

## Introduction:

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

This manual is intended for those using the Macintosh MedBASE Lite application. The manual assumes that you are familiar with basic Macintosh operation and are acquainted with the use of the mouse and menu-driven commands. For new users unfamiliar with this environment, we recommend reviewing the Macintosh User's Manual. Proper operation of the program requires that MedBASE Lite be properly installed as described below. The application is compatible with Systems 6.0 or 7.0.

Because of the potential memory demands of a large database system, we recommend at least 2 MBytes of RAM with System 6.0 and preferably 4 MBytes of RAM with System 7.0. A hard disk with a capacity of at least 20 MBytes is recommended. MedBASE is compatible with all Macintosh computers from the older Mac Plus and SE to the newer PowerBook and Mac Quadra systems.

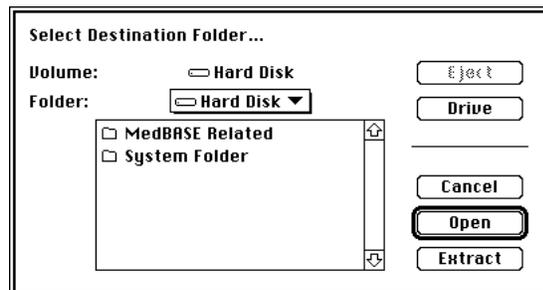
## Getting Started:

### Installing the Program:

To install MedBASE Lite, insert the diskette entitled "MedBASE Lite Program" into the floppy disk drive. This disk contains a file of the compressed code of the MedBASE Lite application and related files. When the **MedBASE Lite.comp** icon is double clicked, a dialogue box appears as shown below, prompting you to select a destination for the decompressed files. Click on the **Drive** button (in System 7.0, click the **Desktop** button and select the **Hard Disk**) to save the decompressed files to the hard disk. Click **Extract** to decompress the MedBASE files. When decompression is complete a new folder entitled "MedBASE Lite Billing Folder" will be present on the hard disk and will contain the MedBASE Lite application as well as the MedBASE Databases and Submissions folders. Your MedBASE Lite program is now installed.



MedBASE Lite.comp



## Starting the Program:

MedBASE Lite is accessed by simply double clicking on the MedBASE Lite icon. When the program is accessed for the first time, the user will be asked to enter the Provider Information as shown below. Be careful to enter the correct information as you only get one chance to register.



**Provider Information**

Enter Provider Information...

**Name:**

**Group No:**

**Billing No:**

**Specialty No:**

**District Code:**

**Pay Type:**  Pay Provider  
 Pay Subscriber

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

## Entering Claim Information:

When the program is started and the provider information has been entered, the MedBASE Lite billing screen will appear as shown at the top of the following page. The screen resembles an OHIP billing card and is filled out exactly as one would for a regular OHIP card. However, for patients previously entered, entry of the **Health #** will bring up the other patient information automatically. **Account #**'s are generated automatically by the program in a sequential fashion (starting with Account # 1) and provide a unique identifier for each claim. **Health #** and **Referring Physician #** are automatically checked for validity at the time of entry to prevent operator error. The **Payment** field must be marked as either 'HCP' (the default), 'WCB' or 'RMB' to indicate either OHIP, Workmens' Compensation Board or Reciprocal Medical Billing claims respectively. Entering 'RMB' will bring up a slightly modified billing screen (displayed on Page 7) similar to the manual Reciprocal billing card. A **Facility #** and an **In Patient Admission** date are required for hospital inpatients. You will notice that after the **Service Code** and # of services are entered, the **Fee Billed** will be entered automatically. You may overwrite this if you wish to edit the fee. As on the manual OHIP card, up to 10 claim items may be entered for each card.

MedBASE Lite										
Provider #		0000-224840-00		DR. JAMES ALLISON						
Health #	Version	Date of Birth	Account #	Payment	Payee					
7109792593	<input type="checkbox"/>	14/05/44	1	HCP	P					
Referred by	Facility #	In Patient Adm.	Surname	First Name	Sex					
201012	1302	15/12/92	HORTON	STANLEY	M					
Service Code	Fee Billed	Service Date	Diag Code	Service Code	Fee Billed	Service Date	Diag Code			
A605A	104.40	1	15/12/92	413				/ /		
C602A	85.00	5	16/12/92	413				/ /		
Z443A	140.50	1	16/12/92	413				/ /		
			/ /					/ /		
			/ /					/ /		
<input type="checkbox"/> Manual Review										
New		Select		Submit		Reconcile		Summary		Quit

Several buttons are present at the bottom of the screen and are accessed by clicking on them with the mouse, Their functions are briefly described below:

**New**

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

**Select**

This brings up the Claim Select... screen as shown below allowing you to select a previously saved but unsubmitted claim for editing.

Claim Select...	
<b>Search List by:</b> 'Surname, First Name' '10 Digit Health #' OR 'Account #'	<b>Unsubmitted Claims Only:</b> <input type="text"/> Awaiting search criteria.
<input type="button" value="Cancel"/>	

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

Select Claim and Close Window			
Patient Name	Accnt #	Health #	Service Date
Cancel			
WILLIAMS, MARGARET	1	7109792593	14/12/92
WILLIAMS, MARGARET	2	7109792593	21/11/92
CULBERT, WILLIAM	3	7166478854	09/12/92
BURTON, MARIA	4	9267331271	02/12/92
BYRON, EDMUND	5	6871052855	14/12/92
CHARLTON, PHYLIS	6	4809842174	21/11/92
ALBERT, JOHN	7	9724544433	09/12/92
DENNIS, RICK	8	9434679677	02/12/92

**Submit**

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

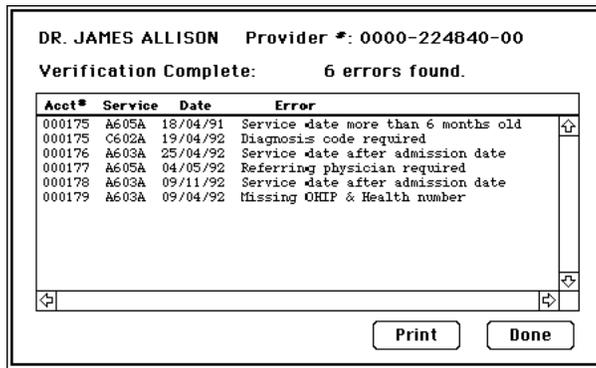
The current date will appear as the default in the **Submit Date** field. To change this date, simply enter a different date. This date will be entered on the submission diskette.

**Verify**

This button is used to verify all unsubmitted OHIP, Reciprocal and WCB claims for errors. The errors checked for include:

- Service code excluded from machine-readable input;
- Diagnosis code required for this service code.
- Referring physician required for this service code.
- Hospital number required.
- Admission date required.
- Service date is after submission date.
- Service date is more than 6 months old.
- Service date is after admission date.
- Missing Health number for this patient.
- Missing date of birth for this patient.
- Reciprocal Claims require a specified province.
- Reg# for <province> must be \_\_ digits
- Manual review required for this claim.

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



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

**Bill**

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

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

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

**Cancel**

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

**Reconcile**

The **Reconcile** button is used to reconcile previously billed claims from a OHIP Remittance Advice (RA) Diskette. After selecting **Reconcile**, a file selection window will appear. Insert the OHIP RA diskette and select the RA file (should begin with a "P" as per the new OHIP format). Click **Open** to continue or **Cancel** to abort the reconciliation. If you select a file which is not an OHIP remittance advice file an error message will appear. If a proper file has been selected the file will be read, the diskette ejected and the OHIP Reconciliation screen will appear as shown at the top of the next page.

OHIP Reconciliation				
<b>OHIP Reconciliation in progress</b>				
Accept underpayment if within \$ <input type="text" value="1.00"/>				
Accept overpayment if within \$ <input type="text" value="1.00"/>				
Records	Reconciled	Discrepancies	Prev. Processed	Not Found
133	127	5		1
<div style="display: flex; align-items: center; justify-content: center;"> <div style="width: 100px; height: 15px; background-color: black; margin-right: 5px;"></div> <input style="width: 100px; border: 1px solid black;" type="text"/> </div>				
<input type="button" value="Continue..."/>				

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

These reports include:

- (1) Reconciliation Totals and List of Discrepancies.
- (2) Summary of Claim Items 'Not Found' (if applicable).
- (3) Message from the Ministry of Health (if present on RA diskette).

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

**Summary**

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

Claim Summary	
<b>Provider:</b>	
DR. JAMES ALLISON - 0000-224840-00	
<b>Acct # Range:</b>	<input type="text" value="1"/> to <input type="text" value="222"/>
<b>Date Range:</b> (dd/mm/yy)	<input type="text" value="01/01/93"/> to <input type="text" value="12/01/93"/>
<input type="checkbox"/> Outstanding Claims only	
<input type="button" value="Print"/> <input type="button" value="Done"/>	

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

### Reciprocal Medical Billing:

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

MedBASE Lite									
		Provider # 0000-224840-00		DR. JAMES ALLISON					
Prov	Registration #	Date of Birth		Account #	Payment	Payee			
BC	1243234122	20/08/25		225	RMB	P			
Referred by	Facility #	In Patient Adm.		Surname	First Name	Sex			
201012		/ /		WILLIAMS	MARGARET	F			
Service Code	Fee Billed	Service Date	Diag Code	Service Code	Fee Billed	Service Date	Diag Code		
A605A	104.40	1	21/11/92	428		/ /			
G313A	8.80	1	21/11/92	428		/ /			
G310A	6.55	1	21/11/92	428		/ /			
			/ /			/ /			
			/ /			/ /			
Patient Address:		144 BURTON LANE		VICTORIA	BC				
Postal Code:		V4R3R3		<input type="checkbox"/> Manual Review					
New		Select		Submit		Reconcile		Summary	
Quit									

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

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

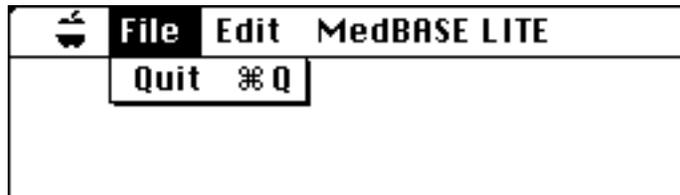
**Patient Address:** Enter the street address, city and province in the 3 field at the bottom of the screen.

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

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

Quit

To quit the program, press on the Quit button or select Quit from the File Menu as shown below. It is important to exit from the program before shutting the computer off.




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

**Phone and FAX line - 416-778-5852**

**Emergency Service - 416-417-2743**

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