket 2 is next, and bucket1 is last. Of course, after bucket1 are the people who are current. The current people appear on this report because most accountants want the aged account listing to show all accounts who do not have zero balances. The sorting is to help you with collections. Back to the problem: You want the people who are 1 year past due to sort to the top. To do this put the following line in your control file:

bucket3=14. This will not make sense to many of you, but if you try it and then print the report (or view it on your screen) you will see what the program is doing. If you think we are describing what you want, but you do not understand this discussion, please fax. We are ready to help you. We do not care if you learn to program the reports or not, but we do want you to get the reports you need and so we will set up the control file for you.

```
m6r681.ctl:  
do685with681=yes  
do687with681=yes
```

Most clients are set up so they get the 685 (financial summary production report) and the 687 (CPT production report) at the same time that they get the 680 (month end or periodic closing report). There is another report we call the 681. The 681 is exactly like the 680 except that it does not set any flags in the data files. This means it is a 'trial' 680, that is, you can create it repeatedly and see the same transactions over and over. The 680 does set flags so when you create it, the transactions are marked so they will never appear on a 680 again. This makes the 680 a true 'audit'. Some offices like to create a 681 to see if there are any obvious errors that must be corrected (like posting charges to the wrong provider in a group) before they create the month end report for accounting purposes. The switches above allow you to also get the financial summary report at the same time. By using both switches you cannot tell the difference between a 680 and a 681 except for the number in the upper left of the report.

15.3 Database Structure (Export)

This is only for technical users. Please do not call Stratford support with questions about this section. Support for this is not included in your regular support subscription.

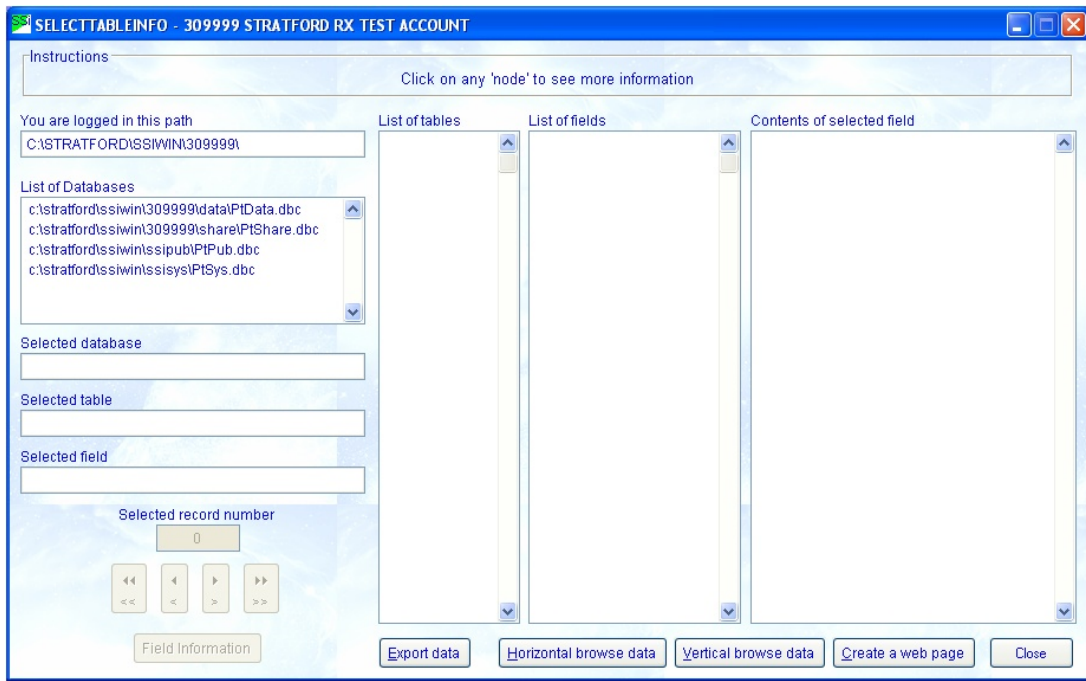
This section is mainly meant to allow access to the lowest level of the database structures and the data tables. The Stratford support personnel may ask a user to access this section with its associated screens for various reasons.

We may help some users if they can prove they are technically competent at accessing data tables with specialized tools and have knowledge of a database structure that uses primary and foreign keys to link records. This screen could be used by someone who wishes to create a custom report using a report writer like Crystal Reports. For example, the main patient demographic record is contained in a table named m6nmpt.dbf. if you want to see all the tables that are linked to a specific patient record in that table, this screen will give you that information. To repeat, this is not something that is designed for the casual user. In fact, maybe we should say it is only for programmers, although we do have users who are able to use this screen and they are not professional programmers.

An additional feature that is available with this screen is the ability to export the data in any table. The primary export that is supported is XML (although there are other selections). There is no schema at this time, however, we may be willing to expand the feature if there is an interest. Remember that Stratford does not do custom programming so any requests must be 'generic', that is, usable by more than one of our clients and/or more than one specialty.

From the main menu select #7 Other information and services, #1 Other information....., #3 Database/Tables/Field/Contents

Here is the screen:



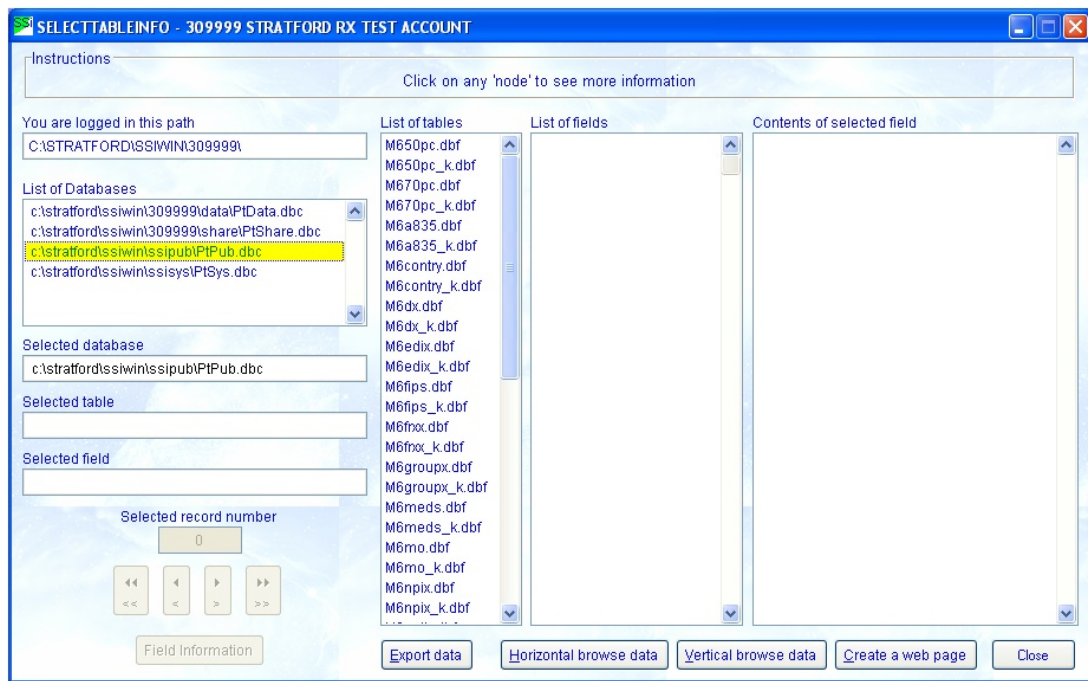
Note that when you enter this section, the Stratford program has already identified all the data tables that are related to your present login. Here we have logged into the account number 309999. Above we can see that we have data in 4 different locations. Each of these 4 locations have a 'database container'

1. c:\stratford\ssiw\309999\data\ptdata.dbc
2. c:\stratford\ssiw\309999\share\ptshare.dbc
3. c:\stratford\ssiw\ssipub\ptpub.dbc
4. c:\stratford\ssiw\ssisys\ptsys.dbc

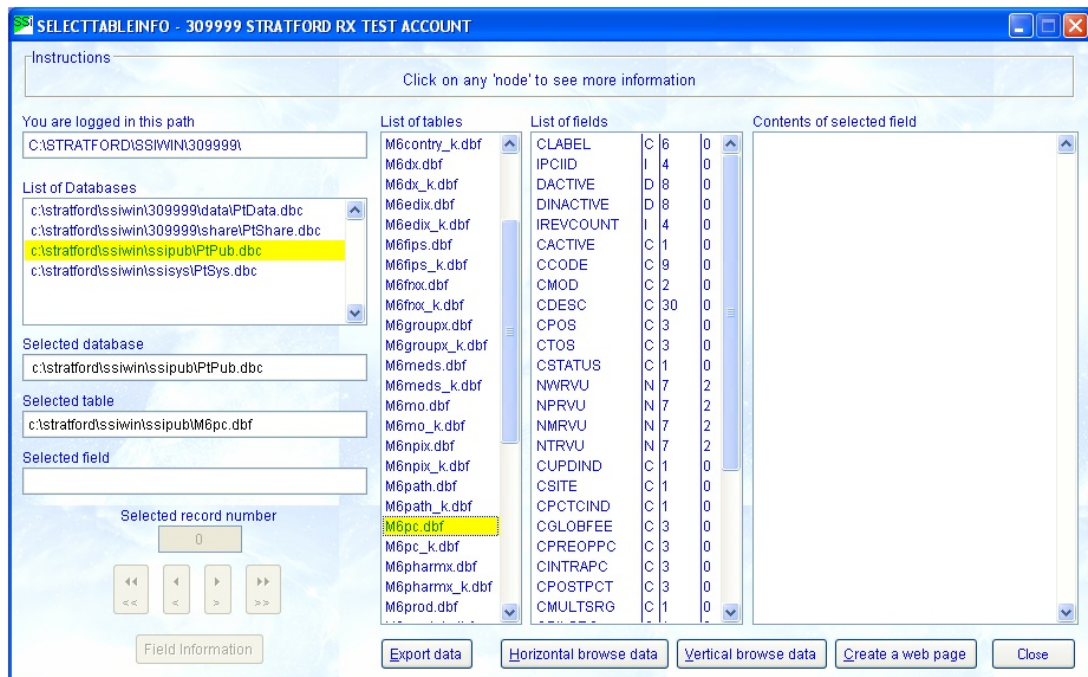
The data that are located in the 1st 2 locations above are specific to this one login (one folder - one A/R - one provider/group of providers) and that data are not available to any other account (if you have more than one account on your computer)

The data in the 3rd and 4th location are 'public' and are available to any account on your computer. An example of data that would be here is a procedure code listing. It would be a waste of disk space to have more than one copy of this since there may be significant duplication even for different specialties. Also, if you have a billing service with many different clients (in different accounts/folders) you can enter a new procedure code and it will automatically be available to all accounts on your computer. Of course, when you use the procedure code in a specific account in a specific patient transaction screen, the procedure code is copied to a new table where it is private.

To show how we might use this screen, we will take a look at the procedure code file. Since it is public it is located in the 'ssipub' subdirectory. *The ssisys directory is also public but that is reserved for data that is used by the program and will (almost) never be of any value to our users.* To access the data in ssipub, click on that 'Database' and you will see the screen below:



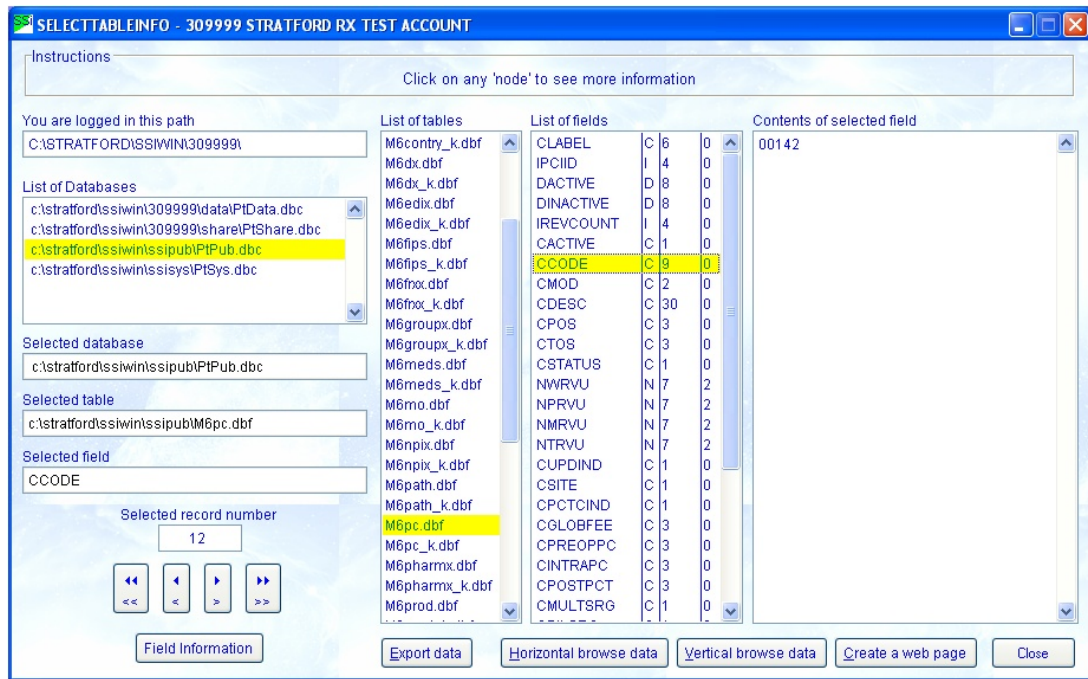
The list of tables are in alphabetical order. Hint: the files ending in '_k' are control files and do not contain user data so ignore them. The procedure codes are in a table named m6pc.dbf. You don't see it above. You will need to click on the vertical scroll bar and pull it down. When you see the table named m6pc.dbf, click on it. You will see this screen:



Now you can see a list of the fields that are contained in the m6pc table. If you want to see the data, you must click on a field. The procedure code is located in the field named: cCode and the description is located in the field named: cDesc. If you click on cCode you will see the data that is located in the record number that is displayed in the text box in the lower left. You can move

through the data by clicking on the right and left arrows or you can type in a specific record number you are interested in seeing.

Click on the field named cCode and type in the record number 12. You will see the screen below (of course you may have different data since you can enter/change the data using the Stratford program.)



You may ask, why is the text box labeled 'Contents of selected field' so large? It is because some files have a 'memo' type field which can contain a very large amount of data - theoretically up to two billion characters (2,000,000,000). We have not entered that many characters so we can't promise it.

Lets say you want to do a custom report with the data. If you press the button labeled 'Export data', you will see this menu:



For this example, select #1 XML file. The program will export all the fields and data in this table to an XML formatted file. You will see a confirmation like this:



This gives you the file name and the exact location of the file.

XML is possibly the most common, generic format in existence that is used for converting data from one program to another. Free text may be more common but it is just the raw data with no formatting codes and so is of little or no use when converting data from one table structure to another. If you export the table above to XML and then import it into Microsoft Excel, you might get a screen like this:

The screenshot shows a Microsoft Excel spreadsheet with a table containing 34 rows of data. The columns are labeled as follows: A (label), B (ipciid), C (dactive), D (dinactive), E (irevcount), F (cactive), G (ccode), H (cmod), and I (cdesc). Row 13 is highlighted in orange, and the cell containing '00144' in column G is also highlighted with a black border.

	A	B	C	D	E	F	G	H	I
	label	ipciid	dactive	dinactive	irevcount	caactive	ccode	cmod	cdesc
2	PC	1	1/1/1980		0		00000		SRV.CHARGE
3	PC	2	1/1/1980		0		00001		BANK.CHARGE
4	PC	3	1/1/1980		0		00100		ANESTHES SKIN SURGERY
5	PC	4	1/1/1980		0		00102		ANESTHES REPAIR OF CLEFT LIP
6	PC	5	1/1/1980		0		00103		ANESTHESIA F.PROCEDURES ON EYE
7	PC	6	1/1/1980		0		00104		ANESTHES FOR ELECTROSHOCK
8	PC	7	1/1/1980		0		00120		ANESTHES FOR EAR SURGERY
9	PC	8	1/1/1980		0		00124		ANESTHES FOR EAR EXAM
10	PC	9	1/1/1980		0		00126		ANESTHES TYMPANOTOMY
11	PC	10	1/1/1980		0		00140		ANESTHES PROCEDURES ON EYE
12	PC	11	1/1/1980		0		00142		ANESTHES FOR LENS SURGERY
13	PC	12	1/1/1980		0		00144		ANESTHES CORNEAL TRANSPLANT
14	PC	13	1/1/1980		0		00145		ANESTHES VITRECTOMY
15	PC	14	1/1/1980		0		00147		ANESTHES IRIDECTOMY
16	PC	15	1/1/1980		0		00148		ANESTHES FOR EYE EXAM
17	PC	16	1/1/1980		0		00160		ANESTHES NOSE, SINUS SURGERY
18	PC	17	1/1/1980		0		00162		ANESTHES NOSE, SINUS SURGERY
19	PC	18	1/1/1980		0		00164		ANESTHES BIOPSY OF NOSE
20	PC	19	1/1/1980		0		00170		ANESTHES PROCEDURE ON MOUTH
21	PC	20	1/1/1980		0		00172		ANESTHES CLEFT PALATE REPAIR
22	PC	21	1/1/1980		0		00174		ANESTHES PHARYNGEAL SURGERY
23	PC	22	1/1/1980		0		00176		ANESTHES PHARYNGEAL SURGERY
24	PC	23	1/1/1980		0		00190		ANESTHES FACIAL BONE SURGERY
25	PC	24	1/1/1980		0		00192		ANESTHES FACIAL BONE SURGERY
26	PC	25	1/1/1980		0		0020T		ORTHOTRIPSY
27	PC	26	1/1/1980		0		00210		ANESTHES OPEN HEAD SURGERY
28	PC	27	1/1/1980		0		00212		ANESTHES SKULL DRAINAGE
29	PC	28	1/1/1980		0		00214		ANESTHES SKULL DRAINAGE
30	PC	29	1/1/1980		0		00215		CRANIOPLASTY, ELEV OF SKULL FX
31	PC	30	1/1/1980		0		00216		ANESTHES HEAD VESSEL SURGERY
32	PC	31	1/1/1980		0		00218		ANESTHES SPECIAL HEAD SURGERY
33	PC	32	1/1/1980		0		00220		ANESTHES SPINAL FLUID SHUNT
34	PC	33	1/1/1980		0		00222		ANESTHES HEAD NERVE SURGERY

Note the field names are at the top of each column. Most of the newer report writers can import XML.

Once this table is in Excel you can do many different things but that is a different subject not appropriate for this manual.

Here is that same table imported into Microsoft Access:

clabel	ipcoid	dactive	dinactive	irevcount	cactive	ccode	cmod	cdsc	cpos	ctos	cstatus
PC	1	1/1/1980	12:00:00 AM	0	0	00000		SRV CHARGE	11		
PC	2	1/1/1980	12:00:00 AM	0	0	00001		BANK CHARGE	11		
PC	3	1/1/1980	12:00:00 AM	0	0	00100		ANESTHES SKIN SURGERY			
PC	4	1/1/1980	12:00:00 AM	0	0	00102		ANESTHES REPAIR OF CLEFT LIP			
PC	5	1/1/1980	12:00:00 AM	0	0	00103		ANESTHESIA F/PROCEDURES ON EYE			
PC	6	1/1/1980	12:00:00 AM	0	0	00104		ANESTHES FOR ELECTROSHOCK			
PC	7	1/1/1980	12:00:00 AM	0	0	00120		ANESTHES FOR EAR SURGERY			
PC	8	1/1/1980	12:00:00 AM	0	0	00124		ANESTHES FOR EAR EXAM			
PC	9	1/1/1980	12:00:00 AM	0	0	00126		ANESTHES TYMPANOTOMY			
PC	10	2/5/2007	12:00:00 AM	0	0	0012F		Cap bacterial assess			
PC	11	1/1/1980	12:00:00 AM	0	0	00140		ANESTHES PROCEDURES ON EYE			
PC	12	1/1/1980	12:00:00 AM	0	0	00142		ANESTHES FOR LENS SURGERY			
PC	13	1/1/1980	12:00:00 AM	0	0	00144		ANESTHES CORNEAL TRANSPLANT			
PC	14	1/1/1980	12:00:00 AM	0	0	00145		ANESTHES VITRECTOMY			
PC	15	1/1/1980	12:00:00 AM	0	0	00147		ANESTHES IRIDECTOMY			
PC	16	1/1/1980	12:00:00 AM	0	0	00148		ANESTHES FOR EYE EXAM			
PC	17	1/1/1980	12:00:00 AM	0	0	00160		ANESTHES NOSE, SINUS SURGERY			
PC	18	1/1/1980	12:00:00 AM	0	0	00162		ANESTHES NOSE, SINUS SURGERY			
PC	19	1/1/1980	12:00:00 AM	0	0	00164		ANESTHES BIOPSY OF NOSE			
PC	20	1/1/1980	12:00:00 AM	0	0	00170		ANESTHES PROCEDURE ON MOUTH			
PC	21	1/1/1980	12:00:00 AM	0	0	00172		ANESTHES CLEFT PALATE REPAIR			
PC	22	1/1/1980	12:00:00 AM	0	0	00174		ANESTHES PHARYNGEAL SURGERY			
PC	23	1/1/1980	12:00:00 AM	0	0	00176		ANESTHES PHARYNGEAL SURGERY			
PC	24	1/1/1980	12:00:00 AM	0	0	00190		ANESTHES FACIAL BONE SURGERY			
PC	25	1/1/1980	12:00:00 AM	0	0	00192		ANESTHES FACIAL BONE SURGERY			
PC	26	1/1/1980	12:00:00 AM	0	0	0020T		ORTHOTRIPSY	22	2	
PC	27	1/1/1980	12:00:00 AM	0	0	00210		ANESTHES OPEN HEAD SURGERY			
PC	28	1/1/1980	12:00:00 AM	0	0	00212		ANESTHES SKULL DRAINAGE			
PC	29	1/1/1980	12:00:00 AM	0	0	00214		ANESTHES SKULL DRAINAGE			
PC	30	1/1/1980	12:00:00 AM	0	0	00215		CRANIOPLASTY, ELEV OF SKULL FX			
PC	31	1/1/1980	12:00:00 AM	0	0	00216		ANESTHES HEAD VESSEL SURGERY			
PC	32	1/1/1980	12:00:00 AM	0	0	00218		ANESTHES SPECIAL HEAD SURGERY			
PC	33	1/1/1980	12:00:00 AM	0	0	00220		ANESTHES SPINAL FLUID SHUNT			
PC	34	1/1/1980	12:00:00 AM	0	0	00222		ANESTHES HEAD NERVE SURGERY			
PC	35	1/1/1980	12:00:00 AM	0	0	00300		ANESTHES SKIN SURGERY, NECK			
PC	36	1/1/1980	12:00:00 AM	0	0	00320		ANESTHES NECK ORGAN SURGERY			
PC	37	1/1/1980	12:00:00 AM	0	0	00322		ANESTHES BIOPSY OF THYROID			
PC	38	1/1/1980	12:00:00 AM	0	0	00350		ANESTHES NECK VESSEL SURGERY			
PC	39	1/1/1980	12:00:00 AM	0	0	00352		ANESTHES NECK VESSEL SURGERY			
PC	40	1/1/1980	12:00:00 AM	0	0	00400		ANESTHES CHEST SKIN SURGERY			
PC	41	1/1/1980	12:00:00 AM	0	0	00402		ANESTHES SURGERY OF BREAST			
PC	42	1/1/1980	12:00:00 AM	0	0	00404		ANESTHES SURGERY OF BREAST			
PC	43	1/1/1980	12:00:00 AM	0	0	00406		ANESTHES SURGERY OF BREAST			

You might ask: If XML is so common, generic and wonderful, why doesn't Stratford just use that format instead of the one that it does use. The primary reason is performance. Our database structure is designed for speed. It is extremely high performance. It is at least as fast as any SQL database that we have tried for data tables up to 2gb. We have clients with tens of thousands of patients and hundreds of thousands of transactions online, available in real time. We cannot use most other database managers/compiler and still have reasonable performance with these very large databases. For example, Microsoft Access 'dies' around 100,000 records in any one file. It is intolerably slow with more than 2 simultaneous users. (at least the versions we have tested). This would not work for the majority of our clients. It is doubtful that XML can ever be as fast because of the way it is stored on the hard drive. But you never know, maybe some day. [Here](#)^[473] is more information about XML.

One more note: in the past we recommended some report writers like Crystal Reports and some others. Most of these 'generic' report writers are easier to use than we have built into the program - although in some ways they are less powerful and (of course) not specific to the Stratford database structure. All report writers (that we know about) will import XML. The recent versions of the Microsoft compiler that we use has a database structure that may not be compatible with these 'generic' report writers. This is why we have the selection in the list above: "earlier versions of Foxpro" because it is compatible with every report writer that we have tested.

15.3.1 Data table descriptions

Data Table Descriptions

Here is a listing of some databases and data tables that may be of interest. If this list is missing something you need, let us know.

Database container	Data table	Description
\Share\ptshare	m6nmco	insurance companies / payers
	m6nmem	employers
	m6nmfc	facilities / service locations
	m6nmgu	guarantors
	m6nmlb	laboratories
	m6nmpt	patient demographics
	m6nmptal	patient allergies
	m6nmptph	patient phone numbers & email addresses
	m6nmpv	rendering provider
	m6nmrf	referring persons
	m6nmisp	supervising persons
	m6nmsu	subscribers
	m6veac	financial classes
	m6verc	recalls
m6vers	research	
\Data\ptdata	m6ptdx	patient default diagnosis codes
	m6ptif	patient information (notes on the main patient screen)
	m6ptin	patient insurance information
	m6ptnote	patient EMR
	m6ptp1	patient billing accounts
	m6ptp2	patient notes
	m6ptrc	patient recall notes
	m6ptrrch	patient charges (service transactions)
	m6ptrnc	patient non-charges (payments, adjustments, memos)
\ssipub\ptpub	m6dx	lookup diagnosis codes
	m6mo	lookup procedure code modifiers
	m6pc	lookup procedure codes
	m6st	lookup states
	m6thsf	lookup tooth & surfaces (dental database)
	m6zp	lookup zip codes
	m670pc	lookup dental procedure codes

15.3.2 Primary & Foreign keys

Primary and Foreign Keys

All data tables have a primary key. This primary key is formed by using the lower case letter: 'i' then the 2nd - 6th character in the file name then the 3 lower case letters: 'iid' All data tables have the extension 'dbf' Example: m6nmpt.dbf

Example:

The patient demographic data table is m6nmpt - primary key is inmptiid
The patient insurance data table is m6ptin - primary key is iptiniid
The insurance/payer lookup file is m6nmco - primary key is inmcoiid

The primary key is used as a 'foreign' key when linking to another data table.

Example:

Find the name of the patient's primary payer.

m6nmpt.inmptiid (primary key) is used in m6ptin.inmptiid (foreign key)
m6nmco.inmcoiid (primary key) is used in m6ptin.inmcoiid (foreign key)

So the linkage goes like this:

m6nmpt.inmptiid > m6ptin.inmptiid > m6ptin.inmcoiid > m6nmco.inmcoiid

15.4 User Login, Privileges

The information in this section is not necessary to use the Stratford software.

However, we believe if you have more than one person using the software - either for lookup, entry or both, then you definitely should read this section and setup your user groups and IDs and privileges.

When you first install the software, you will receive a unique folder that has the same name as your billing account number from Stratford. This insures that you are the only Stratford client with this folder name. There are many good programming and support reasons for doing things this way.

To make the initial training easy, we default the ID to the account number. This is only a default. We do not recommend that you continue to use this ID unless you have a single accounts receivable database and there is only one person who accesses the information.

By setting up a unique user ID for each person who uses the software, you can limit what each user does. Some of our clients have multiple accounts receivable databases such as with a billing service or a group of 16 doctors who share patients but want all their 'numbers' kept separate. This will allow you to enter any of the accounts receivable databases with a single user ID.

An example: (You have 20 users accessing the patient information)

- You can have one 'user group' that can only look at the information but can make no changes. You can assign 8 users to that group.
- You can have one 'user group' that can make some changes - like addresses and phone

numbers and appointments - but cannot enter charges or adjustments. You can assign 9 users to that group.

- You can have one 'user group' that can enter charges and assign 2 users to that group.
- You can have one 'user group' that can enter - adjustments (write-offs) and assign 1 user to that group (maybe this is the office manager)

An example: (build on the example above): You have 12 doctors with different accounts receivable databases: 309816, 309817, 309818, 309819. This is only 4 different accounts receivable databases. The reason is because some of the doctors want to share their database - maybe they are related and/or work together on a lot of cases - whatever. For some reason they want to bill together.

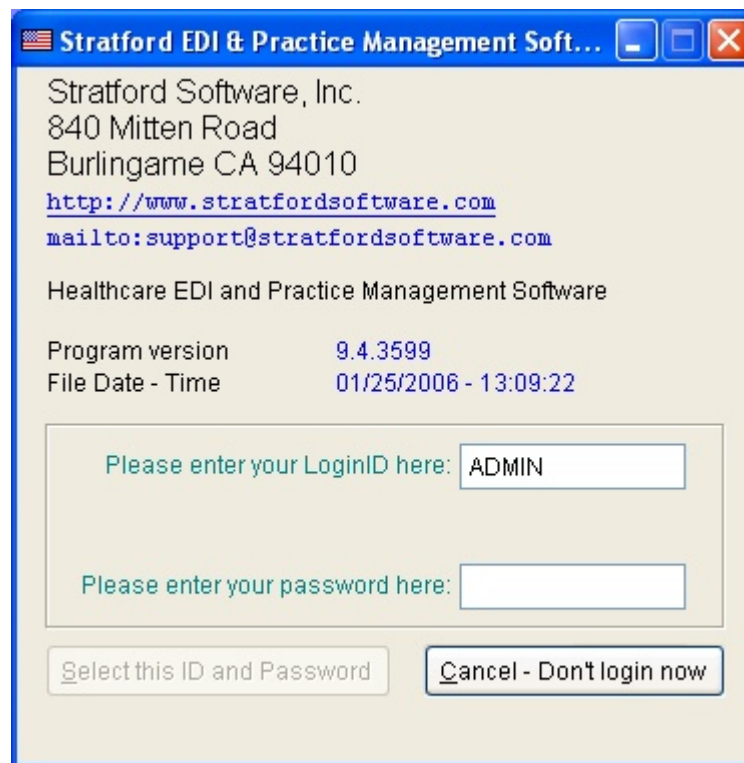
If you are a 'techie' type you may want to know where the data is located. This is important because you are responsible for backing up the data at least one time each day - no less is acceptable. Here is where the data is located in this example:

```
C:\Stratford\ssiwins\309816 <- 7 providers  
C:\Stratford\ssiwins\309817 <- 2 providers  
C:\Stratford\ssiwins\309818 <- 1 provider  
C:\Stratford\ssiwins\309819 <- 2 providers
```

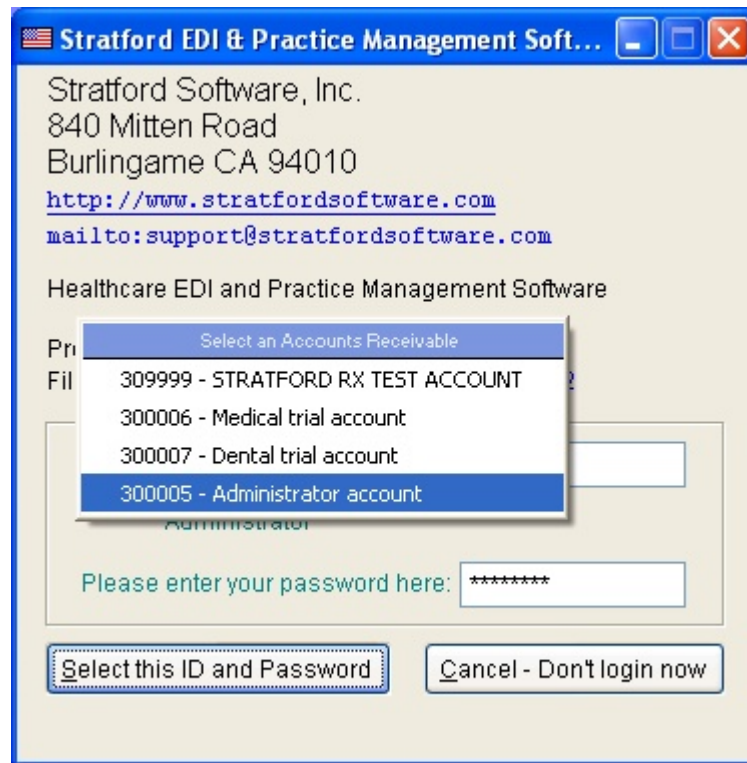
You can setup a 'user group' so that 3 users can only access 309816, 309817, 309818 but they cannot access the data in 309819. As in the 1st example above, you can even limit what these 3 users can do when they are working in these 3 databases. We hope you get the idea. There are almost no limitations on how you can set this up.

We purposely do not want to elaborate too much as the duty of setting up users should only be done by one person (this is a general rule - but you do whatever works for you). If there is not enough information in this section, please contact Stratford support and be ready to prove that you are authorized to setup users.

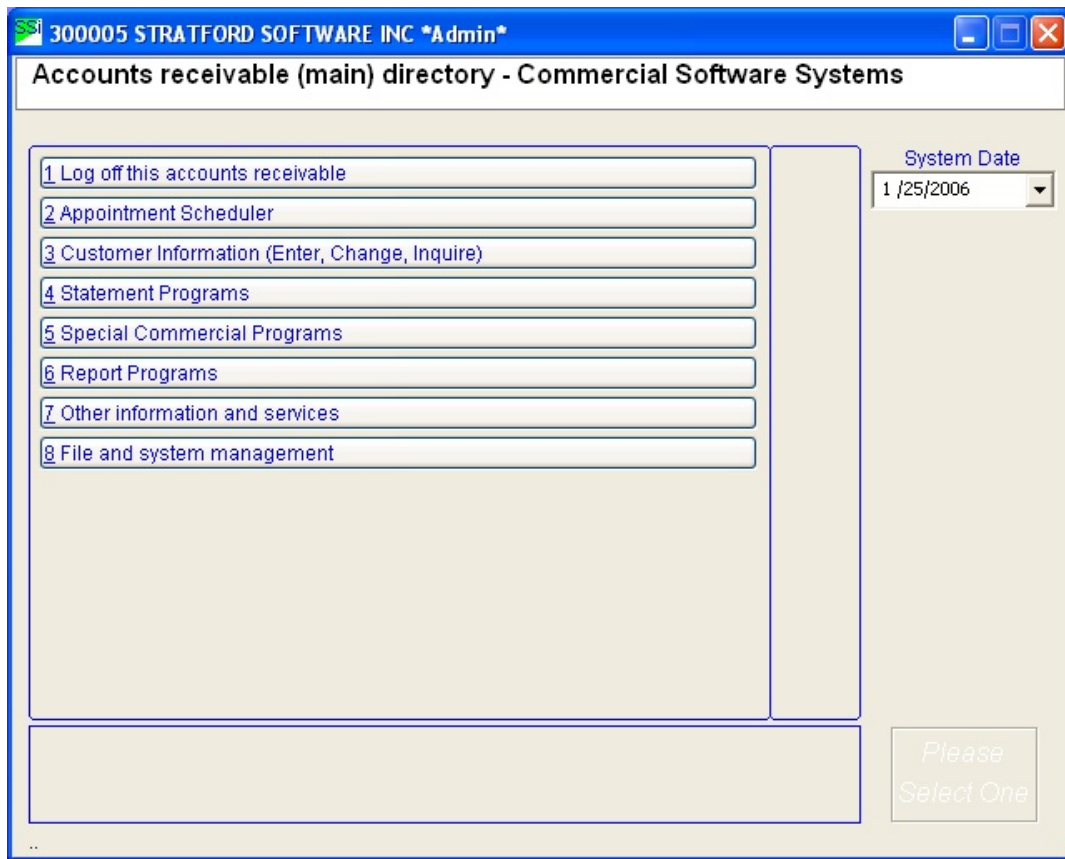
The screen shots below should get you started:



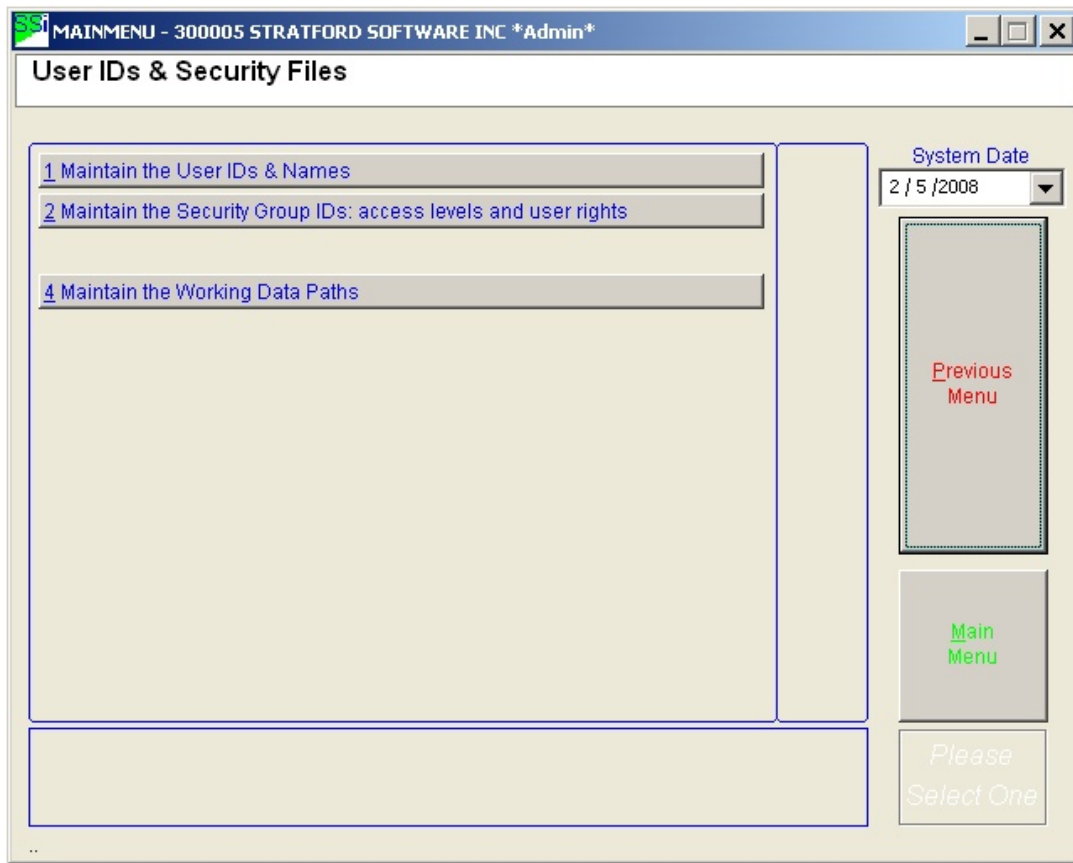
ADMIN is the 'built in' administrative account ID. You must use it to make any changes. The first time you login the password is 'PASSWORD' (must be upper case). You can change this if you don't want anyone else to be able to make changes. After all, anyone can read this manual and learn what the default password is.



In the small popup window, select the 'Administrator account'.



From the main directory select #8 File and system management. Next select #5 passwords (and other things). Last select #8 Maintain User/Security/Path Files.



These 2 selections are the key to the security of the software. Note that a default is already working before you get to this point. Here you are setting up your own custom security. No one at Stratford has access to your system. No one at Stratford can see what you are doing. Be careful. If you setup a password for a user ID and then you forget it, no one at Stratford can help you. Of course, the only ID that is critical is the administrative password because when you use it, you can change anything.

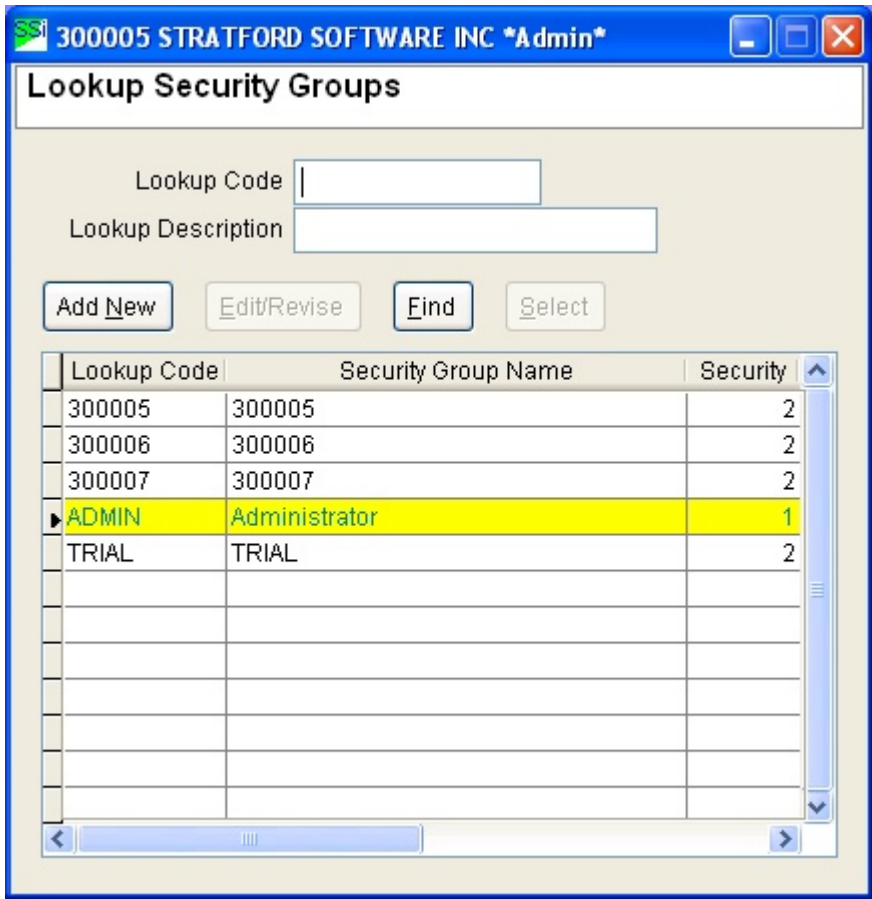
We will set up a few things here that should show you how to get in and out of the screens. What you do on your computer is up to you.

First select #4 Maintain the working Data Path. This is simple.

Just make sure the folder (we call it an A/R folder ex: C:\Stratford\ssiw\309990) is there, then escape back to the directory above.

Next select #2. Here we will setup a 'user group'. This is the general security for a certain 'class' of user. Later you will assign users to a group. So if you have a single person who is authorized to enter minus adjustments (write-offs) then you probably want to setup a special group just for that person. Since this is about as 'authorized' as you can get in a healthcare billing system, maybe you want to give that person the ability to do everything.

Select #2 Maintain the group IDs. If you press the 'Find' button with nothing in the lookup text boxes, you will see all the groups that are setup by default.



Press the 'Add N' button or press ALT+N

NEWGROUPX - 300005 STRATFORD SOFTWARE INC *Admin* Level:1

Security Group Permissions

Security group ID

Security group description

Security level 2=Manager, 3=DataEntryDefault, 4+ fewer rights

User members **Access to Directories** Rights Granted

This group can access these directories

No directories are associated with this group

This group can NOT access these directories

c:\stratford\ssiw\300005	Administrator account
c:\stratford\ssiw\300006	Medical trial account
c:\stratford\ssiw\300007	Dental trial account
c:\stratford\ssiw\309999	STRATFORD RX TEST ACCOUNT

Here we entered a group ID name: 'Number1' since this group will have all privileges. We entered the description "Privileged Group"

You don't have any users setup yet, so leave that tab alone.

First you can add directories that this user can access.

- Note that you will only see paths that have been used at least one time. That means you must log in using the default ID for each path.
- Note in this screen there are no directories associated with this group (of course not, it is new). In the lower text box you only see the administrator account. Since that is a special purpose account and cannot be used for healthcare billing, we suggest that you do not assign it to any group. If this was a 'real' situation - in the example above, you would see 4 directories in the lower text box. You would highlight one or more of them and then press the arrow to the right of the upper text box to move the directories 'up' so they can be accessed by this user group.

Now press the 'Rights Granted' tab.

NEWGROUPX - 300005 STRATFORD SOFTWARE INC *Admin* Level:1

Security Group Permissions

Security group ID

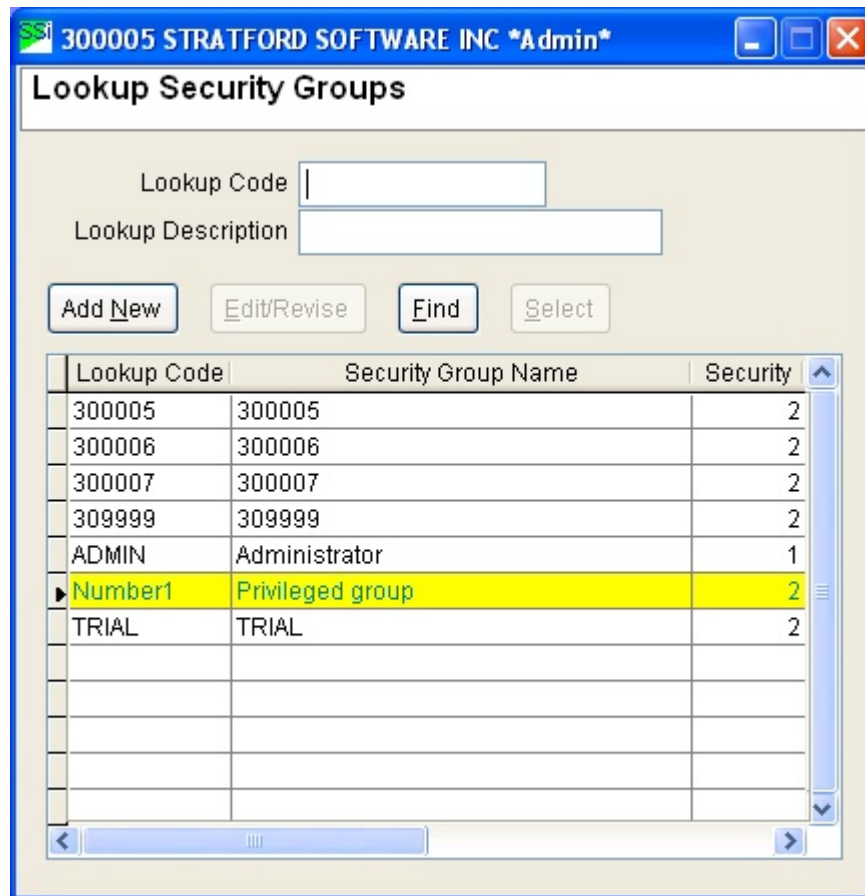
Security group description

Security level 2=Manager, 3=DataEntryDefault, 4+ fewer rights

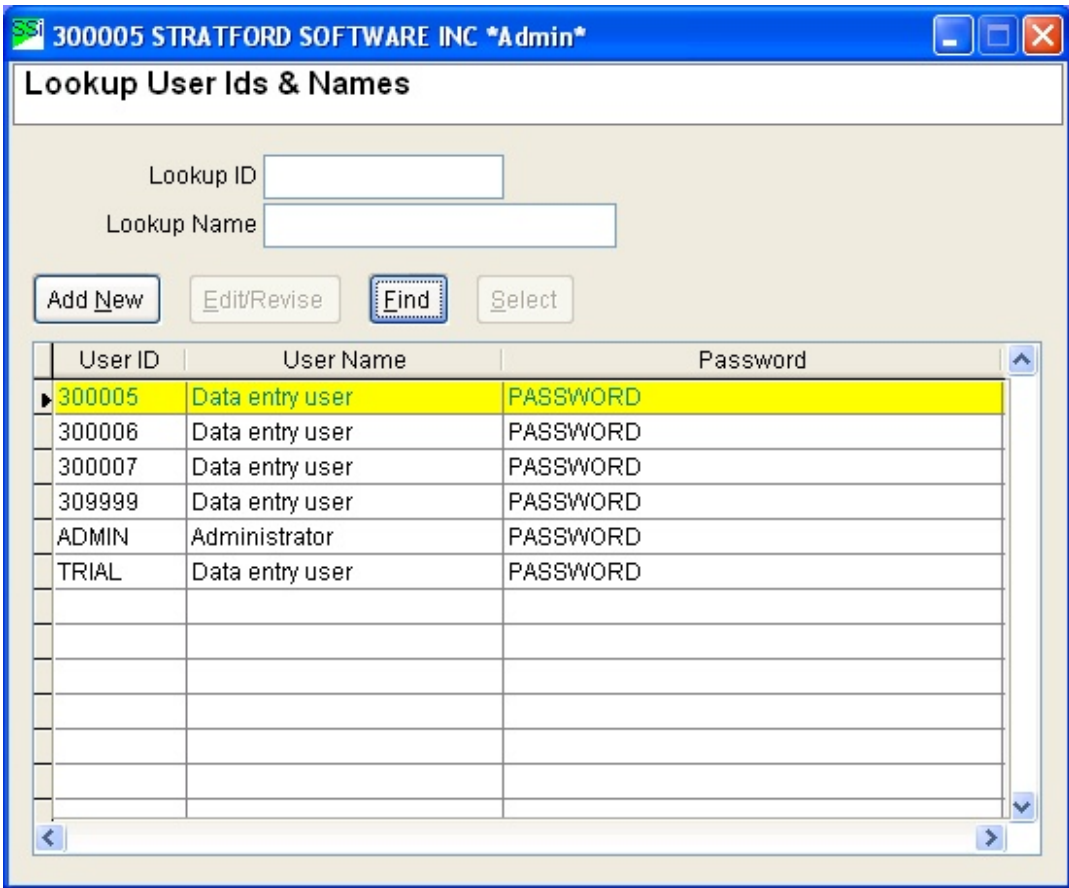
User members	Access to Directories	Rights Granted
		Enter charges? <input type="text" value="Y"/>
		Enter payments? <input type="text" value="Y"/>
		Enter plus adjustments? <input type="text" value="Y"/>
		Enter minus adjustments? <input type="text" value="Y"/>
		Enter print memos? <input type="text" value="Y"/>
		Enter non-print memos? <input type="text" value="Y"/>
		Enter pre-authorizations? <input type="text" value="Y"/>
		Allow this group to print? <input type="text" value="Y"/>
		Allow the creation of reports? <input type="text" value="Y"/>
		Allow auditing? <input type="text" value="Y"/> EOM reports: 601 and 680
		Allow to run the 685? <input type="text" value="Y"/> Provider production report
		Allow to run the 687? <input type="text" value="Y"/> Procedure production report

Here we have entered "Y" (for Yes) in all the text boxes because we want this user group to be able to do everything. If, for some reason, we did not want this person to be able to enter charges, we would leave the 'Enter charges?' check box blank or enter "N" (for No.)

This should give you the idea of how to setup a user group. Press Esc (Escape) or click the 'X' window closer in the upper right. This will put back in the security group lookup window where you can see the new user group that you just entered.



Press Escape to get back to the menu. Now select #1 Maintain the User IDs and Names. If you press the Find button with nothing in the lookup text boxes, you will see a list of the existing default users.



Press the 'Add New' button and you can enter your own custom user ID.

User Id And Name Entry

User ID (Lookup Code)

User Name

Password

Confirm password

These groups are linked to this user

These groups are NOT linked to this user

300005	300005
300006	300006
300007	300007
309999	309999
ADMIN	Administrator
Number1	Privileged group
TRIAL	TRIAL

Directories that can be accessed

User rights

These directories can be accessed by this group

Here we have entered the Login 'User ID' 'Manager' with the description 'Manager/Controller of the accounts'

You can use the arrow buttons in the upper center to move the 'possible groups' to the left text box. The upper left text box displays the group(s) that this user ID belongs to. You must move at least one or this user will not be able to log in anywhere and will have no rights.

Note that when you highlight a group id/name on the right, you will see the directory paths that this group can access in the lower text box. This should allow you to know that you are setting the user ID up the way you want.

You can press the 'Display all directories for this user' button and you will be able to see the accounts receivable databases that can be accessed by anyone who logs in with this user ID.

We realize that this 'mini tutorial' is not complete and it could have much more, but we believe

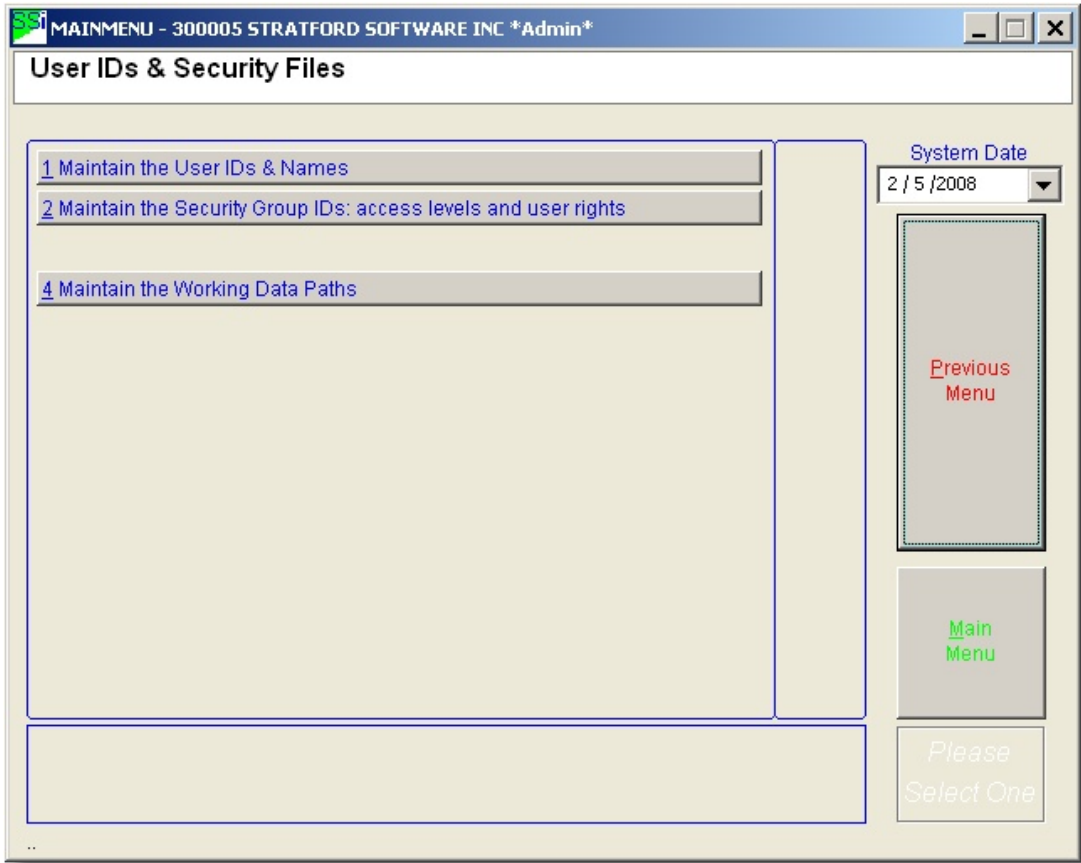
it will get you started. If you have very specific needs you will need to contact Stratford support for more information. You should be aware that nothing here is 'permanent'. That is, if you discover that you have not set things up the way you want, maybe a specific user ID can do more than you wanted, you can simply change it here. The change will take place the next time anyone uses that 'user ID'.

***** This is the end of the 'basics' for the security setup.

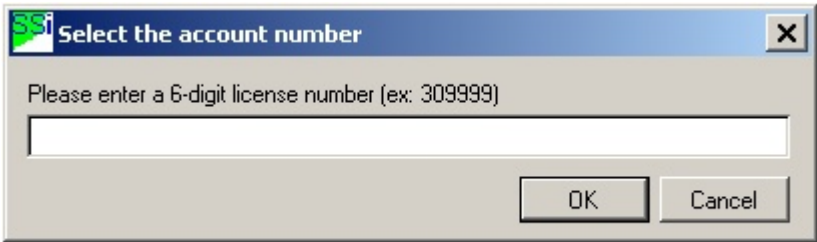
Troubleshooting.

You add a new accounts receivable and you do not see it listed so you cannot assign it to a group, user, etc.

From the menu:



Select #4 and you will see this data entry text box:



Here you can enter the 'missing' A/R number (example: 309999). The software will look for the folder for this A/R. If it is setup correctly, the number will be added to the listing above and you can assign it to a group.

There are other possible issues that may not be described here. Please contact Stratford support with any questions. As stated above, we are not able to give out information on this section to anyone unless they can prove that they are authorized to make changes. This really should not be a problem since you can password protect the ADMIN ID.

15.5 Online Updates

It is very important to realize that you cannot install the update while you are using the Stratford program.

If you are using a network, all users (including you) must leave the Stratford program now

If any computers are using the Stratford program while you install an update, you will get errors.

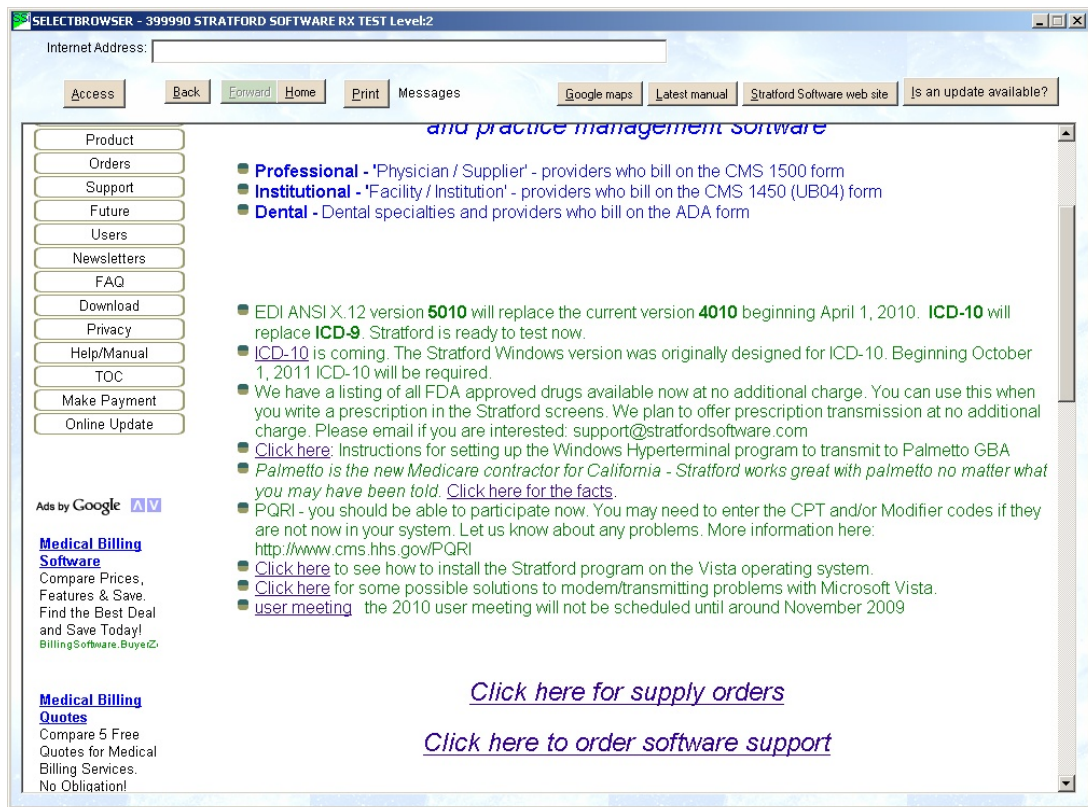
Licensed users with a pre-paid support agreement may obtain updates online. Updates are very large files - greater than 120 MB - so a high speed Internet connection is required. If you have a dial-up connection, the server will time-out and disconnect. To find out if there is an update available for you, go to the Internet browser.

From the main directory select # 7 then # 5

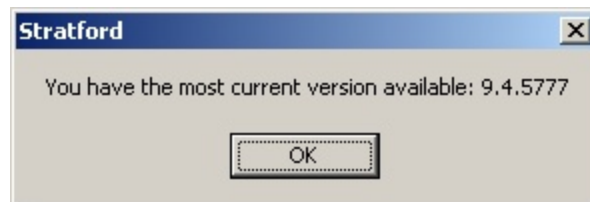
You should see the Stratford main web site.

If you do not see the Stratford main web site, you are not connected to the Internet and/or there is some problem that prevents you from accessing any of our servers. You will not be able to check your update status.

Assume that you do see the Stratford main web site: Here is an example of what you might see (we change the web site occasionally so your image may be different)

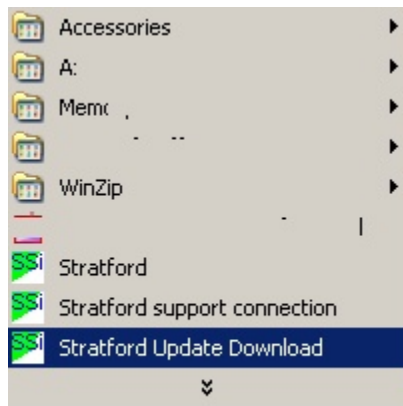


If you press the button labeled 'Is an update available?', the program will access the Stratford web site and find out what update version is available. If you have the latest version you will see a message like this:



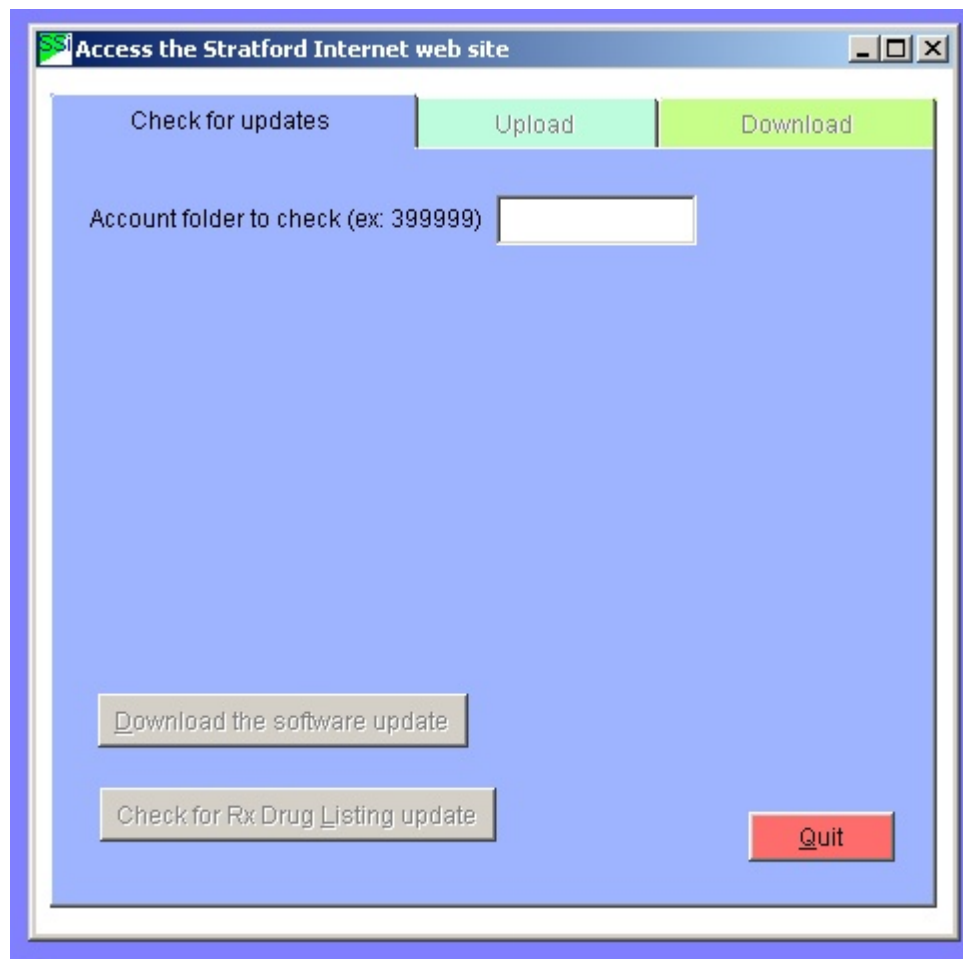
If there is a later version available, you can download it the usual way.

The best, fastest way to update your Windows version of Stratford software is with the Stratford Access utility program. You will have a shortcut link under Start | Programs | Stratford Update Download. It can automatically detect if your support subscription is current and will download the update with no ID or password. You can use this utility 24/7/365.

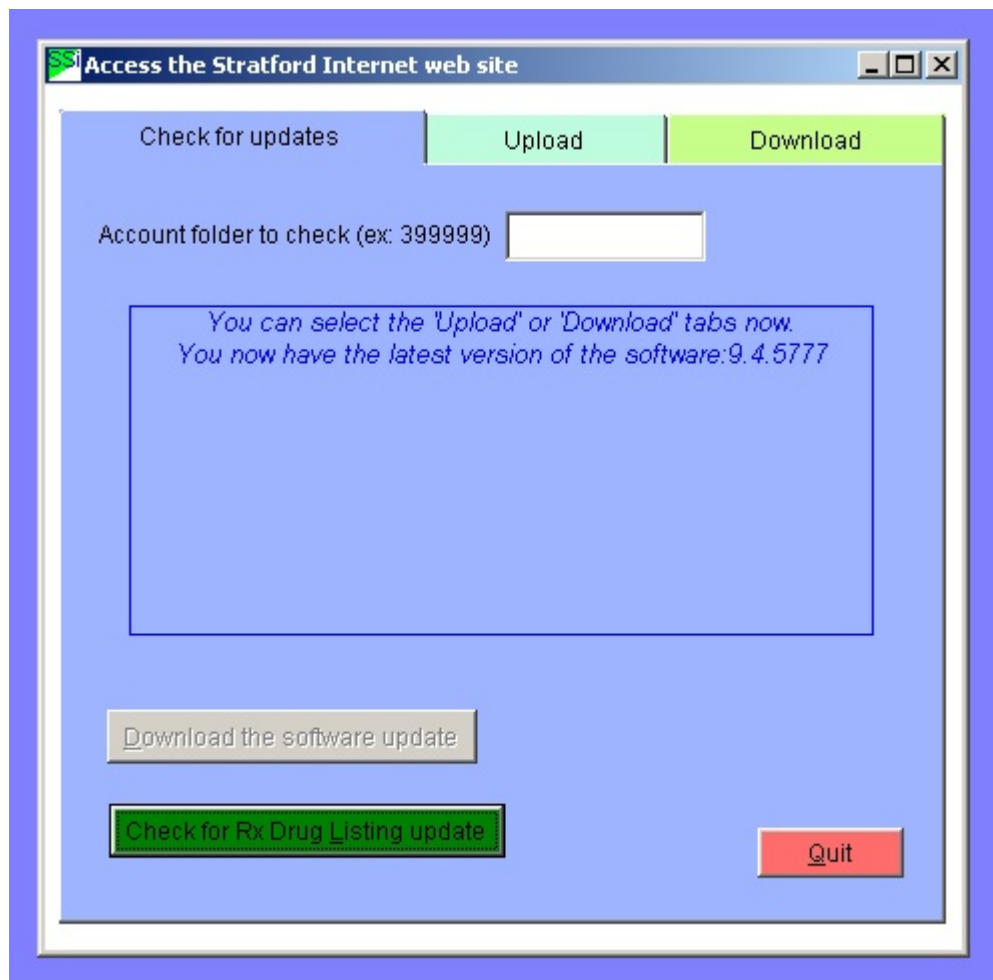


Here is the screen you will see. Enter your account number from your Stratford monthly billing statement.

Please also see the topic named 'Downloading the latest updates' in this same manual section for more information about using the Stratford Access utility.



Here is an example of what you might see if your regular software is up to date. You can see that the button labeled 'Download the software update' is disabled. The software automatically detected that you do not need an update.



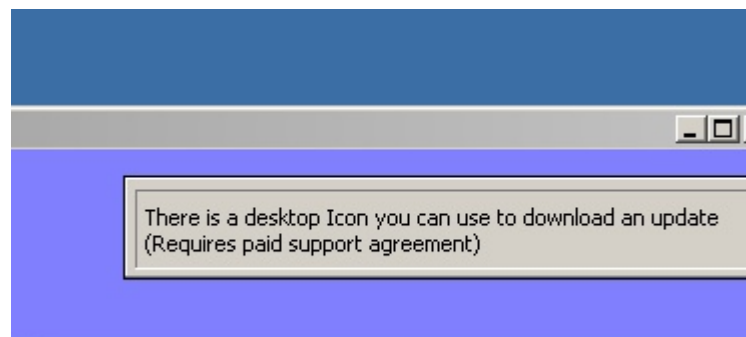
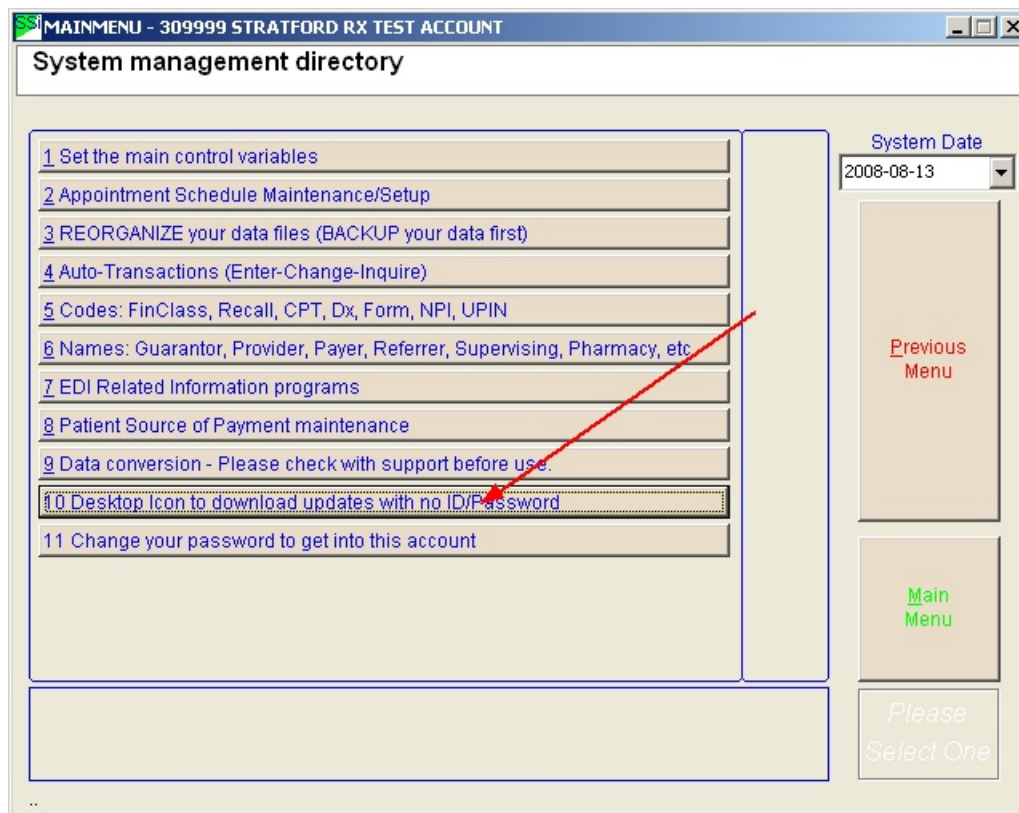
Updating this way is so automatic that there is not much more to show.

This utility can also be used for other purposes. You can send files to Stratford and receive files from Stratford - all without entering an ID or password. At the same time, all files being transferred over the internet are encrypted, and we believe, meet the HIPAA standards for privacy.

15.5.1 Downloading the latest update

This section is for those people who have a paid software support agreement with Stratford

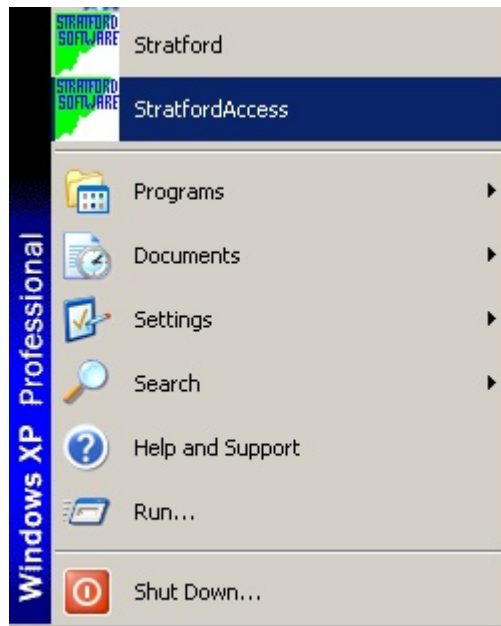
From the main menu, select #8, then #10



To run the 'Stratford Access' program, you must leave the regular Stratford program. If you have a network with other users who can access the Stratford program, you must ask them to leave until you have finished installing the update.

In order to use the 'Stratford Access' program, you must have Internet access such as DSL or Cable modem. This program will not create a connection for you. Dial up connections usually are not successful because the web site will 'time out' on slow connections. Also, the update is larger than 140 megabytes (140 million characters). With a standard DSL connection, the download will usually take 20 - 90 minutes depending on the speed of your connection.

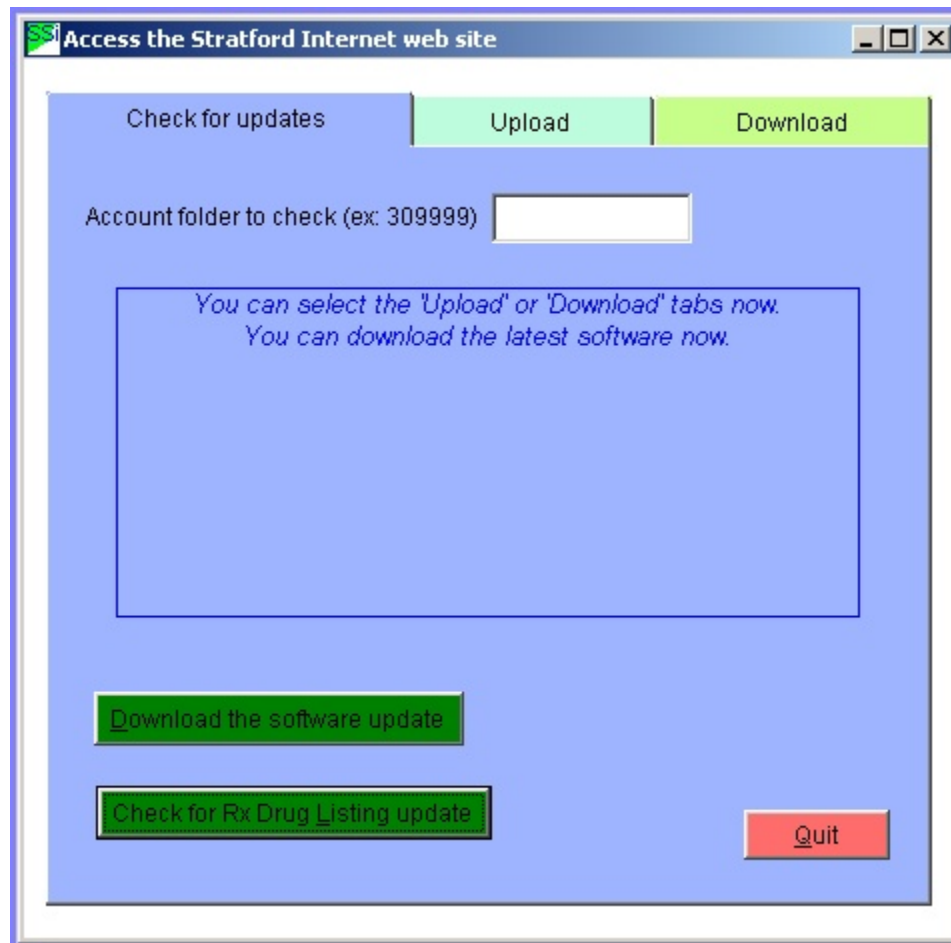
Now you can click on the new desktop shortcut icon:



You will see the Stratford Access program.



Put in your Stratford billing account number that appears on the monthly statement. For most clients, this will be your main login: a 6 digit number such as 309999. Then press tab or return to activate the 'Check for updates' button.



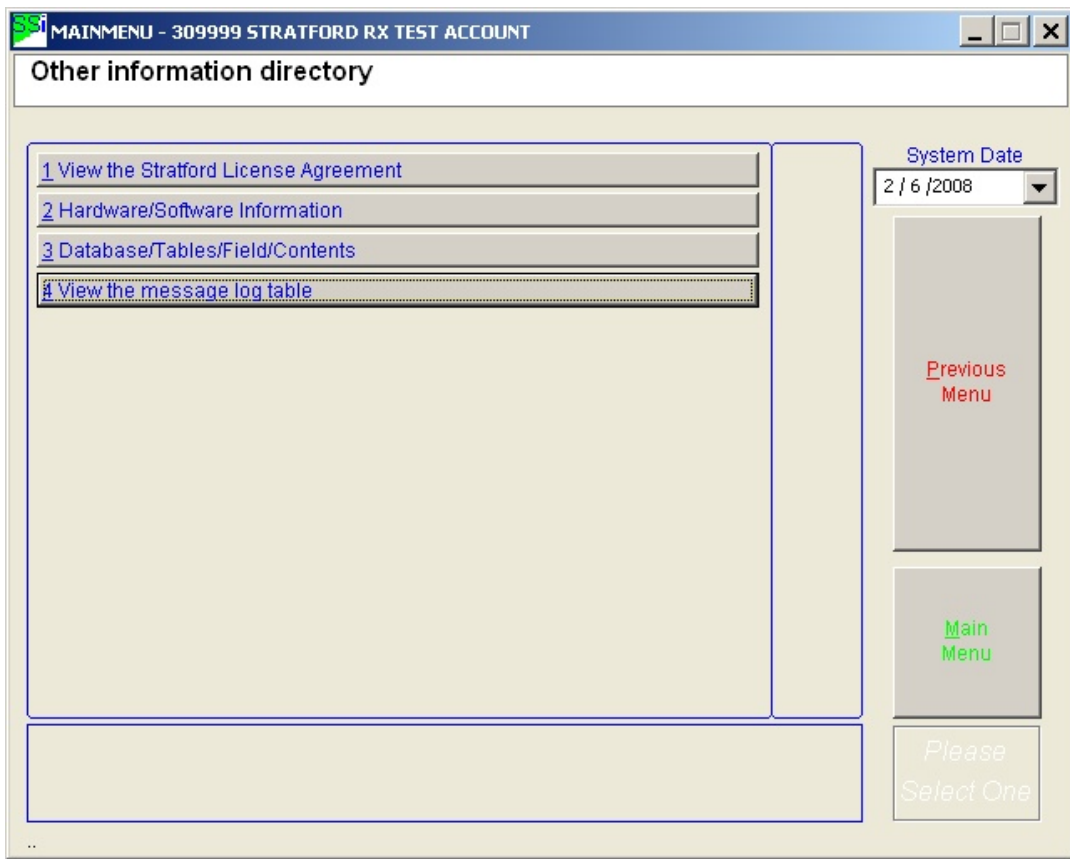
Your account will be checked for active support. Your present version of the Stratford program will be compared with the latest version available for downloading. If there is a later version, you will see a message (like the one above) saying that you may download the latest version. After you download the file, a desktop shortcut icon will be placed on your desktop that will allow you to install the update.

The update will be downloaded to your computer in this folder: C:\Temp. If anything interrupts the installation, you can simply click on the icon to reinstall. After you have installed the new version, you can delete the desktop icon if you want as it will not be used with any other updates.

15.6 Message Log

When you work in the system, you may occasionally see a message to report this or that to Stratford. Most of these messages are kept in a log file so you don't necessarily need to remember the exact wording. This section will show you how to access that log file. For a long time we did not activate this function because it is definitely not a substitute for a 'screen shot'. We much prefer a screen shot. On most hardware and operating systems, you can highlight the small window with the message or whatever you want the Stratford support team to look at. Then press two keys at the same time: Alt + PrintScr

To look at the log file, from the main menu, press #7, #1, #4



This will instantly display the message table - usually the last few entries:

309999 Stratford Account							
M6errorx							
Label	errorxid	Dactive	Dinactive	Irevcount	Ctime	Cmessage	Mmem1
ERRORX	487	01/24/2008	//		0:19:00:21	Log on	Memo
ERRORX	488	01/24/2008	//		0:19:01:39	Log on	Memo
ERRORX	489	01/24/2008	//		0:19:02:20	Log on	Memo
ERRORX	490	01/24/2008	//		0:19:03:07	Log on	Memo
ERRORX	491	01/24/2008	//		0:19:03:41	Log on	Memo
ERRORX	492	01/24/2008	//		0:19:05:20	Log on	Memo
ERRORX	493	01/28/2008	//		0:12:37:01	Log on	Memo
ERRORX	494	01/30/2008	//		0:10:03:01	Log on	Memo
ERRORX	495	01/30/2008	//		0:10:04:20	Object Name: entryptp1Form Name: entrypt	Memo
ERRORX	496	01/30/2008	//		0:12:05:45	Log on	Memo
ERRORX	497	01/30/2008	//		0:12:06:39	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	498	01/30/2008	//		0:12:07:13	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	499	01/30/2008	//		0:12:36:51	Log on	Memo
ERRORX	500	01/30/2008	//		0:12:37:13	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	501	01/30/2008	//		0:12:37:35	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	502	01/30/2008	//		0:12:37:57	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	503	01/30/2008	//		0:13:13:00	Log on	Memo
ERRORX	504	01/30/2008	//		0:13:13:47	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	505	01/30/2008	//		0:13:15:55	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	506	01/30/2008	//		0:13:15:55	Object Name: txtPhoneLookupForm Name: LO	Memo
ERRORX	507	02/05/2008	//		0:09:36:30	Log on	Memo
ERRORX	508	02/05/2008	//		0:11:14:56	Log on	Memo
ERRORX	509	02/06/2008	//		0:10:43:28	Log on 02/06/2008 10:43:28 AM	Memo

Sometimes only a portion of the message can display in the cMessage field. To see the entire message, hold your cursor over the 'Memo' field. You can also click on the 'Memo' field and press two keys: Ctrl + PageDown

309999 Stratford Account							
M6errorx							
Label	errorid	Dactive	Dinactive	Irevcount	Ctime	Cmessage	Mmem1
ERRORX	487	01/24/2008	//		0:19:00:21	Log on	Memo
ERRORX	488	01/24/2008	//		0:19:01:39	Log on	Memo
ERRORX	489	01/24/2008	//		0:19:02:20	Log on	Memo
ERRORX	490	01/24/2008	//		0:19:03:07	Log on	Memo
ERRORX	491	01/24/2008	//		0:19:03:41	Log on	Memo
ERRORX	492	01/24/2008	//		0:19:05:20	Log on	Memo
ERRORX	493	01/28/2008	//		0:12:37:01	Log on	Memo
ERRORX	494	01/30/2008	//		0:10:03:01	Log on	Memo
ERRORX	495	01/30/2008	//		0:10:04:20	Object Name: entryptForm Name: entrypt	Memo
ERRORX	496	01/30/2008	//		0:12:05:45	Log on	Memo
ERRORX	497	01/30/2008	//		0:12:06:39	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	498	01/30/2008	//		0:12:07:13	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	499	01/30/2008	//		0:12:36:51	Log on	Memo
ERRORX	500	01/30/2008	//		0:12:37:13	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	501	01/30/2008	//		0:12:37:35	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	502	01/30/2008	//		0:12:37:57	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	503	01/30/2008	//		0:13:13:00	Log on	Memo
ERRORX	504	01/30/2008	//		0:13:13:47	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	505	01/30/2008	//		0:13:15:55	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	506	01/30/2008	//		0:13:15:55	Object Name: txtPhoneLookupForm Name: LD	Memo
ERRORX	507	02/05/2008	//		0:09:36:30	Log on	Object Name: txtPhoneLookup Form Name: LOOKUPNMPT
ERRORX	508	02/05/2008	//		0:11:14:56	Log on	error: 1925 method: valid message: unknown member btcname.
ERRORX	509	02/06/2008	//		0:10:43:28	Log on 02/06/2008 10:43:	

15.7 Change colors of some objects

The program is designed with colors that are suitable for most hardware configurations that our current client base has. We occasionally will change these colors as necessary.

If you would like to customize the program to your needs, there is a utility to help. The utility will only change the colors for the specific workstation where you are working. In other words, if you have a network of computer workstations, if you are using workstation A, the color choices you make will not affect workstation B.

Not all objects can be changed. If you find a specific object that cannot be changed and you think you should be able to change it, you should send an email to support@stratfordsoftware. It is always a good idea for you to send a picture of the screen that has the object in question. This will save a lot of time for you to get an answer/solution.

Here is an example of the colors that you might see:

309999 STRATFORD RX TEST ACCOUNT

Patient Account Information

Name: First: JOSEPH, MI: , Last: CALVI, Sex: M

Address1: 102 KILBY ST, Address2: , City: HINGHAM, State: MA, Zip: 02043, Country: US

DOB: 04/09/1944, Age: 64Y 3M 3W 2D, Marital: , SSN: 699-01-2702

Guarantor: Self

Phone 1: () - Ext: , Patient Account ID: 10002, Financial Class: PRIVATE

Phone 2: () - Ext: , Last Payment: 05/18/2006, Last Statement: / /

Notes

OthrInfo: SOMETHING, SOMETHING, SOMETHING

Phone/Email

Miscellaneous

Billing Cycle: 1, Open Item: 1 Yes, Dunning: 1 Yes, Balance: 147.00

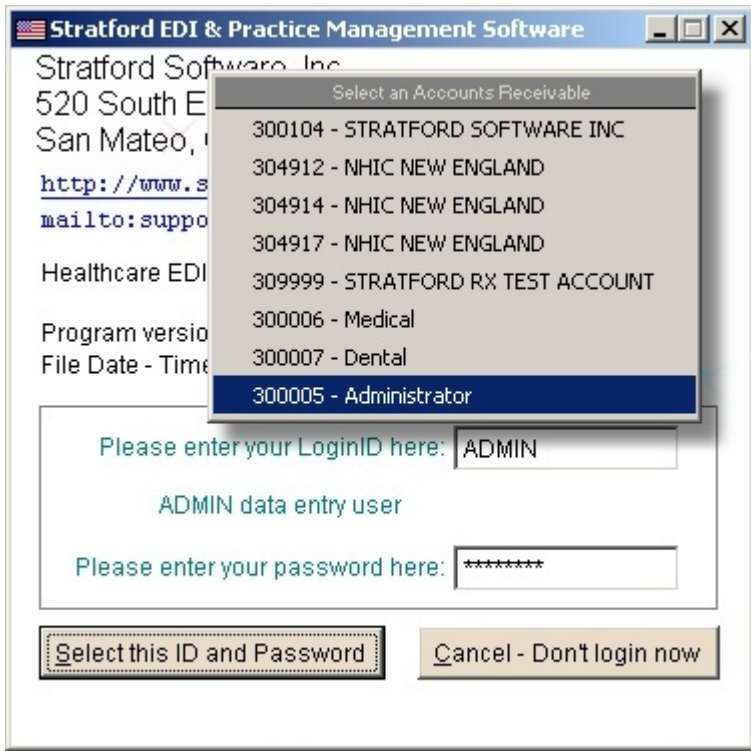
MEDICAL RECORDS: , MEDICATION: , VISIT: , COLLECTION:

1 Transactions, **2 Insurance**, **3 Another Patient**, **4 Demand Forms**, **5 Appointments**, **6 Medical Record**, **7 Prescription**, **8 Recalls**, **9 Credit Card**, **Save**

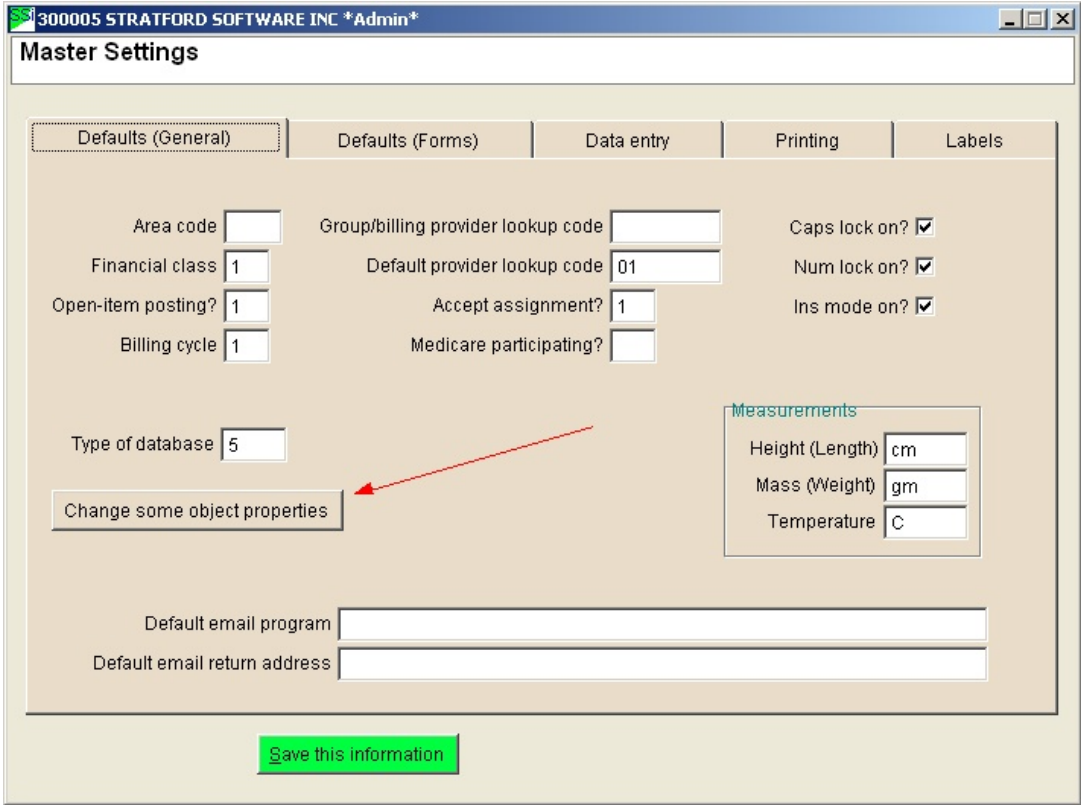
You would like to see the pageframe in a light blue color and the buttons in a light yellow color.

You will need the 'administrative' password for your installation. Use it to log into the control account for your system. It is possible for you to change the privileges so that your usual ID/password will allow you to change the master variables. For this manual subject, we will assume that you have the default privileges.

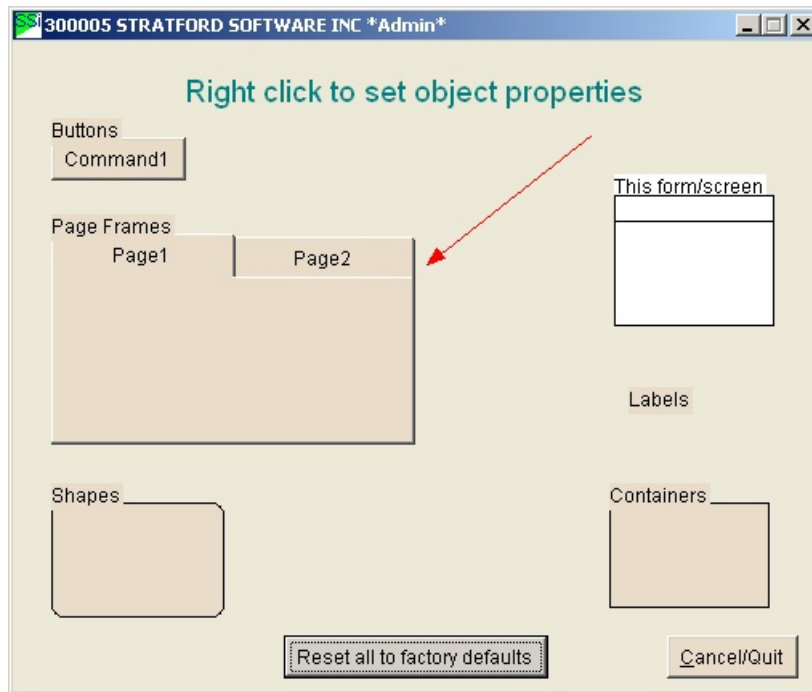
Return to the log in screen and log in as the administrator:



From the main menu, select #8, then #1 to get to the master settings screen.



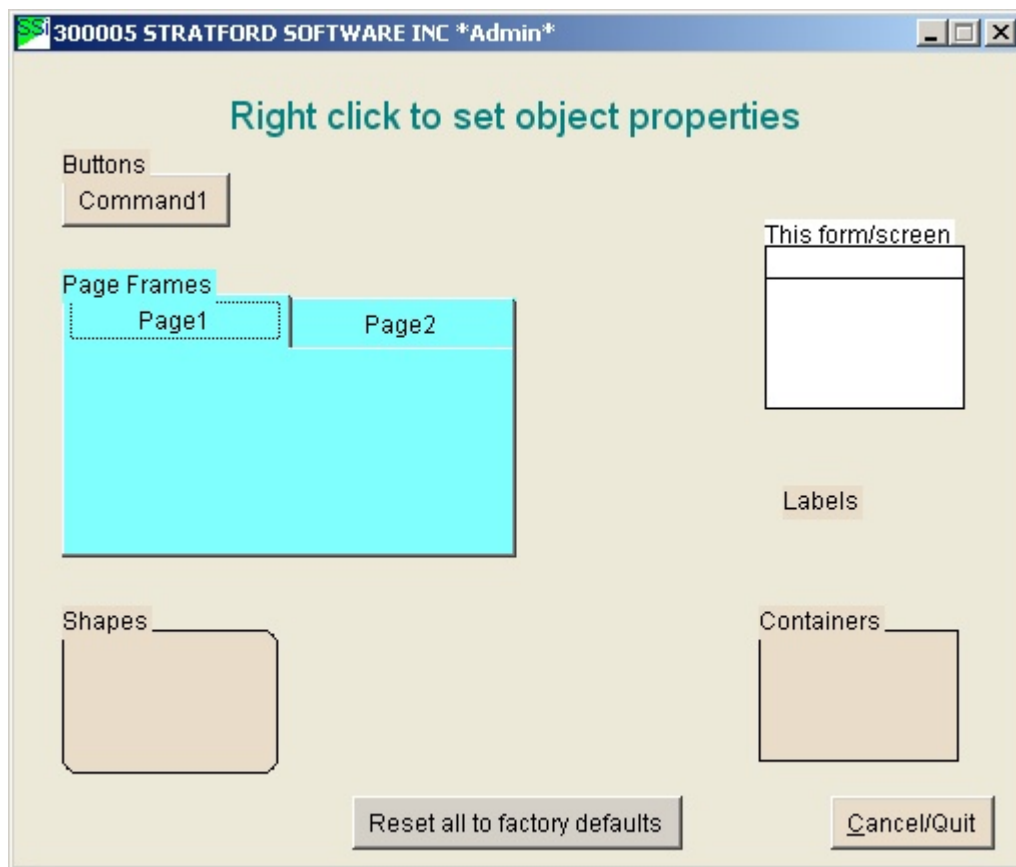
Press the button labeled 'Change some object properties'. You will see this screen:



Right click on the pageframe (see the red arrow above)



You said you wanted a light blue color so click the square with the arrow and press the 'ok' button. You will then see this screen:



You can make a similar change to the buttons.

Quit that screen and leave the program.

Note that none of your changes will show in the program for any screens/objects that were initialized/viewed prior to your changes. To affect all objects, you need to leave the program and log back in.

Your feedback on this function or any other customization ideas you may have are welcome. The change in this manual section came from suggestions from our clients at one of our annual user meetings.

15.8 XML - CCR

Continuity of Care Record (CCR) format

This format is a standard for sending/receiving patient information. For example, Google Health will accept this format.

If you are interested in storing and/or managing health information with Google Health or other organization, we may be interested in supporting your effort. For more information about Google Health go here: <http://www.google.com/intl/en-US/health/tour/index.html> If this link is broken, you can 'google' for the correct link with something like 'Google health'

A Google Health Account is free (at least it was when this was written)

This format is XML.

A patient's medication might be coded like this (example from Google API)

```
<ProductName>
  <Text>GLYBURIDE 2.5 MG TAB</Text>
  <Code>
    <Value>23490563801</Value>
    <CodingSystem>NDC</CodingSystem>
  </Code>
</ProductName>
```

A diagnosis code might be coded like this: (example from Google API)

```
<Description>
  <Text>Diabetes, Type 2</Text>
  <Code>
    <Value>250.92</Value>
    <CodingSystem>ICD9</CodingSystem>
  </Code>
</Description>
```

We use a similar XML format. It is different from Google Health. It would be great for tax payers if the different formats could be eliminated and everyone would use one format. There is not enough difference to justify all the different formats. It could save billions of dollars. The government is always talking about the need to save money. This is such an obvious example.

There is another example, somewhat related. The HIPAA law mandates that all payers accept one format for EDI. Currently that is X.12 v4010 A1. Soon it will be replaced by v5010. Even though this has been a federal law since 1966, there are still hundreds of different variations on the 'standard'. It seems like every payer has a 'companion document' which is really just a different format. X.12 v4010 A1 is no more of a standard than the old NSF flat file. In order to save money, they must not be similar, they must be the same. We have been in business, doing EDI for over 30 years. It is easy for us to support whatever the payer wants. As long as their requirements are within 10 miles of what it should be, we can probably manage to do it. Can you believe that the specs for the government mandated X.12 formats costs more than \$2,700.00 (as of the date this is written). Those costs must be passed on to clients which in turn get passed on as a cost of medical care. The government has thousands of files for free download on cms.gov. Why don't they put the 8 format files on their free download web site and lower healthcare costs? Probably some legislator's relative would lose some money?

Medicare will not accept claims by Internet connection. That requires billions of dollars to be spent to support and maintain modems and phone lines to transfer information over unreliable connections at slow speeds. The difference between supporting DSL Internet FTPs file transfer and dial-up is beyond comparison. Dial-up doesn't work well enough to continue using it. DSL Internet FTPs is fast, reliable and rarely needs any support at all. Does someone still think that dial-up is better or more secure? How old is that person? How about checking out some of the easy, free encryption methods. There is a lot of information available for someone willing to learn and keep up with the times.

Medicare will not accept payments other than by a stamped envelope containing your credit card information or a check. That means there must be machines and people opening those envelopes and doing data entry. Anyone remember the 1960-1970's? Medicare may be the last 'business' that doesn't have a way to pay online. Why not auto-pay online by credit card? How many billions of dollars could be saved? That does not even mention the aggravation of the Medicare subscribers.

This is a big issue for the tax payers. We would like to help, but finding someone willing to listen is not easy.

15.8.1 XML import

Stratford XML import.

Note that this is a working program however, we may change the format in the future if a standard is accepted. We cannot promise this, however, we probably will simply create a different format instead of breaking this one. It will depend on how many people use this program.

1. In your a/r folder: (ex: C:\Stratford\ssiw\304911) put a control file named loadxml_XXXXX.ini - where XXXXX is something related to you such as loadxml_DrSmith.ini

Here is a sample of the contents:

```
[Data Conversion]
menuselection=Load O2Tester XML information
xmlFileLocation = C:\Stratford\ssiw\304911\import\
PatientDemographics = DrSmith_Import.xml
hasXML=Yes
XMLraw=Yes
```

2. Somewhere on your computer put an XML file with information to be imported. In the example INI file above it has specified an XML file named DrSmith_Import.xml

Here is the full location of the file:

```
C:\Stratford\ssiw\304911\import\DrSmith_Import.xml
```

Here is a sample of what might be in that file:

```
<?xml version="1.0" encoding="UTF-8"?>
<!--
```

You can put some comments anywhere outside the XMLDocument and the program will ignore them.

If you use an XML syntax checker you will get an error unless you enclose comments in the brackets as shown here.

I use Notepad++ with the XML plugin to test the syntax.

Note: you should not have a duplicate table inside an XMLSection
-->

```
<XMLDocument>
  <XMLSection>
    <m6nmpt>
      <ccode>10001</ccode>
      <cnmptcode>10001</cnmptcode>
      <cname>Jones</cname>
      <cfname>Sally</cfname>
      <cadd1>1234 Main Street</cadd1>
      <cadd2>Unit 2603</cadd2>
      <ccity>Las Vegas</ccity>
      <cstate>NV</cstate>
      <czip>89109</czip>
      <ccontry>USA</ccontry>
```

```

    <csex>F</csex>
    <ddob>01/01/1980</ddob>
    <cmarital>4</cmarital>
    <cssn>123121234</cssn>
  </m6nmpt>
  <m6veac>
    <cocode>04</cocode>
  </m6veac>
  <m6ptp1>
  </m6ptp1>
  <m6nmco>
    <cocode>MCARE</cocode>
  </m6nmco>
  <m6ptin>
    <iptinorder>1</iptinorder>
    <crelatn>18</crelatn>
    <csignati>1</csignati>
    <csignatp>1</csignatp>
    <cassign>1</cassign>
    <cformtype>564</cformtype>
    <cinid>123121234A</cinid>
  </m6ptin>
  <m6nmco>
    <cocode>AETNA</cocode>
  </m6nmco>
  <m6ptin>
    <iptinorder>2</iptinorder>
    <crelatn>18</crelatn>
    <csignati>1</csignati>
    <csignatp>1</csignatp>
    <cassign>1</cassign>
    <cformtype>515</cformtype>
    <cinid>ABC1234567</cinid>
  </m6ptin>
</XMLSection>
</XMLDocument>

```

If you are not familiar with the XML format, this may seem complex. I guess it is complex and you will probably need some help to get going. Our support agreement does not include help with things like this as it can be very involved. However, if you are a 'technical' person and you can look at this and it makes sense, we can probably help you get going. Please do not ask us to teach you to program as we do not have the resources to do that. Note that this XML import utility will allow you to import any information into any field in any data table without exception (Of course the data must be legal for that field - you can't import 'abc' into a date field). We have hundreds of data tables and thousands of fields so it is possible that you may want to import something that we have not yet programmed and/or we are not importing it correctly. In a case like that, we can't promise anything without knowing more, but our policy is to quickly change our software as necessary. This is not a blanket guarantee as this import utility is an optional program. If you do not have a current software support agreement, we will not be able to help you.

To get a list of the fields in each of the files, refer to a previous topic about the Database Structure (Export).

15.9 HL7 data conversion

HL7 data conversion

This format is a standard for sending/receiving patient information.

Note: Actually it is only called a standard. It really is not standard at all. Why not use XML with some standard element names? then you could have a different variation for every vendor and it would be easy to support?

This utility will convert your data to the HL7 format using the specs we have.

In order to activate this function, you need to put a control file in your A/R folder. This is an example of the contents of a conversion control file named sendhl7.ini

```
; HL7 processing control file
;

[Data Conversion]
menuselection=Create an HL7 data conversion
hl7FileLocation = C:\temp\HL7_Software_Files\
PatientDemographics = Demographics.hl7
PatientTransactions = Transactions.hl7
DelimitersField = |
DelimitersSubField = ^
DelimitersRepetitionSeparator = ~
DelimitersEscapeCharacter = \
DelimitersSubSubField = &
DelimitersSegmentTerminator = chr(13)
SendingApplication = DocTalk
ReceivingApplication = Remote System
MessageType = ADT
TriggerEvent = A04
MessageControlID =120000000012
ProcessingID = P
VersionID = 2.5
PatientAccount=all
IncludeTransactions=yes
```

If you only want one patient to be converted, put the account ID in place of 'all'

After you create this control file, you will be able to see a menu selection on the Conversion menu. From the main menu, select #8, then #9

***** EXAMPLES *****

PATIENT DEMOGRAPHICS - A04 AND A08 MESSAGES
 SEGMENTS PD1, PV1, ZPI ARE OPTIONAL SEGMENTS AND NOT
 REQUIRED

```
MSH|^~\&| AKDHC | AKDHC ||Remote System|20060512152359||ADT^A04|120065121559|P|
2.5|
EVN|A04|20060512152359|
PID|001||23456||Turner^David^R||19761220|M|||3003 N. Central Ave Suite
```

```
400^Phoenix^AZ^85012||6028766788||||999999999|||||||20060425|
PD1||||589^WARNER-DUNLOP^MARY^^M.D.|
PV1|001||||2^Guerra^Isabel^^M.D.|3^Holmes^John^^M.D.|||||||CHRONIC|||||||
IN1|0001||123|Medicare|
IN1|0002||231|BSBC|
ZPI|23|RENAL ONE|First|MW||54
```

PATIENT CHARGE - P03 MESSAGES

SEGMENTS PD1, ZPI ARE OPTIONAL SEGMENTS AND NOT REQUIRED

Data fields are not always all filled out.

Example, PV1 field 44 and 45 might have admit date and discharge date but not required.

```
MSH|^~\&|DocTalk|DocTalk||20070614121037||DFT^P03|356920076141236531|P|2.5|
EVN|P03|20081211154735|
PID|001||169443|3569|Martin^Rome||19450517|F||Po Box 5552^^Lakeview^MO^90786||
5554453495||||123235567|||||
PD1||
PV1|001||||49^Moas^Amirer^^M.D.|||||||CHRONIC|||||||
FT1||||20070529^20070531||||3.000000|185.0||||5193||585.6|49||G0327|GT
DG1|0001||585.6|
IN1|0001||3475|Kaiser HMO|
IN1|0002|
ZPI||||65|DIALYSIS UNIT|0|
```

15.10 Merge lookup codes

How to merge 2 lookup codes

This utility can cause you to lose data if you do not understand what it does. Before you use it, you must have a good backup and you must know how to restore that backup. Stratford cannot help you recover any deleted records after you use this utility except by using a backup.

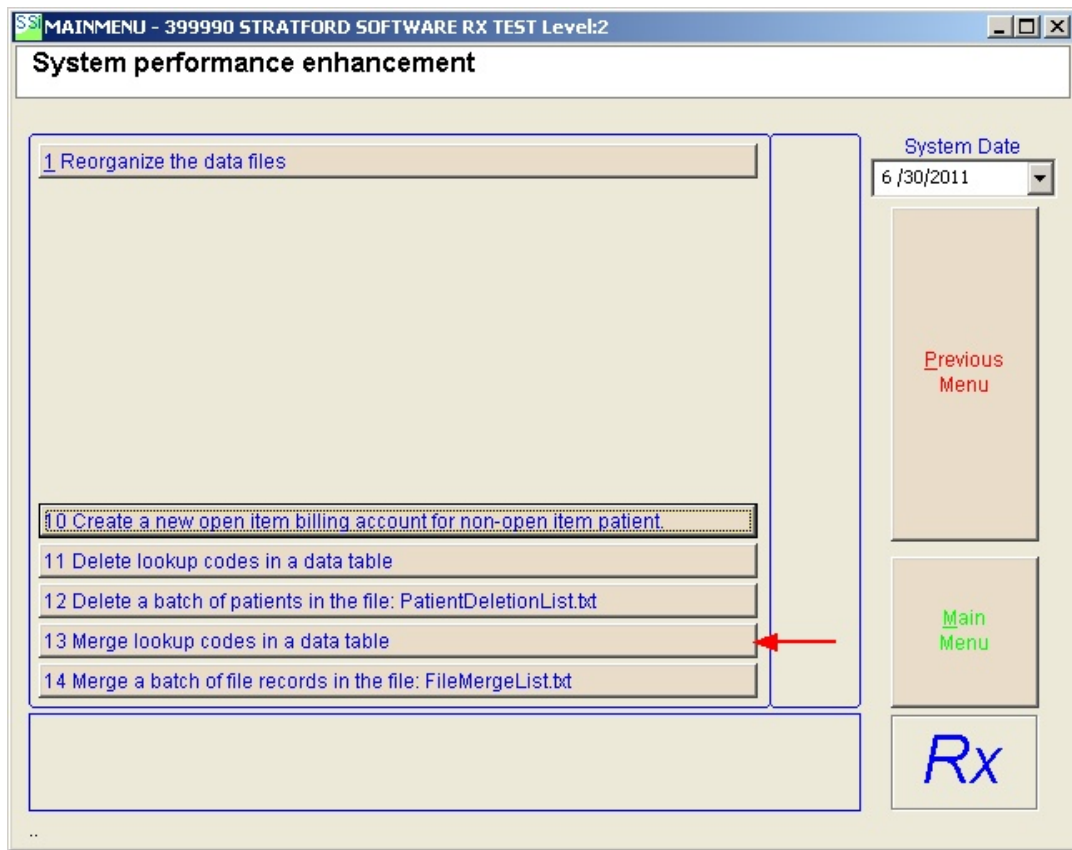
Q: What is the purpose of this utility?

A: Here is an example: You accidentally entered a duplicate insurance record. You have one now with the lookup code AARP and it is used in many patient accounts. Then you accidentally enter a duplicate: AARP-1 and it is used in patient accounts so it cannot be deleted.

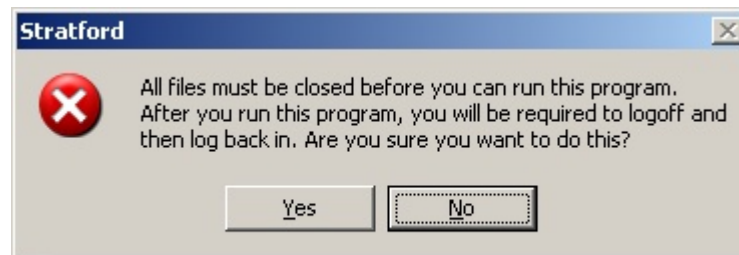
Solution:

From the main menu select #8, #3 (the 'reorganization' menu).

At this time we have the merge utility under #13:



When you select #13 you will see this message:



This is a similar message that you see when you run the reorganization program. The reason is that this utility has the ability to open all databases and all data tables. It will close them when it finishes, but you must start from the beginning before you can continue with data entry. We recommend that no one else should be working in the program (if you have a network with several workstations) because of possible conflicts that could cause the utility to fail.

If you select Yes, you will see the utility screen. The first text box needs the name of the data table that has the lookup codes that you want to merge.

Merge Records

Please do not use this utility unless you fully understand what it does.
This utility changes critical pointers inside your database and deletes records.
You must have a good backup before you use this utility.
Stratford will not be able to help you recover any lost data if you do not have a good backup.

File type to use for merging records: none

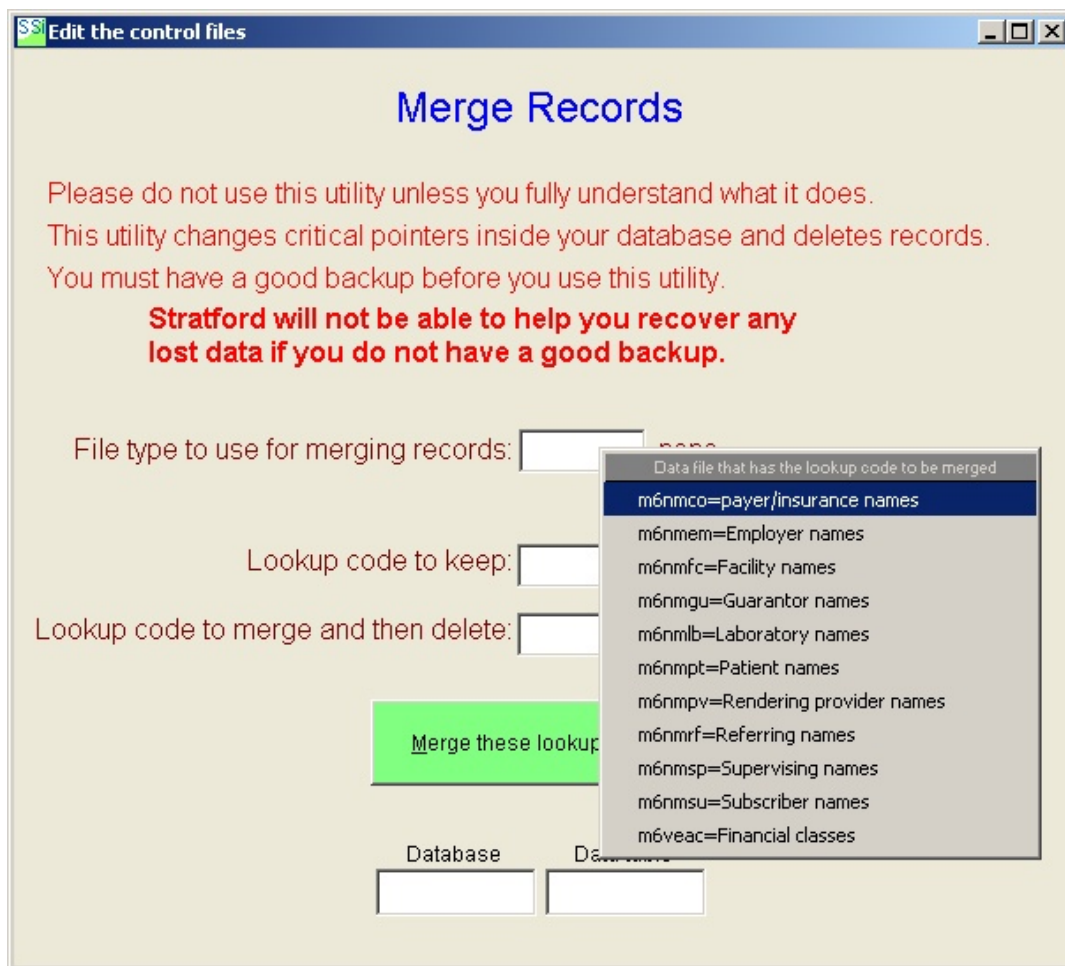
Lookup code to keep:

Lookup code to merge and then delete:

Merge these lookup codes

Database Data table

If you right click on this text box you will get a short cut menu with the possible files with lookup codes that can be merged.



For this example, we will merge two lookup codes in the insurance data table. Choose the first menu selection named:

m6nmco=payer/insurance names

The second text box is for the lookup code that you want to keep.

The third text box is for the lookup code that you want to merge and then delete.

Merge Records

Please do not use this utility unless you fully understand what it does.
This utility changes critical pointers inside your database and deletes records.
You must have a good backup before you use this utility.
Stratford will not be able to help you recover any lost data if you do not have a good backup.

File type to use for merging records: payer/insurance names

Lookup code to keep:

Lookup code to merge and then delete:

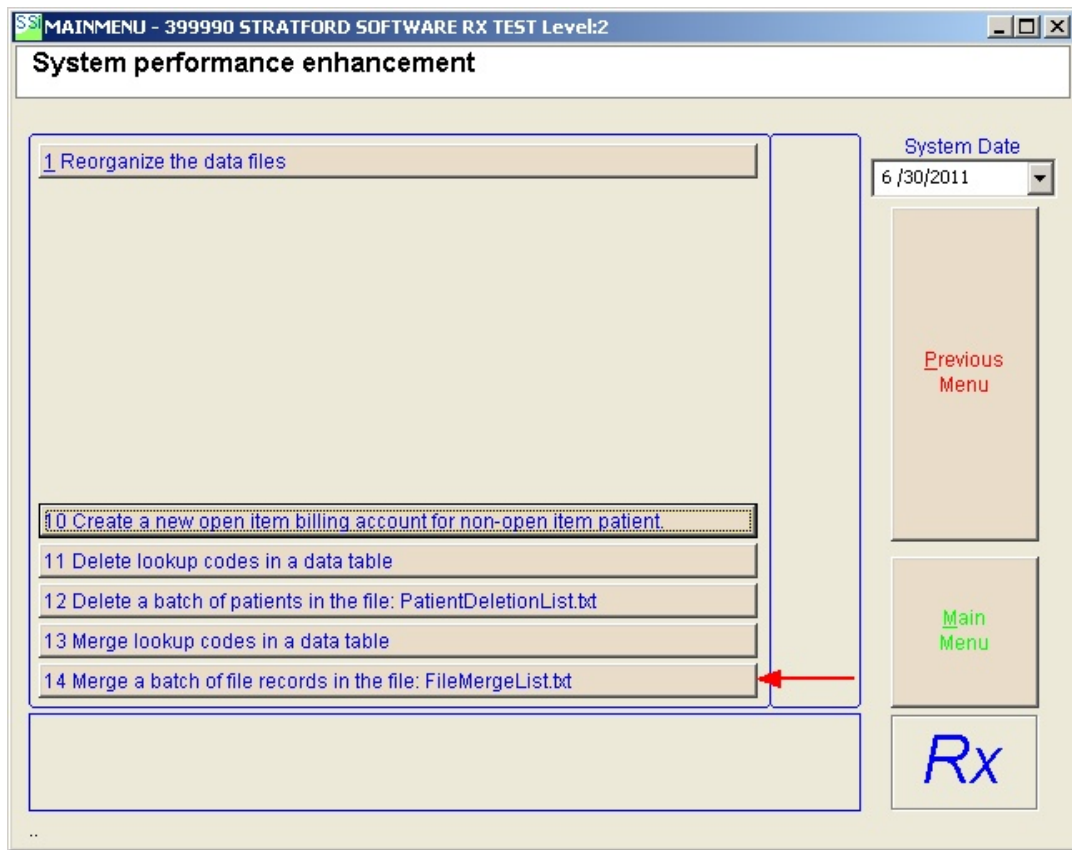
Database

Data table

If the merge process is successful you will get a confirmation message. The screen above will remain in view so you can merge other lookup codes.

You could merge 5 more codes in the insurance data table and then merge some lookup codes in the laboratory or referring provider or other data tables.

If you have a lot of lookup codes to merge, you can do this with the Batch Merge Utility.



To use this utility, you must first setup a text file named FileMergeList.txt in your a/r folder (ex: \Stratford\ssiw\399990) with this type of layout:

```
FileName LookupCodeToKeep MergeLookupCodeToBeDeleted
AnyOtherDescriptionTextThatYouWant
```

Here is an example:

```
m6veac 04C 04C@8 This text is for your eyes only. the software
will ignore it
m6nmco ALBCBS ALBCBS@2 This text is for your eyes only. the software
will ignore it
m6nmco 8092-V9S 01XY an insurance company
m6nmpt 04323 04323@7 a lookup code to be merged
```

Notice there is at least one space (or tab or comma) between the file name and the lookup code that you want to keep and the lookup code to be merged and then deleted.

Remember that when you 'delete' something from your database, it is not really deleted/erased but rather it is 'marked for deletion'. The only way to get it out of your database and recapture the space is to reorganize your files.

We would appreciate your feedback for any of our screens.

15.11 Delete lookup codes (including patientID)

How to delete a lookup code (also a patient ID)

This utility can cause you to lose data if you do not understand what it does. Before you use it, you must have a good backup and you must know how to restore that backup. Stratford cannot help you recover any deleted records after you use this utility except by using a backup.

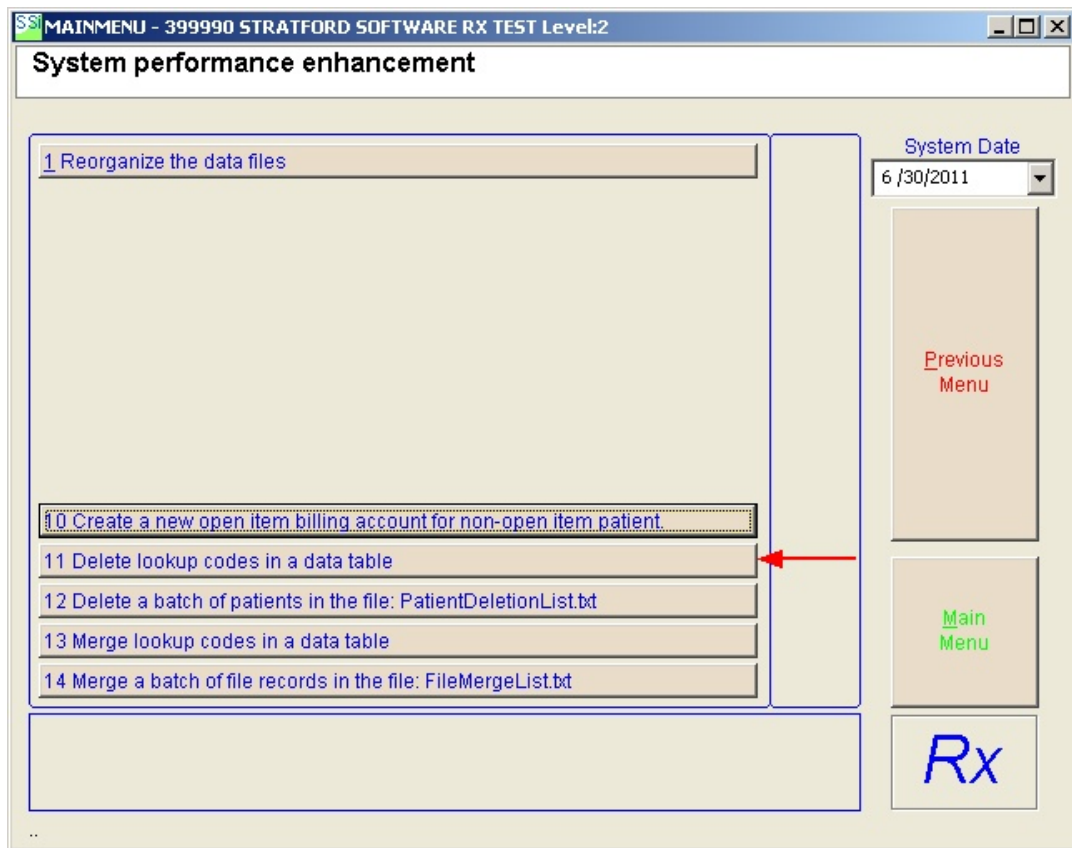
Q: What is the purpose of this utility?

A: Here is an example: You have some information in your database that you want to eliminate. This might be an insurance company name that you never used and do not want. It could be a patient that has not returned in years and/or you know that this was a one-time visit and you simply want to delete that patient. We do not recommend this as we think you should keep your history for possible reporting in the future. It is your database and your information so the decision to delete is your decision.

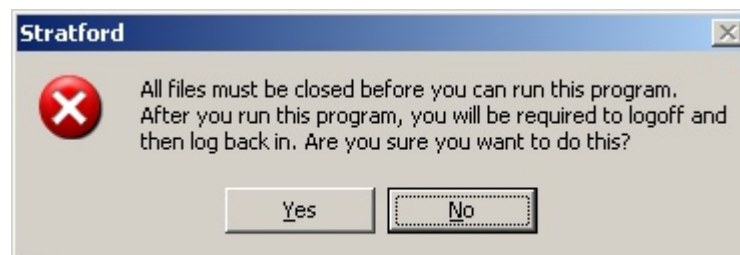
Solution:

From the main menu select #8, #3 (the 'reorganization' menu).

At this time we have the delete utility under #11:



When you select #11 you will see this message:



This is a similar message that you see when you run the reorganization program. The reason is that this utility has the ability to open all databases and all data tables. It will close them when it finishes, but you must start from the beginning before you can continue with data entry. We recommend that no one else should be working in the program (if you have a network with several workstations) because of possible conflicts that could cause the utility to fail.

If you select Yes, you will see the utility screen. The first text box needs the name of the data table that has the lookup codes that you want to delete.

Delete Records

Please do not use this utility unless you fully understand what it does.
This utility changes critical pointers inside your database and deletes records.
You must have a good backup before you use this utility.

Stratford will not be able to help you recover any lost data if you do not have a good backup.

Certain restrictions apply when deleting

File type to use for deleting records: none

Lookup code to delete:

Database Data table

If you right click on this text box you will get a short cut menu with the possible files with lookup codes that can be deleted.



For this example, we will delete a lookup code in the insurance data table. Choose the first menu selection named:

m6nmco=payer/insurance names

The second text box is for the lookup code that you want to delete.

Delete Records

Please do not use this utility unless you fully understand what it does.
This utility changes critical pointers inside your database and deletes records.
You must have a good backup before you use this utility.

Stratford will not be able to help you recover any lost data if you do not have a good backup.

Certain restrictions apply when deleting

File type to use for deleting records: payer/insurance names

Lookup code to delete:

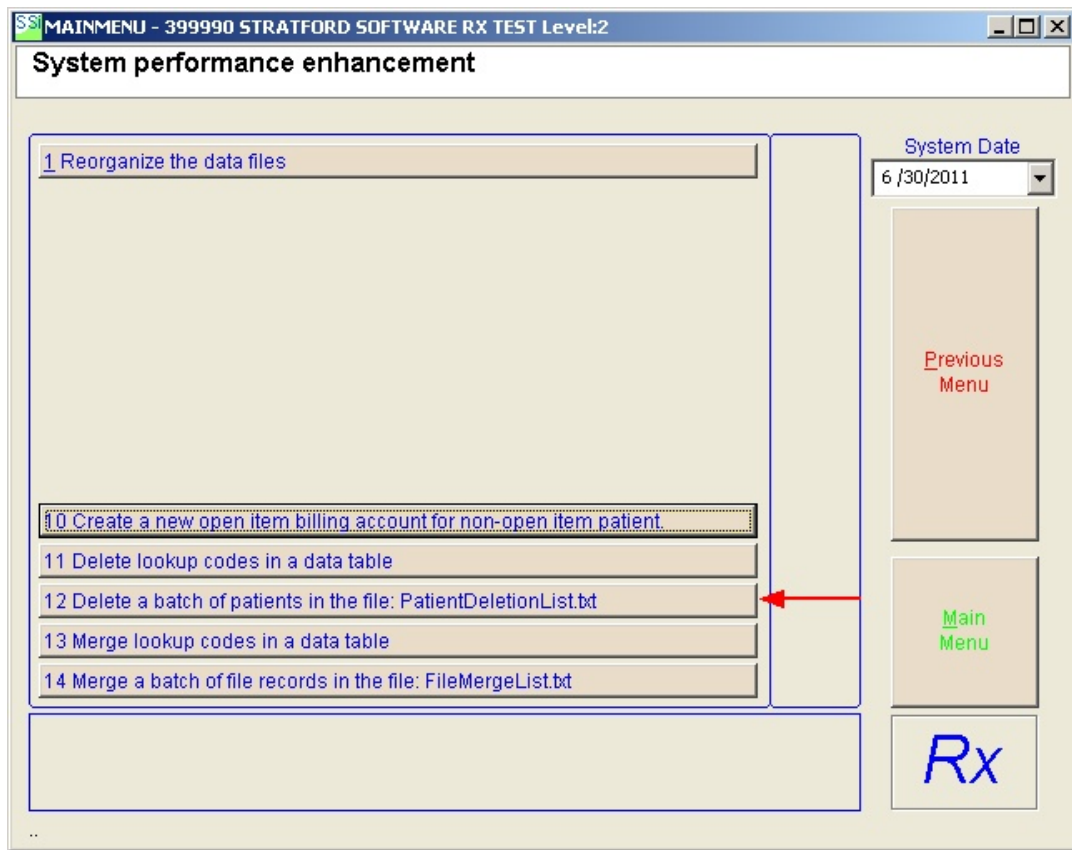
Database

Data table

If the delete process is successful you will get a confirmation message. The screen above will remain in view so you can delete other lookup codes.

You could delete 5 more codes in the insurance data table and then delete some lookup codes in the laboratory or referring provider or other data tables.

If you have a lot of Patient billing accounts to delete, you can do this with the Batch Delete Utility. Remember that you cannot delete a patient account unless you first balance all transactions and print the two audits: 601 and 680. The patient balance must be zero for the billing account you want to delete.



To use this utility, you must first setup a text file named PatientDeletionList.txt in your a/r folder (ex: \Stratford\sswin\399990) with this type of layout:

```
PatiendID BillingAccountCode AnyOtherDescriptionTextThatYouWant
```

Here is an example:

```
PatiendID BillingAccountCode AnyOtherDescriptionTextThatYouWant
56789 NHIC This text is for your eyes only. the software
will ignore it
54-90 ALBCBS This text is for your eyes only. the software
will ignore it
8092-V9S 01XY Louise Smt 10/5/2010 and any other text you
want
Y84391 04323 some name or other text here
```

Notice there is at least one space (or tab or comma) between the patient ID and the lookup code that you want to delete.

Remember that when you 'delete' something from your database, it is not really deleted/erased but rather it is 'marked for deletion'. The only way to get it out of your database and recapture the space is to reorganize your files.

We would appreciate your feedback for any of our screens.

15.12 Create a new open item billing account

How to add an 'open item' billing account

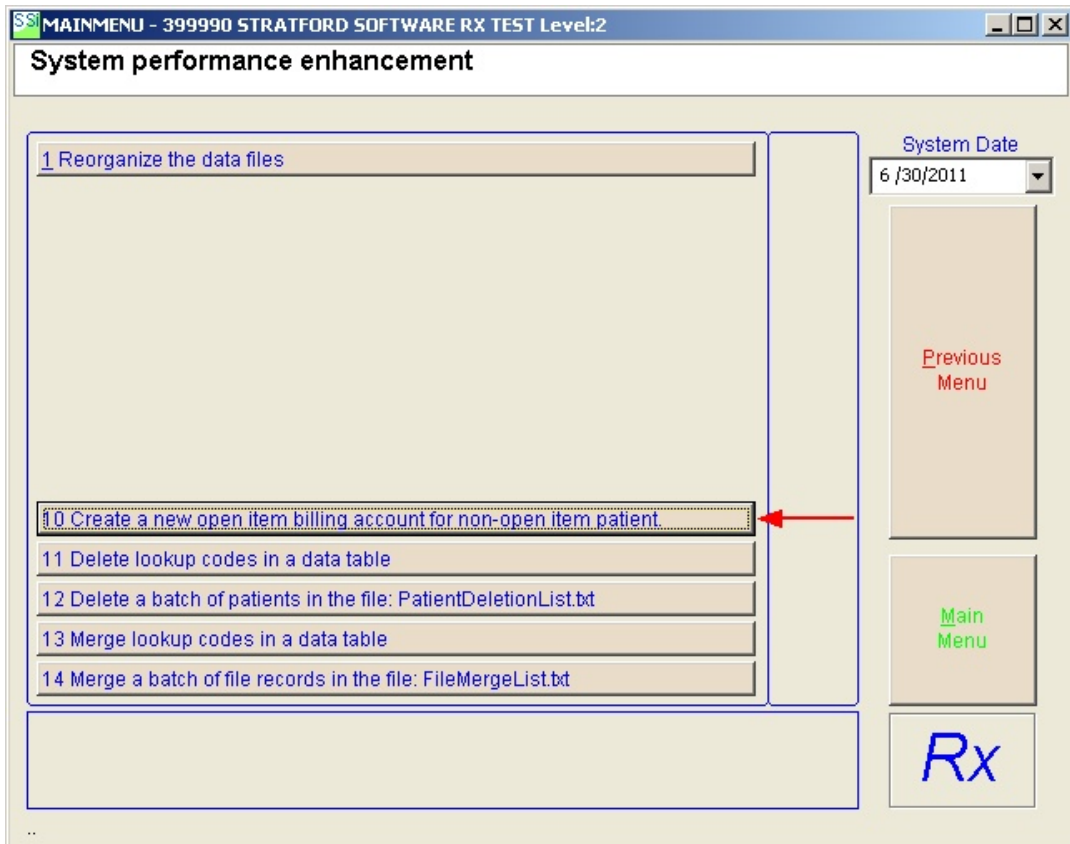
Q: What is the purpose of this utility?

A: Here is an example: This utility is used to add a billing account to existing patients. For example, you converted your data from the old 'DOS' compiled version of Stratford. You have been a Stratford client for more than 20 years and you have many patients that you have been using 'on account' posting with a certain financial class. Now you want to begin 'open item' posting so you can take advantage of auto EOB posting, secondary billing and many other advantages of open item posting.

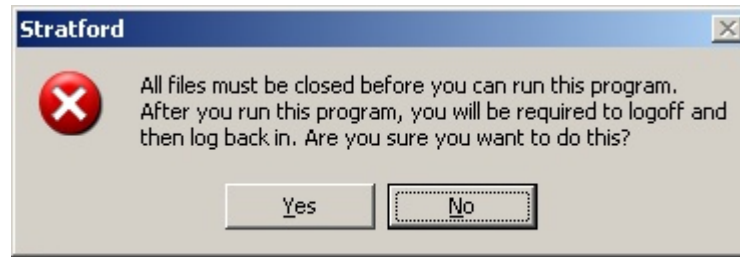
Solution:

From the main menu select #8, #3 (the 'reorganization' menu).

At this time we have this utility under #10:



When you select this utility you will see this message:



This is a similar message that you see when you run the reorganization program. The reason is that this utility has the ability to open all databases and all data tables. It will close them when it finishes, but you must start from the beginning before you can continue with data entry. We recommend that no one else should be working in the program (if you have a network with several workstations) because of possible conflicts that could cause the utility to fail.

If you select Yes, you will see the utility screen. The first text box needs the old financial class lookup code.

This utility will set up a new open item financial class with the same lookup code. This utility will rename the current lookup code for the non-open-item financial class so that it has "-X" appended.

Example: 04 will now be 04-X for the non-open-item financial class and the new open item financial class will be "04". All patients that have a billing account with the old non-open-item financial class ("04") will be given a new billing account with the new open item financial class named "04" in addition to their old non-open-item billing account. They will keep their old non-open-item billing account with all transactions, insurance, etc. The new open item billing account will not have any transactions but it will have all the insurance, claim questions and anything else (other than transactions) that were associated with the old non-open-item billing account. This allows you to continue billing the old transactions as usual and begin billing all new transactions with the open-item method.

Create open item billing accounts

Create a new open item billing account

Please do not use this utility unless you fully understand what it does.
This will add at least one additional open item billing account to your patients
This utility changes critical pointers inside your database.
You must have a good backup before you use this utility.

Old financial class lookup code none

New name for old financial class (non-open item)

New financial class (open item)

Data table

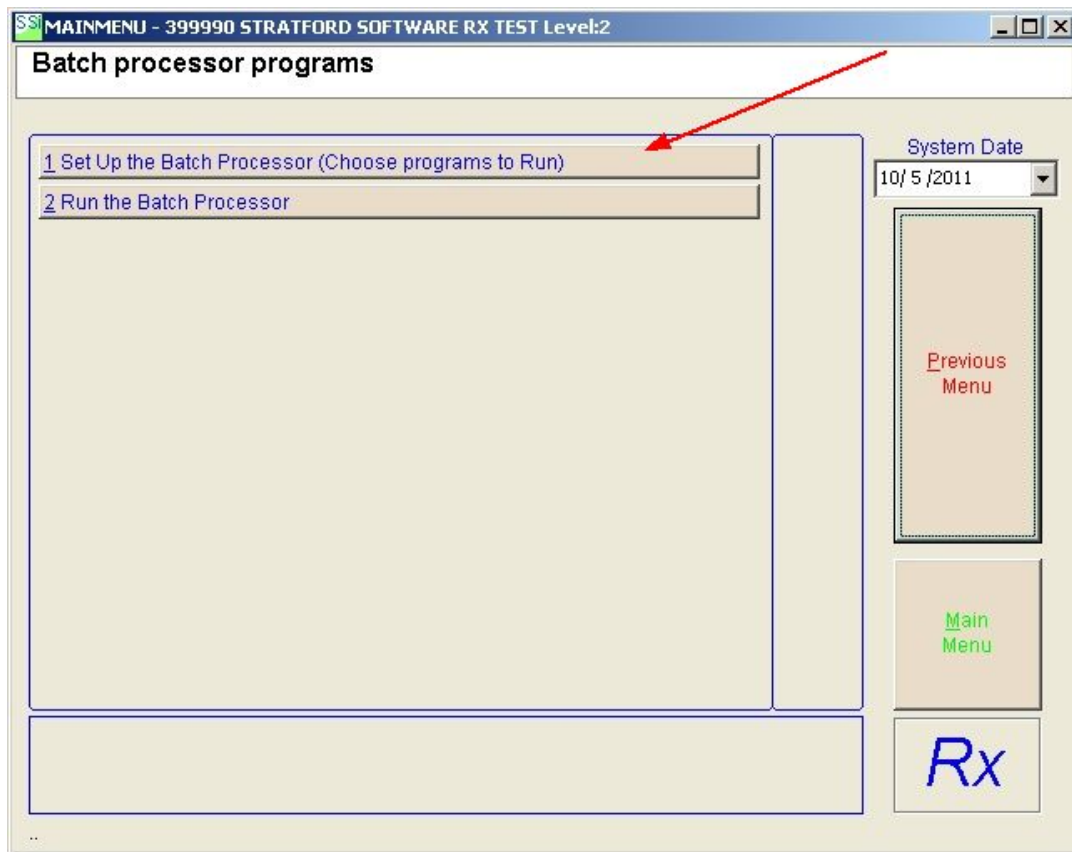
We would appreciate your feedback for any of our screens.

15.13 Batch processor

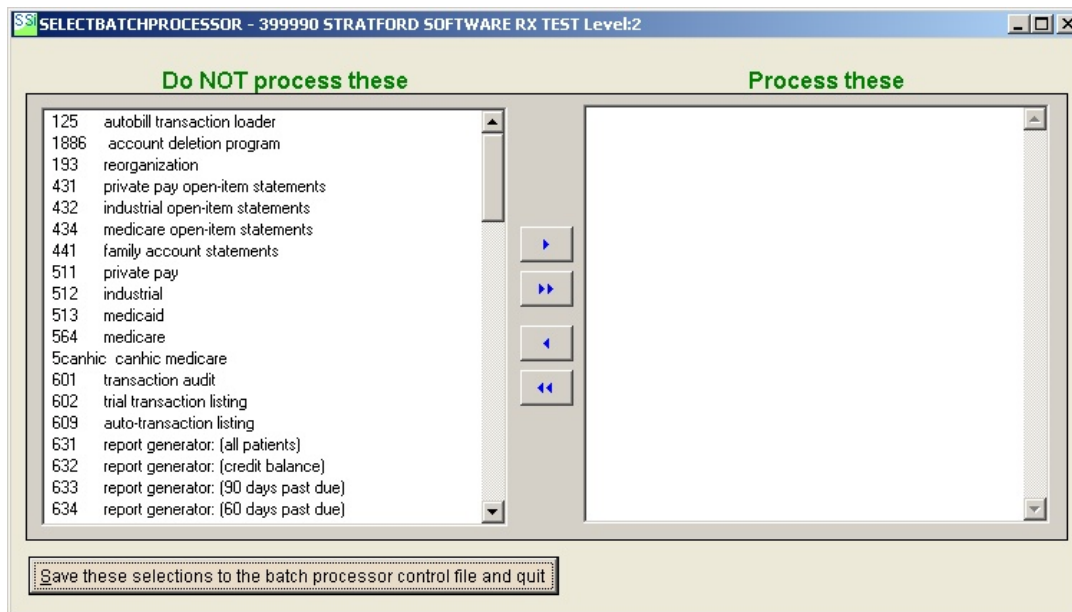
Batch Processor

This function will run one or more programs without having to select them from the menus.

From the main directory select #1, then #3, then #1 to set up the batch processor:

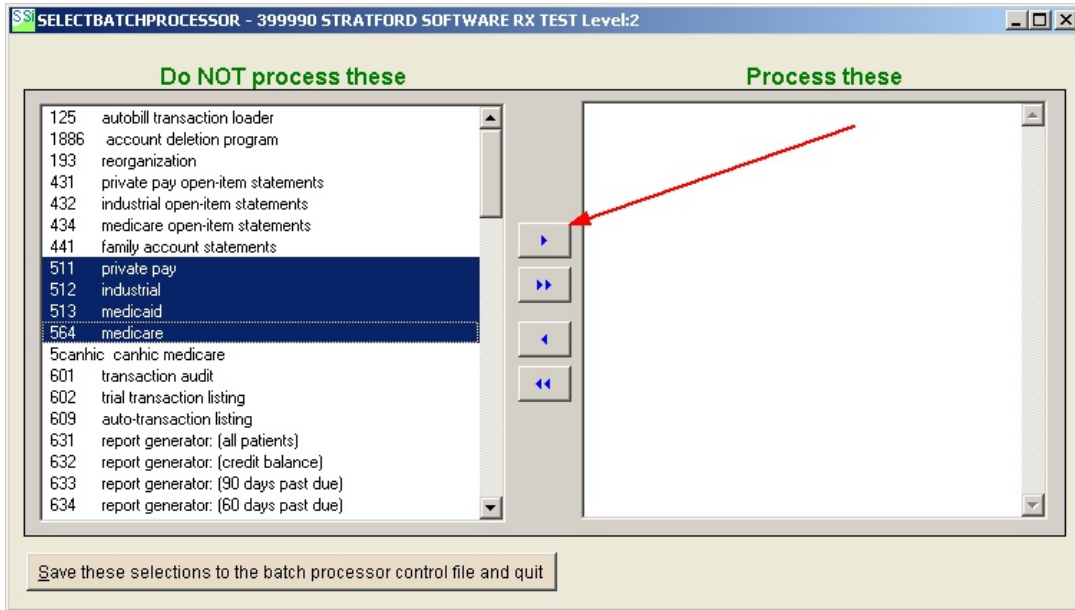


You will see this screen:

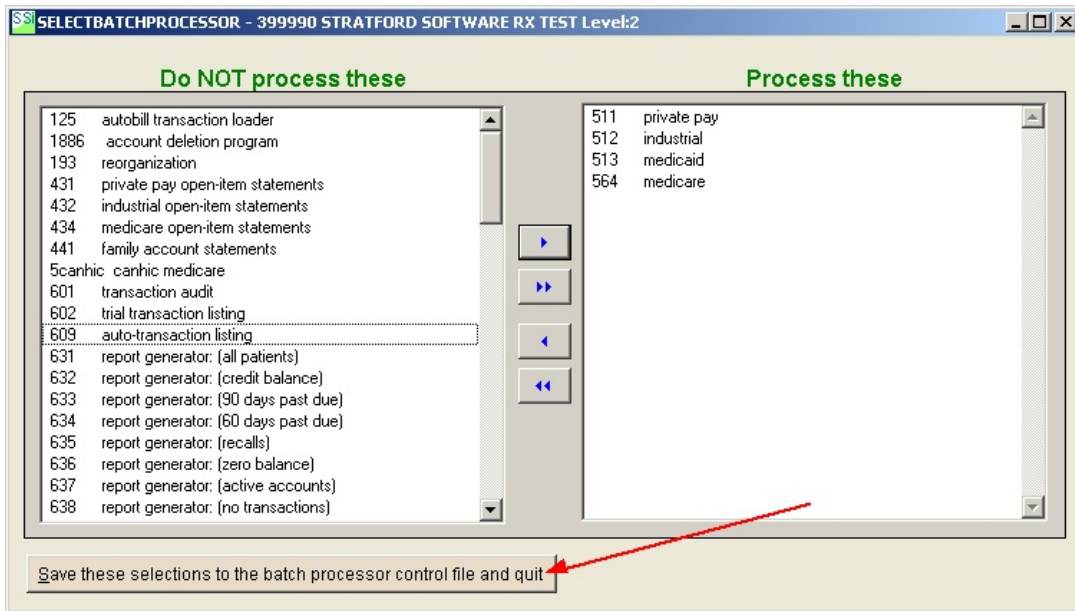


All of your potential programs are on the left. If you already had a batch processor control file set up, you would see its contents on the right.

You can drag any programs you want to run from the left to the right, or you can highlight one or more programs and then use the arrow button to move them to the right. For example, you want to run 4 insurance claim programs: 511, 512, 513, 564



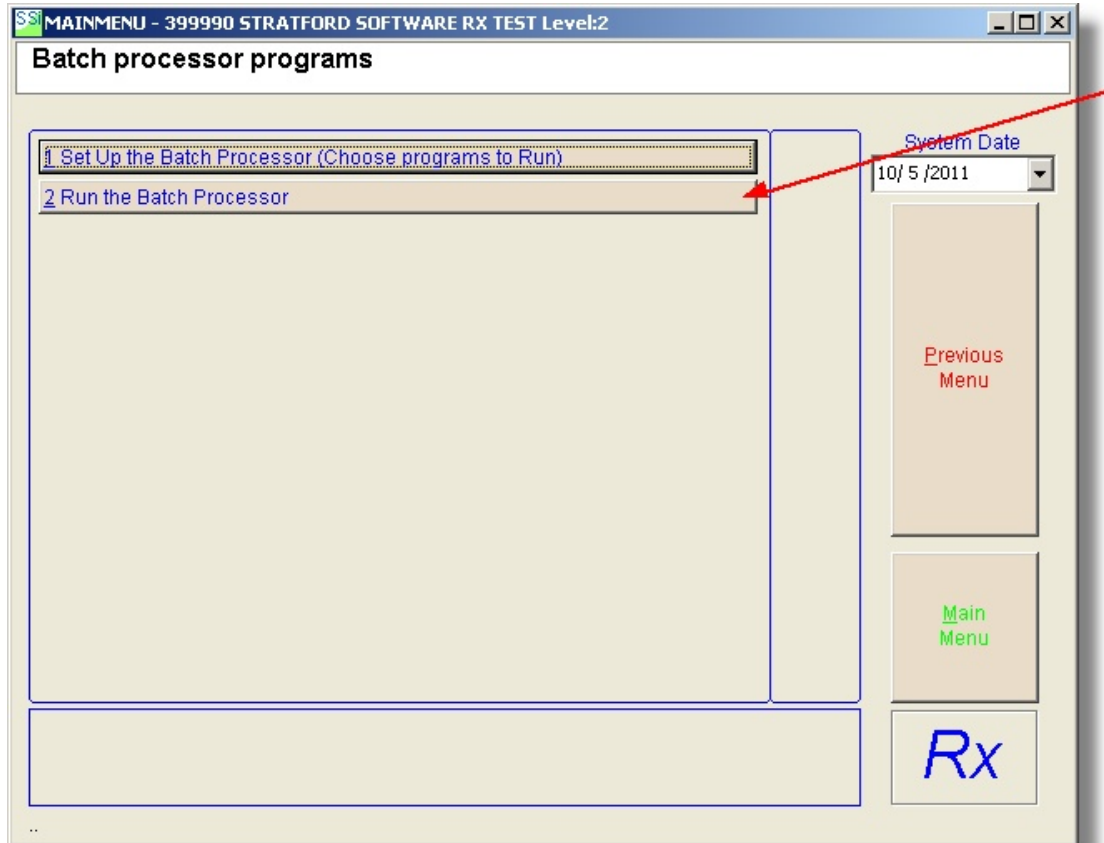
Press the top button to move these 4 selections to the right pane.



That is all there is to it. Press the Save button and you will return to the batch processor menu. You do not need to run these programs now. You can set up these 4 programs, then continue with your data entry and return to set up another program anytime.

We recommend that you only run these programs at noon or after other people are not trying to do data entry. These statement, insurance, and report programs 'hog' memory and run at full speed. This will make it difficult for other people to work in the system because their performance will be affected.

When you are ready to process the programs you have set up, press #1 on the batch processor menu:



15.14 DataFile change audit

Data file change audit
records all changes to the selected data files

Never make any changes in your account set up without first making a complete backup of the 'ssiwins' folder and all sub-folders. That will ensure you can restore your account. It is best that you do not even read the rest of this topic without FIRST making a complete backup.

Over the years we have had requests for some kind of report that lists all the recent changes in the data files - a 'change audit'

That is now available on versions 9.4.8373 or later. You log in as ADMIN and there is a new selection in the menu #8, #3, #8.

This is non-destructive, that is, it only reads the file. Since you have the ability to make programming changes, we cannot stop you from destroying your data.

It creates a new sub folder (ex: C:\Stratford\ssiwins\399990\StratfordAudit\) and puts the files there. This is completely customizable. There is a sample/template (working) audit which will be set up with that new menu selection. If you make that menu selection, it will determine if you already have the audit set up and give you the option to disable the audit.

For example, you want to record the changes to the patient demographics in m6nmpt. When you change the address, a new record will be put in a file named StratfordAudit_20130827_m6nmpt.dbf. You will see the new record that was entered in your regular m6nmpt plus a new memo field with the actual changes including the field name, old value, new value. You can modify these files anyway you want. We tried to put all the data tables that most people would want in the template setup.

1. This is 1 part of a 3 part system necessary to do a 2 way interface with one of the many certified EHR programs.
2. A second part would be the raw-xml import that we have had for many years.
3. The third part would be a custom program (every EHR is different) that would read the audit and create an HL7, xml, etc, whatever the EHR requires for import. It would take whatever the EHR program exports and convert it into xml suitable for our existing xml import. It would write a mark of some kind on each record (the cOpen field) that was read so it would know when all audit records had been used. When all records are used, that file can be deleted. Remember the Audit will create a new file each day. You will not see a file for any data table unless there is:

1. D = delete - an existing record is deleted
2. I = insert - a new record is added
3. U = update - an existing record is changed

In addition this third program would be responsible for cleaning up the StratfordAudit folder so it does not accumulate a large number of old files. We thought about having the reorganize program delete all the files that are over 90 days old. If you audit the transaction files, you could probably accumulate a lot of large audit files.

This could degrade your system performance 2-3% (just an estimate) but that would depend on your computer, memory, etc.

Stratford does not do custom programming (at least not at no cost) and we do not

have spare resources to teach programming. We do have clients that have done a lot of quality, technical work importing/exporting from the Stratford database. We could possibly put you in touch if you send in-depth information about the project you are interesting in creating.

Below is some information for enabling the Stratford Audit. As we get feedback, we will continuously expand this topic.

First log in with the ADMIN LoginID:



Then select your folder. You may NOT set up the StratfordAudit in the administrative (300005) account). Select the account you usually log into.



Select #8 from the main menu.



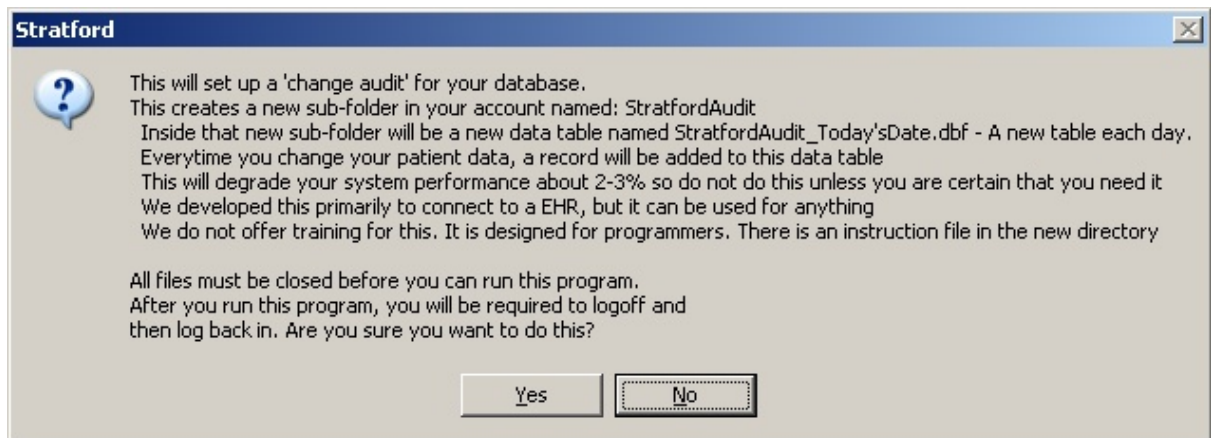
Then select #3 for Reorganize and utilities. Then select #8. You will not see #8 unless you logged in with ADMIN as described above.



Then select #8 and you will see the menu with the Stratford Audit selections:



Select #1 and you will see the screen below: (#2 Maintain is described below)
You will get a warning/description about what will happen if you select Yes



If you select Yes the sample/template Stratford audit will be set up.

There will be 3 new files (and the compiled versions) in your a/r folder: ex:
C:\Stratford\ssiw\399990

```
stratfordauditsetup.ini  
stratfordauditsetup.prg  
stratfordauditstoredprocedure.prg
```

You may revise these files. Never make any changes in your account set up without first making a complete backup of the 'ssiw' folder and all sub-folders. That will ensure you can restore you account.

They are designed by programmers for programmers. Be careful. You can destroy your data. Please contact Stratford support at support@stratfordsoftware.com with a description of what you want to change.

After the audit template is setup you will be back at the login screen. This time you MUST NOT use ADMIN. ADMIN is for Reorganizing the ssipub folder and a few low-level functions. If you do any data-entry while logged in as ADMIN, you could destroy your data as many or most of the built-in edits are not working.

Now go to a patient account and make a change. For example, we changed the last name. We added the letters "NEW" after the last name. Press Save

Now look in the new folder that was created for the audit:
C:\Stratford\ssiw\399990\StratfordAudit

You will see 2 files:
1. StratfordAudit_20130828_M6NMPT.dbf
2. StratfordAudit_20130828_M6NMPT.FPT

Note that the data table file that was changed is part of the filename. You also see the date the file was created. Every day that you do any data entry a new file will be created. The DBF file has a record that is the same as the changed record. The FPT file is a 'memo' file that has a record of the changes.



[CLNAME] is the name of the field in m6nmpt. When programming it is referred to as m6nmpt.cLname

Old: JONES~ is the 'old' information before you changed it. 'JONES'

New: JONES NEW~ is the 'new' information after your change. 'JONES NEW'

If you change other fields, you will see them listed here. If you change other information in other files you will see new files with that information. For example, if you change/add/delete a patient's insurance you will get these files:

1. StratfordAudit_20130828_M6PTIN.dbf
2. StratfordAudit_20130828_M6PTIN.FPT

As you can probably imagine, this is a very large collection of programs and is far more complex than the description about suggests. However, we have purposely designed it to be easy to work on if you are committed and have the required technical capability.

Note:

The fields in the 'change' file are the same as in the original data table that holds your patient information.

In addition there are 7 additional fields:

cCngTable has the table name (same as in the file name)
 cCngUser has the workstation ID that entered the changed data
 cCngdattim has the date and time this audit record was created
 cCngType has D (for delete), I (for insert), U (for update)
 cCngNew has O if Old, N if New
 cCngOpen Not used. We planned to use this contain a mark showing that this record has been read/used
 mOldNew a Memo field that contains all the changes as described above

Now see the Stratford Audit Maintenance screen: (Select #2 below)



Select #2 Maintain which files are audited and see this screen:



After you make ANY changes, be sure to press the '**Save this information**' button or your changes will not be activated until you you press #1 on the setup menu.

On the left side you will see files that WILL NOT be audited. On the right are the files that WILL be audited.

--- ***** 'share' subfolder files

```
m6nmpt      -- patient demographics
m6nmptal    -- patient allergies
m6nmptph    -- patient phone and email
m6apptappt  -- patient appointments
m6nmgu      -- patient guarantor
m6nmem      -- patient employer
m6nmpv      -- provider records
m6nmrf      -- referring records
m6nmosp     -- supervising records
m6nmsu      -- subscriber records
m6nmco      -- insurance/payer records
m6nmlb      -- lab records
m6nmfc      -- facility records
m6autr      -- auto transaction records
m6veac      -- billing account records
m6verc      -- recall records
m6vers      -- research records
```

--- ***** 'data' subfolder files

```
m6ptp1      -- recall record
m6ptin      -- patient insurance records
m6pthc      -- medical insurance claim records
m6ptub      -- ub institutional insurance claim records
m6ptad      -- dental insurance claim records
```

--- other patient information, probably not wanted by most

```
m6pttrch    -- transaction charge records      REMOVE * to activate
m6pttrnc    -- transaction non-charge records  REMOVE * to activate
m6ptdx      -- Patient diagnosis (on the main patient screen - 4 dx codes on the
3rd 'miscellaneous' tab at the bottom)
m6ptif      -- Patient 'other' information (on the main patient screen - 4 info on
the 1st tab at the top)
m6ptnote    -- Patient emr notes (from the main patient screen select the EMR
button)
m6ptp2      -- Other patient information (on the main patient screen - 4 memos on
the 1st tab at the bottom)
```

--- below most probably will not want

```
m6clmi      -- Claim creation info (not accessible by users)
m6clmt      -- Claim transaction creation info (not accessible by users)
m6ptch      -- pm160 claim questions
m6ptdf      -- doctor's first report claim questions
m6ptwc      -- Workman's comp claim questions
m6ptnsga    -- ambulance claim questions
m6ptnsgc    -- chiropractor claim questions
m6ptnsgd    -- nsgd GDX Certification - DME claim questions
m6ptnsgu    -- nsgu GU0 Certification - DME claim questions
m6ptnsgx    -- nsgx Oxygen claim questions
m6ptnsvi    -- vision claim questions
```

--- obsolete below, be careful, they are probably not well supported if at all

```
m6ptnscb  -- (obsolete)
m6ptnsha  -- nsha Wisconsin Chiropractor Information (obsolete)
m6ptnscb  -- nscb Legal Representative (obsolete) was in the national standard
format. Not supported.
m6ptrc    -- patient recall information
m6ptnscr  -- nscr Home Health Care (obsolete)
m6ptrr    -- patient transactions (old non-open item - obsolete)
```


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XVI

16 Issue resolution

In this section are some issues and possible solutions

Issue: Errors resulting from ole objects not being registered.

Stratford recommends that you have 'administrator' privileges when the program is first installed as well as when updates are installed. You must have 'administrator' privileges when you run the program the first time after the original installation and after an update. The reason for this is that 'ole' objects must be registered with the operating system. It is a requirement of the Windows operating system. We see no reason for the requirement but it is something we must live with as long as we use an operating system designed by Microsoft.

Solutions:

1. Make sure you have administrative privileges before you log in. You should be able to check your user privileges. Note this is the Microsoft operating system user and has nothing to do with the Stratford program.

2. If you log in and still have problems it could be that a required service is not active in your operating system. Do the following: (assume Windows XP Pro, SP2)

Click Start, Settings, Control panel, Administrative Tools, Services (not Component Services). This will open a new dialog. Scroll down the list on the right side to 'Security Accounts Manager' (you may only see 'Security Accounts...') If the status is not Started and/or the 'Startup Type' is not Automatic - change them.

3. Reinstall the update. Note this still may not work this time (it will work next time) because the software may 'think' you have already installed the update and will be unable to re-register the components. You may request a later version/build from Stratford. There is another possible solution that we do not recommend unless you have a current, known valid, backup of all your data and you have the ability to recover from that backup. In addition you should be 'computer literate' and be comfortable with the windows explorer functions: copying, deleting and moving files, etc. Find and rename a file named ssiuser.ini in your computer user directory: (example :C:\Stratford\ssiw\4\Computer\xyz\ssiUser.ini - where xyz is the name of the computer with the problem). Consider yourself forewarned that this is not a 'routine procedure' and we absolutely do not recommend that it should be done without first making sure that you know what you are doing. This file has some settings that could be lost. These settings are not part of the software so you should not notice any significant problems. Remember that Stratford does not have a copy of your data and if you delete/rename the wrong file, we may not be able to help you recover. Also, your software maintenance does not cover any services that might be required and you will be charged for labor and materials whether or not we are successful. If you are able to rename this file successfully, you should be able to log in and the software will try to register all the ole components. For those expert users: you can simply rename this file to something like ssiUser.sav, log in one time so the 'ole' components are registered, log off, rename the file back to ssiUser.ini.

Issue: corrupt files (data tables)

Description: different errors that indicate that the software cannot access the data in one or more tables.

1. Not a database file (Error number 15)
2. Table <name> has become corrupted (Error number 2091)
3. Memo file is missing/invalid (Error number 41)

Cause:

1. Most common is power loss, turning off power, resetting the computer while the program is

running.

2. Less common are many things such as hardware failure, etc.

You can have a bad area on your hard drive.

Solutions:

1. Most solutions are just 'patchwork' at best. If you are lucky you may not lose any information. This is one of the primary reasons for making a backup at least daily or even more often if you are doing a very large amount of data entry such as converting to Stratford from a different software product.
2. chkdsk. Go to a dos prompt and type CHKDSK C: /R << you must substitute the disk location of the data files if they are not on C:. If you do try to run chkdsk on drive C: it will not work until you reset the computer. You will get a warning message to that effect.
3. de fragment your hard drive. This is a good idea for routine maintenance. It will make your computer seem to run faster. You can find this under 'Start | Programs | Accessories | System tools'.
4. Consider using a UPS on the computer that has the data files. Even better - on all computers on your network. These are relatively inexpensive now at Costco, Walmart and other discount chains.

Whatever you decide to do, you must try to get a good backup first. We recommend backing up on CD or DVD as this is a near-permanent media and can be read by almost any computer. We do not recommend tape or copying to another hard drive. Backing up to the same hard drive is not a backup at all - it is a waste of time. Backing up to CD/DVD can be slow if you have a lot of data. An acceptable compromise might be: copy to another computer on the network and then backup that other computer to CD/DVD.

If you are not able to recover your data and you have a recent backup, Stratford may be able to help if you subscribe to software support on a long-term basis. This can be a very labor intensive endeavor that requires our most technical employee(s) and may be unsuccessful so we will not do this for those clients who do not have a long term support agreement. Consider a long term support agreement with a credit card on file.

Nothing you do is a substitute for making a frequent backup on reliable media that can be restored on most computers. We have had clients in the past who have been making frequent backups but there is no data on the media. Consider doing a test recovery to prove that you really do have a backup. If you make a backup to CD/DVD, most programs can be set to verify the data after writing the media. This manual is full of statements about making backups. Unfortunately it seems that a majority of people have to suffer through a disaster at least one time before they get the message. They think a backup is too much trouble or costs too much. You can get cheap CDs / DVDs that are 16X or better so they will backup a very large amount of data quickly. A daily backup for a 5 day work week takes about 250 CDs for one year of data entry which can be stored in a very small amount of space. It is a real treat for us to help a client who has many frequent backups. If you do not have a backup you can expect to pay many, many times the cost of a backup in labor and lost income. It is also very bad for the moral for the office staff. Don't let it happen to you.

As a rule, we do not like to recommend a specific product. We have had clients who lost a lot of data who said something like - if Stratford had recommended a specific way to backup the data, they would have done it. Well, this manual is full of statements about making backups. It takes up space in every one of our monthly newsletters. Check it out. Our web site has monthly newsletters back to the mid 1990's. Try to find one without a backup recommendation. For specifics, here is one we are using as of this writing: WinZip version 12.1. This program is so cheap for what it does that you have absolutely no excuse for not making a frequent backup. This program is less than \$50 and will compress your data and backup onto CD or DVD. If you have too much data for one CD, it will 'span' several CDs. It is a great program and we use it every day.

Here is a story that was posted on a software developer newsgroup:

I "forced" an associate in Seattle to let me install a UPS and external HDD for file imaging and backup purposes on his Server last August. He whined about the cost, but I told him he either takes measures to protect himself, or he could find someone else to provide him the commercial services I was about to set up for him. He wondered why I was being so harsh, and I told him that not if, but when, he had a problem I knew he would end up calling me. And I do not have the spare time to try to get a machine in Seattle back up from scratch, or to waste my time with anyone not willing to prevent problems when it is so inexpensive to do so. I also told him if he was really lucky he would never have to thank me for forcing his hand, and if even luckier he would eventually end up thanking me.

He rolled over, and I installed the equipment and software, blew an initial Drive Image (www.R-TT.com, they have R_DriveImage for \$45, works on Windows Server platforms), and set up the nightly file backups (SyncBack). Two days ago their Server hard drive crashed mid-day. Who do you think they called? Me, the one who forced the backups and UPS on them <g>... Within 2 hours, remotely guiding their non-IT office clerk, I have them up and running with a new hard drive. And over the next few hours I had restored all their data files (about 200 Gb, it took a while) current through the previous night's backup. I could not help myself, so I got transferred to my associate and asked, "Aren't you glad you listened to me last year?" He confessed he recognized the value of the investment, and said he never did dwell on the cost after I had installed the equipment and software - he had gotten over it. Had he not been protected he would have had to send the old drive out to a data recovery lab, maybe pay a few thousand \$ IF they could recover data, rebuild the Server O/S, etc. Had no data been recoverable he would to have shut his doors, as all of his client info, billing, active projects data, etc., was on that Server. Less than \$500 invested last year saved their business. I have no idea how much grief the UPS saved them over the past year with power related issues, but I bet they had no power related problems on the Server...

Here is a table of things to check if you have possible file corruption problems:

Possible cause	Area	Action
Corrupt data in the dbf's that corrupts the indexes.	Data	Inspect the indexed fields for causal or collateral corruption.
GPFs on workstations causing havoc with server-side data	Environment	Inquire about workstation GPFs.
A legacy FP 2.6 app somewhere, or perhaps. Excel, Access applications accessing or modifying data?	Environment	Inspect all applications connecting directly or through ODBC.
Virus: several client systems had a virus that caused index corruption but didn't seem to display any other symptoms	Environment	Scan for viruses everywhere

Video or printer driver conflicts in memory.	Hardware	Audit all video and printer drivers, and get and install the latest versions from manufacturer's websites.
Hardware not Windows-Approved	Hardware	Make sure that machines running Windows have tested and approved components.
Bad memory chips.	Hardware	Run hardware diagnostics on all machines.
A faulty NIC (just one) can cause index corruption.	Hardware	Run NIC and network diagnostics from all machines. Network faults could be the cause, but have to be traced systematically and physically for NIC as well as cable faults.
Bad sectors on the disk where temp files are being written.	Hardware	Chkdsk and defrag the disk drives
Overloaded networks. move to a switch with Cat5/6 - 1 gig or faster.	Network	Ask LAN administrator to comment on and measure the peak network loading.
Another thing to rule out (though I don't see how this could corrupt indexes) is that the temporary directories for the clients exist, write privileges exist and there's enough room to write this temporary information.	Network	Check for rights, disk space on temporary directories
Since this is a "mixed" environment, is there a NET.CFG? If so, it should probably have show dots = on, to handle relative directory references. Not sure what this could do to an index problem, unless we're talking about some tables that are not in the	Network	Check NET.CFG for SHOW DOTS=

same directory as their DBC, but it could happen!		
--	--	--

Issue: 'The program runs slowly' .**Description:**

The Stratford program runs fine on the server but the workstations are slow.

Response:

Programs (the software) do not run fast or slowly. They run at the speed of the hardware. Hardware includes everything you can touch/see: Server, Cabling, Network switches/hubs, workstations, modems, etc.

Here are some things to check:

1. The amount of memory is number 1. This is critical on the server, but important on the workstation(s) as well. If you are using the Windows version of our program, we recommend 1 gb memory, 2gb is better, 4gb is better still and may be necessary if you are unlucky enough to have Vista as your operating system. The dos program may not require as much memory, but the more you have, the faster the program will run. CPU speed is not as important as memory.
2. Defragment the server and the workstation disks is number 2. The workstation gets a copy of the data and programs from the server and stores it in the Windows 'swap file' (depending on how much memory you have on each workstation) while you are logged in.
3. Virus programs can make a big difference. We recommend Avast and PC Tools. we use them here at Stratford.
4. Reorganize your data. If you do a lot of data entry, your data files are constantly being 'disorganized'. The data for a single patient can be all over the hard drive. Reorganizing your data, sorts the data and re-creates all the indexes. The software can access the data you want faster when all of a patient's data is in contiguous records. This is important for large database programs like Stratford. You should do a backup at least daily and a reorganization at least weekly or monthly depending on the amount of data entry you do.
5. A dedicated server will always result in a faster response time for the 'slave' workstations on a network. When you use the server for a workstation, it hogs the memory and response time from the attached workstations. After checking the items above, try using the workstations while no one is working on the server computer - see if it makes a significant difference.
6. Creating reports, statements, and insurance claims causes a significant drag on the system and will always result in a slow system. Data entry generally does not put a lot of drag on the system. We have users with 20+ simultaneous users with acceptable response time. Try running non-data entry programs at lunch time or other times when people are not looking up patients, data entry, etc. Running reports, statements, insurance claims on the server will kill the network performance.
7. Although this is rarely the problem, if you have several workstations it can be significant - Your network cabling is the most common cause of speed problems. If your hub/switch is capable of 100mbs, and you have 4 workstations connected to a server, then the speed is divided by 4: Each workstation can only connect to the server 1/4 of the time if all are active. Upgrading to a 1gbs switch would allow all 4 workstations to connect at 100mbs, assuming that the server has a 1gbs network interface card (NIC) and the workstations have a 100mbs NIC. If all computers have a 1gbs NIC then the speed would be even faster.
8. If you have many workstations, we find that Windows terminal server may give the best response time. It allows you to use cheaper, older computers as a workstation with minimal memory and CPU requirements for those workstations. The terminal server should be as powerful as you can afford with the maximum memory that the hardware will support.
9. Windows has this crazy thing called the registry. This was another one of the many Windows bad ideas. Microsoft is finally starting to move away from this nonsense with Win7. This is the reason you have to 'register' ole components. A really bad idea we think. It is nothing but trouble and the good things about it (very few) do not even begin to outweigh the bad things.

There is a free utility named Ccleaner (yes there are 2 C's in the name). This utility can help clean up the registry and temp files and many other good things. Be sure to de fragment your hard drive after running it.

There are probably other things that can cause a slow network. If your hardware person has testing equipment to test the network connections, you should have that test done first. We find that the cabling is the most common cause of a slow network.

*Stratford Software, Inc.
EDI and practice management software*

Part

XVII

17 Appendix

17.1 Conversion of measurements

GENERAL CONVERSION

From	To	Multiply by
inches	millimeters	25.4
millimeters	inches	0.0394
inches	centimeters	2.54
centimeters	inches	0.3937
feet	meters	0.3048
meters	feet	3.281
yards	meters	0.9144
meters	yards	1.094
miles	kilometers	1.609
kilometers	miles	0.6214
sq inches	sq centimeters	6.452
sq centimeters	sq inches	0.155
sq meters	sq feet	10.76
sq feet	sq meters	0.0929
sq yards	sq meters	0.8361
sq meters	sq yards	1.196
sq miles	sq kilometers	2.589
sq kilometers	sq miles	0.3861
acres	hectares	0.4047
hectares	acres	2.471
cu inches	cu centimeters	16.39
cu centimeters	cu inches	0.06102
cu feet	cu meters	0.02832
cu meters	cu feet	35.315
cu yards	cu meters	0.7646
cu meters	cu yards	1.308
cu inches	liters	0.01639
liters	cu inches	61.03
pints	liters	0.5682
liters	pints	1.76
US pints	liters	0.47311
liters	US pints	2.114
US gallon	liters	3.785
gallons	liters	4.546
liters	US gallons	0.02642
liters	gallons	0.22
grains	grams	0.0648
grams	grains	15.43
ounces	grams	28.35
grams	ounces	0.03527
pounds	grams	453.6
grams	pounds	0.002205
pounds	kilograms	0.4536
kilograms	pounds	2.205
tons	kilograms	1016.05
kilograms	tons	0.0009842

LINEAR MEASURE

From	To	Multiply by
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Inches	millimeters	25.4
millimeters	inches	0.0394
inches	centimeters	2.54
centimeters	inches	0.3937
feet	meters	0.3048
meters	feet	3.281
yards	meters	0.9144
meters	yards	1.094
miles	kilometers	1.609
kilometers	miles	0.6214
nautical miles	kilometers	1.852
nautical miles	miles	1.150779

1 centimeter = 10 mm
 1 decimeter = 10 cm
 1 meter = 100 cm
 1 kilometer = 1,000 m
 1 foot = 12 inches
 1 yard = 3 feet
 1 (statute) mile = 1,760 yards
 1 int. nautical mile = 1.150779 miles

AREA

From	To	Multiply by
sq inches	sq millimeters	645.16
sq millimeters	sq inches	0.001550
sq inches	sq centimeters	6.452
sq centimeters	sq inches	0.155
sq feet	sq centimeters	929.03
sq centimeters	sq feet	0.001076
sq meters	sq feet	10.76
sq feet	sq meters	0.0929
sq yards	sq meters	0.8361
sq meters	sq yards	1.196
sq miles	sq kilometers	2.5899
sq miles	hectares	0.25899
hectares	sq miles	3.8612
sq kilometers	sq miles	0.3861
acres	sq meters	4046.86
sq meters	acres	0.000247
acres	hectares	0.4047
hectares	acres	2.471

1 square foot = 144 sq. in.
 1 square yard = 9 sq. ft
 1 acre = 4,840 sq. yd
 1 square mile = 640 acres

1 square meter = 10,000 sq. cm
 1 are = 119.6 sq. yards
 1 are = 100 square meters
 1 hectare = 100 ares = 2.471 acres
 1 square kilometer = 100 hectares

VOLUME

From	To	Multiply by
cu inches	cu centimeters	16.39
cu centimeters	cu inches	0.06102
cu inches:	cu decimeters	16.387
cu feet	cu meters	0.02832
cu meters	cu feet	35.315
cu feet	cu inches	1,728
cu feet	cu decimeters	28.316
cu yards	cu meters	0.7646
cu meters	cu yards	1.308
cu inches	liters	0.01639
liters	cu inches	61.03

1 cubic meter = 1,000,000 cu. cm

CAPACITY

From	To	Multiply by
fluid ounce	liters	0.0284
fluid ounce	cu inches	1.8047
US fluid ounce	liters	0.0296
US fluid ounce	cu inches	1.878
gills	liters	0.1421
pint	cu inches	34.68
pints	liters	0.568
liters	pints	1.7606
US pints	liters	0.4731
liters	US pints	2.114
US pints	cu inches	28.88
cu inches	US pints	0.0347
quarts	liters	1.136
US quarts	liters	0.9463
gallons	liters	4.546
US gallons	liters	3.785
peck	liters	9.092
bushel	liters	36.4
US barrels	cubic meters	0.159

1 US pint = 16 fluid oz
 1 gill = 5 fluid oz
 1 pint = 20 fluid oz
 1 quart = 2 pints
 1 gallon = 4 quarts
 1 peck = 2 gallons
 1 bushel = 4 pecks
 1 centiliter = 10 ml = 0.018 pint
 1 deciliter = 10 cl = 0.176 pint
 1 liter = 1000 ml = 1.76 pints
 1 liter = 1 cubic decimeters
 1 deciliter = 10 l = 2.20 gallons
 1 hectoliter = 100 l = 2.75 bushels
 1 kiloliter = 1,000 l = 3.44 quarters

MASS and WEIGHT

From

Commonly used values

To

Multiply

grams	grains	by
		15.4
grains	grams	3
		0.06
ounces	grams	48
		28.3
grams	ounces	49
		0.03
pounds	grams	527
		453.
grams	pounds	59
		0.00
		220
		5
pounds	kilograms	0.45
		359
kilograms	pounds	2.20
		5
tons	kilograms	101
		6.05
kilograms	tons	0.00
		098
		42
tons	tonnes	1.01
		6
tonnes	tons	0.98
		42

stones: kilograms = 6.350
 quarters: kilograms = 12.700
 centals: kilograms = 45.359
 hundredweights: kilograms = 50.802

1 milligram = 0.015 grain
 1 centigram = 10 mg = 0.154 grain
 1 decigram = 100 mg = 1.543 grains
 1 gram = 1000 mg = 15.43 grains
 1 decagram = 10 g = 5.64 drams
 1 hectogram = 100 g = 3.527 ounces
 1 kilogram = 1,000 g = 2.205 pounds
 1 tonne (metric ton) = 0.9842 (long) ton = 1,000 kg
 the decagram is sometimes spelled dekagram

Force**From**

kilonewtons
 pounds (f)
 kilonewtons
 tons (f)
 kilonewtons
 kilograms (f)

To

pounds (f)
 kilonewtons
 tons (f)
 kilonewtons
 kilograms (f)
 kilonewtons

Multiply by

224.8
 0.004448
 0.10036
 9.96401
 102.0
 0.009807

Fuel consumption**From**

miles/gallon

To

kilometers/liter

Multiply by

0.3539

kilometers/liter	miles/gallon	2.825
miles/US gallon	kilometers/liter	0.4250
kilometers/liter	miles/US gallon	2.353
gallons/mile	liters/ kilometer	2.825
liters/ kilometer	gallons/mile	0.3540

American Dry Measurements

From	To	Multiply by
pint	cu. in.	33.60
pint	liter	0.550
quart	liters	1.101
peck (8 quarts)	liters	8.81
bushel (4 pecks)	liters	35.3

American to Imperial Capacity measurements

From	To	Multiply by
US fluid ounce	fluid ounce	1.0408
fluid ounce	US fluid ounce	0.9608
US pint	pint	0.8327
pint	US pint	1.201
US gallon	gallon	0.8327
gallon	US gallon	1.201

Velocity

From	To	Multiply by
miles/hour	kilometers/hour	1.609
kilometers/ hour	miles/hour	0.6117
feet/second	meters/second	0.305
meters/second	feet/second	3.279
feet/minute	meters/second	0.00508
meters/ second	feet/minute	196.74
feet/minute	meters/minute	0.305

Pressure

From	To	Multiply by
pounds/in ²	kilonewtons/m ²	6.895
pounds/in ²	Atmosphere	0.0680
pounds/in ²	Kilograms/m ²	9.80665
Pascal	pounds/in ²	14.696
Pascal	feet/second	3.279
Pascal	Kilograms/m ²	703.07
Kilograms/m ²	pounds/in ²	0.001422
Kilograms/m ²	Atmosphere	9.68X10 ⁻⁵
Kilograms/m ²	Pascal	9.8067
Atmosphere	pounds/in ²	14.696
Atmosphere	Pascal	101,325
Atmosphere	Kilograms/m ²	10,332
newton/m ²	pascal	1.000
kilopascal	kilonewton/m ²	1.000

Torque

From	To	Multiply by
Newton Meters	Foot Pound	0.7376
Newton Meters	Kilogram Force Meters	0.1020
Foot Pounds	Newton Meters	1.356
Foot Pounds	Kilogram Force Meters	0.1383
Kilogram Force Meters	Foot Pound	7.233
Kilogram Force Meters	Newton Meters	9.807
inch Pound	Foot Pound	12

Temperature Conversion

C to F first deduct 32, Multiply by 5 then Divide by 9

F to C Multiply by 9, Divide by 5, Add 32

Avoirdupois Weight is the system of weights used in most English Speaking countries.

1 dram= 1.772 grams
 1 ounce = 16 drams
 1 pound = 16 ounces= 7,000 grains
 1 stone = 14 pounds
 1 hundredweight = 112 pounds (US 100 pounds)
 1 short ton= 0.907 tonne = 2,000 pounds
 1 (long) ton = 20 hundredweight = 2,240 pounds
 Troy Weight (Precious Metals)
 24 grains = 1 pennyweight
 20 pennyweights = 480 grains = 1 ounce
 12 ounces = 5760 = grains = 1 pound
 Apothecaries' Weight
 20 grains = 1 scruple
 3 scruples = 1 dram
 8 drams = 1 ounce
 12 ounces = 5760 grains = 1 pound

Archaic and less frequently used linear measure

3 hands = 1 foot
 1 span 9 inches
 1 rod, pole or perch = 16.5 feet
 40 poles = 1 furlong
 8 furlongs = 1 mile
 320 rods = 1 mile
 3 miles = 1 league

Nautical miles and Knots

10 cables = 1 nautical mile
 6080 feet = 1 nautical mile
 1 Knot = 1.151 mph

The nautical mile is defined as the average distance on the earth's surface corresponding to an angle of 1 minute of arc. A speed of one nautical miles per hour is known as the knot. The International Nautical mile is accepted by the Royal Navy (1970) as being equal to 1852 meters. As the earth is not a perfect sphere, but is an oblate spheroid, the distance corresponding to one minute of arc will vary depending on location. The value of 6080 feet is a compromise and is the value as measured at some point in the English channel

Depth

6 feet = 1 fathom
15 fathom = 1 shackle

Power

horsepower - 745.7 Watts (SI) or 735.5 Watts (Continental Europe)

The US ASCII Character Set

US ASCII, ANSI X3.4-1986 (ISO 646 International Reference Version)

Codes 0 through 31 and 127 (decimal) are unprintable control characters.

Code 32 (decimal) is a nonprinting spacing character.

Codes 33 through 126 (decimal) are printable graphic characters.

Legend:

Char The printed representation of the character, if any
Dec The decimal code for the character
Row/Col The decimal row/column representation for the character
Oct The octal (base 8) code for the character
Hex The hexadecimal (base 16) code for the character

Char	Dec	Col/Row	Oct	Hex	Name		Description	
	0	00/0 0	00	00	NUL	(Ctrl-@)	NULL	
	1	00/0 1	01	01	SOH	(Ctrl-A)	START OF HEADING	
	2	00/0 2	02	02	STX	(Ctrl-B)	START OF TEXT	
	3	00/0 3	03	03	ETX	(Ctrl-C)	END OF TEXT	
	4	00/0 4	04	04	EOT	(Ctrl-D)	END OF TRANSMISSION	
	5	00/0 5	05	05	ENQ	(Ctrl-E)	ENQUIRY	
	6	00/0 6	06	06	ACK	(Ctrl-F)	ACKNOWLEDGE	
	7	00/0 7	07	07	BEL	(Ctrl-G)	BELL (Beep)	
	8	00/0 8	10	08	BS	(Ctrl-H)	BACKSPACE	
	9	00/0 9	11	09	HT	(Ctrl-I)	HORIZONTAL TAB	
	10	00/1 0	12	0A	LF	(Ctrl-J)	LINE FEED	
	11	00/1 1	13	0B	VT	(Ctrl-K)	VERTICAL TAB	
	12	00/1 2	14	0C	FF	(Ctrl-L)	FORM FEED	
	13	00/1 3	15	0D	CR	(Ctrl-M)	CARRIAGE RETURN	

	14	00/1 4	16	0E	SO	(Ctrl-N)	SHIFT OUT	
	15	00/1 5	17	0F	SI	(Ctrl-O)	SHIFT IN	
	16	01/0 0	20	10	DLE	(Ctrl-P)	DATA LINK ESCAPE	
	17	01/0 1	21	11	DC1	(Ctrl-Q)	DEVICE CONTROL 1 (XON)	
	18	01/0 2	22	12	DC2	(Ctrl-R)	DEVICE CONTROL 2	
	19	01/0 3	23	13	DC3	(Ctrl-S)	DEVICE CONTROL 3 (XOFF)	
	20	01/0 4	24	14	DC4	(Ctrl-T)	DEVICE CONTROL 4	
	21	01/0 5	25	15	NAK	(Ctrl-U)	NEGATIVE ACKNOWLEDGE	
	22	01/0 6	26	16	SYN	(Ctrl-V)	SYNCHRONOUS IDLE	
	23	01/0 7	27	17	ETB	(Ctrl-W)	END OF TRANSMISSION BLOCK	
	24	01/0 8	30	18	CAN	(Ctrl-X)	CANCEL	
	25	01/0 9	31	19	EM	(Ctrl-Y)	END OF MEDIUM	
	26	01/1 0	32	1A	SUB	(Ctrl-Z)	SUBSTITUTE	
	27	01/1 1	33	1B	ESC	(Ctrl-])	ESCAPE	
	28	01/1 2	34	1C	FS	(Ctrl-^)	FILE SEPARATOR	
	29	01/1 3	35	1D	GS	(Ctrl-_)	GROUP SEPARATOR	
	30	01/1 4	36	1E	RS	(Ctrl-^)	RECORD SEPARATOR	
	31	01/1 5	37	1F	US	(Ctrl-_)	UNIT SEPARATOR	
()	32	02/0 0	40	20			SPACE	
(!)	33	02/0 1	41	21			EXCLAMATION MARK	
(")	34	02/0 2	42	22			QUOTATION MARK	
(#)	35	02/0 3	43	23			NUMBER SIGN	
(\$)	36	02/0 4	44	24			DOLLAR SIGN	
(%)	37	02/0 5	45	25			PERCENT SIGN	

(&)	38	02/0 6	46	26			AMPERSAND	
(')	39	02/0 7	47	27			APOSTROPHE	
((40	02/0 8	50	28			LEFT PARENTHESIS	
)	41	02/0 9	51	29			RIGHT PARENTHESIS	
(*)	42	02/1 0	52	2A			ASTERISK	
(+)	43	02/1 1	53	2B			PLUS SIGN	
(,)	44	02/1 2	54	2C			COMMA	
(-)	45	02/1 3	55	2D			HYPHEN	MINUS SIGN
(.)	46	02/1 4	56	2E			PERIOD	FULL STOP
(/)	47	02/1 5	57	2F			SOLIDUS	SLASH
(0)	48	03/0 0	60	30			DIGIT ZERO	
(1)	49	03/0 1	61	31			DIGIT ONE	
(2)	50	03/0 2	62	32			DIGIT TWO	
(3)	51	03/0 3	63	33			DIGIT THREE	
(4)	52	03/0 4	64	34			DIGIT FOUR	
(5)	53	03/0 5	65	35			DIGIT FIVE	
(6)	54	03/0 6	66	36			DIGIT SIX	
(7)	55	03/0 7	67	37			DIGIT SEVEN	
(8)	56	03/0 8	70	38			DIGIT EIGHT	
(9)	57	03/0 9	71	39			DIGIT NINE	
(:)	58	03/1 0	72	3A			COLON	
(;)	59	03/1 1	73	3B			SEMICOLON	
(<)	60	03/1 2	74	3C			LESS-THAN SIGN	LEFT ANGLE BRACKET
(=)	61	03/1 3	75	3D			EQUALS SIGN	

(>)	62	03/1 4	76	3E				GREATER-THAN SIGN	RIGHT ANGLE BRACKET
(?)	63	03/1 5	77	3F				QUESTION MARK	
(@)	64	04/0 0	100	40				COMMERCIAL AT SIGN	
(A)	65	04/0 1	101	41				CAPITAL LETTER A	
(B)	66	04/0 2	102	42				CAPITAL LETTER B	
(C)	67	04/0 3	103	43				CAPITAL LETTER C	
(D)	68	04/0 4	104	44				CAPITAL LETTER D	
(E)	69	04/0 5	105	45				CAPITAL LETTER E	
(F)	70	04/0 6	106	46				CAPITAL LETTER F	
(G)	71	04/0 7	107	47				CAPITAL LETTER G	
(H)	72	04/0 8	110	48				CAPITAL LETTER H	
(I)	73	04/0 9	111	49				CAPITAL LETTER I	
(J)	74	04/1 0	112	4A				CAPITAL LETTER J	
(K)	75	04/1 1	113	4B				CAPITAL LETTER K	
(L)	76	04/1 2	114	4C				CAPITAL LETTER L	
(M)	77	04/1 3	115	4D				CAPITAL LETTER M	
(N)	78	04/1 4	116	4E				CAPITAL LETTER N	
(O)	79	04/1 5	117	4F				CAPITAL LETTER O	
(P)	80	05/0 0	120	50				CAPITAL LETTER P	
(Q)	81	05/0 1	121	51				CAPITAL LETTER Q	
(R)	82	05/0 2	122	52				CAPITAL LETTER R	
(S)	83	05/0 3	123	53				CAPITAL LETTER S	
(T)	84	05/0 4	124	54				CAPITAL LETTER T	
(U)	85	05/0 5	125	55				CAPITAL LETTER U	

(V)	86	05/0 6	126	56			CAPITAL LETTER V	
(W)	87	05/0 7	127	57			CAPITAL LETTER W	
(X)	88	05/0 8	130	58			CAPITAL LETTER X	
(Y)	89	05/0 9	131	59			CAPITAL LETTER Y	
(Z)	90	05/1 0	132	5A			CAPITAL LETTER Z	
([)	91	05/1 1	133	5B			LEFT SQUARE BRACKET	
(\)	92	05/1 2	134	5C			REVERSE SOLIDUS (BACKSLASH)	
(])	93	05/1 3	135	5D			RIGHT SQUARE BRACKET	
(^)	94	05/1 4	136	5E			CIRCUMFLEX ACCENT	
(_)	95	05/1 5	137	5F			LOW LINE	UNDERLINE
(`)	96	06/0 0	140	60			GRAVE ACCENT	
(a)	97	06/0 1	141	61			SMALL LETTER a	
(b)	98	06/0 2	142	62			SMALL LETTER b	
(c)	99	06/0 3	143	63			SMALL LETTER c	
(d)	100	06/0 4	144	64			SMALL LETTER d	
(e)	101	06/0 5	145	65			SMALL LETTER e	
(f)	102	06/0 6	146	66			SMALL LETTER f	
(g)	103	06/0 7	147	67			SMALL LETTER g	
(h)	104	06/0 8	150	68			SMALL LETTER h	
(i)	105	06/0 9	151	69			SMALL LETTER i	
(j)	106	06/1 0	152	6A			SMALL LETTER j	
(k)	107	06/1 1	153	6B			SMALL LETTER k	
(l)	108	06/1 2	154	6C			SMALL LETTER l	
(m)	109	06/1 3	155	6D			SMALL LETTER m	

(n)	110	06/1 4	156	6E			SMALL LETTER n	
(o)	111	06/1 5	157	6F			SMALL LETTER o	
(p)	112	07/0 0	160	70			SMALL LETTER p	
(q)	113	07/0 1	161	71			SMALL LETTER q	
(r)	114	07/0 2	162	72			SMALL LETTER r	
(s)	115	07/0 3	163	73			SMALL LETTER s	
(t)	116	07/0 4	164	74			SMALL LETTER t	
(u)	117	07/0 5	165	75			SMALL LETTER u	
(v)	118	07/0 6	166	76			SMALL LETTER v	
(w)	119	07/0 7	167	77			SMALL LETTER w	
(x)	120	07/0 8	170	78			SMALL LETTER x	
(y)	121	07/0 9	171	79			SMALL LETTER y	
(z)	122	07/1 0	172	7A			SMALL LETTER z	
({)	123	07/1 1	173	7B			LEFT CURLY BRACKET	LEFT BRACE
()	124	07/1 2	174	7C			VERTICAL LINE	VERTICAL BAR
(})	125	07/1 3	175	7D			RIGHT CURLY BRACKET	RIGHT BRACE
(~)	126	07/1 4	176	7E			TILDE	
	127	07/1 5	177	7F	RUB	(Ctrl-?)	RUBOUT (DELETE)	

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