

**Medigrate™**  
Corporation

# ***Electronic Office***

*Integrated Medical Office System*

***So Sophisticated ... It's SIMPLE!***

## **Administrator's Guide & Installation and Setup Instructions**

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## Introduction

### **CONGRATULATIONS!!**

By deciding to implement the Medigrate™ Electronic Office integrated medical office system in your medical practice, you have just done your patients and your business a huge favor. The reliability and consistency of your patient care documentation will increase greatly with this program, while the cost of creating and maintaining the documentation will substantially decrease. Adhering to the complex 1997 Medicare Evaluation and Management Documentation Guidelines will be made simple. As an added bonus, the days of misplaced or missing office notes will soon be gone!

The purpose of this Administrator's Guide is to help you to painlessly install Electronic Office and properly configure it for your specific needs right from the start. As is the case with the entire software package, this document has been written in plain language that any novice computer user can understand.

Before getting started with the installation process, take a moment to review the many benefits and features of Electronic Office. (If you come across any terms that you don't understand, there is a list of terms and definitions beginning on page 6.01 near the back of this guide.)

The Electronic Office program files fall into two different categories. One category contains the files that make up what is referred to as the "System Database." The other category of programs contains the remaining files which make up various "Workstation Application" modules.

All information that is needed to operate Medigrate Electronic Office is stored in the System Database. This includes the electronic patient records; all outside contact information (referring parties, insurance companies, etc...); information about your organization and staff; scheduling information; billing information; and much more. The System Database files are kept separate from all other files to allow the program to be used in a network environment where multiple computer workstations can communicate with the System Database at the same time.

The Workstation Application modules are the actual programs in which each computer user works. There are a total of nine Workstation Application modules. Examples of Workstation Application modules would include the Data Maintenance and Reports module and the Appointment Manager module. Later in this guide, beginning on page 3.01, there is an overview of each module and the purpose it serves.

**With Electronic Office you can:**

- >> Quickly and easily create electronic patient records for initial visits, follow-up visits, admission history and physicals, operative records, and discharge summaries.
- >> Maintain a history log of all medications that the patient was taking prior to coming to your practice, all medications prescribed by your practice, all medications dispensed by your practice, and all refills.
- >> Screen the patient's medications and allergies to substances for potential reactions and interactions.
- >> Screen the patient's medications for potential drug-disease contraindications.
- >> Accurately calculate CPT codes based on the 1997 Medicare E&M Documentation Guidelines.
- >> Create an unlimited number of conditions for each patient, or document all patient encounters under one condition that you can give a name such as "General Health History."
- >> Pre-screen medications for potential drug-to-drug interactions or drug-disease contraindications.
- >> Automatically generate fee slips before the patient leaves your office.
- >> Continue to use a paper-based patient filing system, or become completely paperless.
- >> Have Electronic Office automatically fax patient office visit notes to appropriate recipients (referring parties, insurance companies, etc...).
- >> Create outgoing communications (letters, memos, etc...) relating to a specific patient and condition from directly within that patient's record.
- >> Scan and import incoming communications from outside sources (lab reports, letters, etc...) directly into a specific patient's record.
- >> Manage the patient appointment scheduling for any combination of multiple medical providers and office locations.
- >> Track the status of pending tests or other items that should be received by your office before the patient returns for his/her next appointment.
- >> Track the relationships between insurance companies and doctors with the managed care organizations in your area, allowing you instant access to a list of participating providers you can refer a patient to without having to stumble through several participating provider directories.
- >> Track the status of the various authorizations for treatment you have obtained or must obtain to treat patients with managed care plans.
- >> Automatically notify other departments within your practice of a patient in need of in-house tests or other services.
- >> Enter data into patients' records either directly into text fields or by using templates that are custom created for your practice.
- >> Customize the program with default field values and custom field names that best fit the way your practice operates.
- >> Create custom templates for each doctor in your practice.
- >> Maintain comprehensive lists of every diagnosis or prescription ever recorded for each patient.
- >> Use the many different statistical reports to track important business information, such as where your new patients are coming from or what are the most frequent conditions treated at your practice.
- >> Link directly to Internet-based Patient Eligibility Verification services such as [priorityclaims.com](http://priorityclaims.com) and [ProxyMed.com](http://ProxyMed.com).

## END USER LICENSE AGREEMENT FOR MEDIGRATE™ ELECTRONIC OFFICE SOFTWARE

**IMPORTANT—READ CAREFULLY:** This Medigrate Electronic Office End User License Agreement (“EULA”) is a legal agreement between you (“CUSTOMER” either an individual or a single entity) and Medigrate Corporation (“COMPANY”) for the software product identified above, which includes computer software and associated media and printed materials, and may include “online” or electronic documentation (“SOFTWARE PRODUCT” or “SOFTWARE”). By installing, copying, or otherwise using the SOFTWARE PRODUCT, you agree to be bound by the terms of this EULA. If you do not agree to the terms of this EULA, you must completely remove the SOFTWARE PRODUCT from all computer systems on which you or one of your representatives have installed a copy and promptly return the unused SOFTWARE PRODUCT to the place from which you obtained it for a full refund.

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  - **Storage/Network Use.** You may also store or install a copy of the SOFTWARE PRODUCT on a storage device, such as a network server, used to install or run the SOFTWARE PRODUCT on your other computers over an internal network.
  - **License Pack.** If you have acquired this EULA in a license pack, you may make the number of additional copies of the computer software portion of the SOFTWARE PRODUCT authorized on the printed copy of this EULA, and you may use each copy in the manner specified above. The total number of copies authorized are displayed in the “About Electronic Office” window, accessible from all Electronic Office Workstation Application modules.
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7. **CONTINUED USE OF SOFTWARE PRODUCT.** The continued use of the SOFTWARE PRODUCT is contingent upon payment of the Patient Record Access fees for each month that the SOFTWARE PRODUCT is used. Upon receipt of payment in United States currency by COMPANY from CUSTOMER, COMPANY will provide CUSTOMER with an Authentication Code for the month to which the Patient Record Access fees apply. Each Authentication Code will allow CUSTOMER use of the SOFTWARE PRODUCT until the last day of the month immediately following the month to which the Patient Record Access fees apply. COMPANY reserves the right to change the Patient Record Access fees with prior notice to CUSTOMER. Refer to Section 6 of this guide for additional details of Patient Record Access fees. A signed Patient Record Access Fee Agreement must be submitted to COMPANY by CUSTOMER prior to the first authentication period for which charges will be incurred.
8. **MISCELLANEOUS**
- If you acquired this product in the United States, this EULA is governed by the laws of the State of California.
  - If this product was acquired outside the United States, then local law may apply.
  - Should you have any questions concerning this EULA, or if you desire to contact COMPANY for any reason, write COMPANY at the address in #6 above, or use any of the methods listed in the “How To Contact Us” section at the beginning of this guide.

**LIMITED WARRANTY.** COMPANY warrants that (a) the SOFTWARE PRODUCT will perform substantially in accordance with the accompanying written materials for a period of ninety (90) days from the date of receipt, and (b) any hardware accompanying the SOFTWARE PRODUCT will be free from defects in materials and workmanship under normal use and service for a period of one (1) year from the date of receipt. Some states and jurisdictions do not allow limitations on duration of an implied warranty, so the above limitation may not apply to you. To the extent allowed by applicable law, implied warranties on the SOFTWARE PRODUCT and hardware, if any, are limited to ninety (90) days and one year, respectively.

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## System Requirements - Section 1

### Operating System

Workstation: Windows 95, Windows 98, Windows NT 4.X., Windows 2000 Professional with Microsoft Internet Explorer® 3.X or later, or Outlook or Outlook Express.  
 Network (If applicable): Windows 95, Windows 98, Windows NT Server 3.51 or later, Windows 2000 Server, Novell 3.12 or later.

### Hardware

#### For Workstation Applications

Processor\*: Pentium 120mhz minimum, 200mhz or faster recommended.  
 Disk Drive Space: 200 MB available hard disk drive space if installing all components. *(For a stand-alone computer that will have the applications as well as the System Database installed, a minimum of 325 MB of available disk drive space is required. NOTE: It is not advisable to allow your available drive space to be less than 10% of your total disk drive size.)*  
 Memory\*: 64 MB RAM minimum; 96 MB or more recommended.

#### For the System Database

Electronic Office stores all information, such as patient data, in a separate database. This allows for the flexibility to use the program in a “client-server” environment, meaning that several computer workstations that are linked to a network server can communicate with Electronic Office simultaneously. However, the program will work just as well on a single workstation with the workstation applications and the system database all copied onto the same computer.

If Electronic Office is being installed onto a stand-alone computer, the recommended system requirements for workstation applications should be adhered to. The following guidelines apply to a network where the system database is installed on a server and the applications are installed onto local workstations.

Processor\*: Pentium 100mhz minimum.  
 Disk Drive Space: The System Database can grow very large depending on the frequency with which you compact the database, and the volume of patients that go through your office. To start with, 130 MB – 150 MB of available hard disk drive space is recommended. If your system database becomes too large, it may become necessary for you to increase your hard disk drive size. *NOTE: It is never advisable to allow your available drive space to be less than 10% of your total disk drive size.*  
 Memory\*: 32 MB RAM minimum, 64 MB or more recommended.

\*The processor and memory requirements apply to the use of Electronic Office. These requirements may not be sufficient for all operating systems on which Electronic Office can be installed.

### Network Protocols

Medigrate™ Electronic Office can utilize TCP/IP, IPX, and NetBEUI(if necessary) network protocols. However, Microsoft has discovered a potential problem with its Jet Database Engine running on Windows NT networks that are using the IPX protocol. Since Electronic Office uses Jet Database technology, it is recommended that users with Windows NT networks disable IPX and use TCP/IP and NetBEUI until this problem is remedied. This should eliminate potential corruption, and should have no effect on the performance of your network. ***A network modification such as this should only be performed by your Network Administrator!***

### **Fax Modem Compatibility**

One of Electronic Office's features is the ability to automatically fax patient visit reports to certain parties, such as personal physicians or insurance companies. Reports can be faxed using the Batch Processor module immediately when they are printed, or they can be batched together and faxed at a later time when telephone rates are lower.

The fax drivers used by Batch Processor require that the workstation from which Batch Processor is being used have an Industry Standard Class 1, 2 or 2.0 fax modem installed. It is not recommended that Batch Processor be used through a communication server.

If faxes are to be batched together and sent at some later time, it is not necessary for every workstation to have its own local modem. In this instance, it would only be necessary for the workstation from which faxes are being scheduled and actually sent to have the fax modem attached to it.

Most modems that have been manufactured in recent years are Industry Standard Class 1, 2 or 2.0 fax modems. If you are not sure whether or not your modem meets this requirement, contact the vendor from whom you purchased the modem, or contact the modem manufacturer direct. If you do not know the manufacturer of your modem, click on the Start button on your taskbar. Next, click on Settings from the Start Menu. Next, click on the Control Panel icon from the Settings menu. When the Control Panel window opens, there will be a Modem icon. Double-click on the Modem icon, and the manufacturer of the modem should be listed on the next window that opens. If not, it will be necessary to contact the vendor from whom you purchased the modem.

### **Imaging for Windows®**

Electronic Office requires that Eastman Software's Wang Imaging for Windows® be installed on any workstation on which Electronic Office is installed. This program is automatically included when most newer versions of Windows are first installed.

Imaging for Windows 95 is shipped with Electronic Office. If during the installation process on a Windows 95 or Windows 98 machine, Electronic Office determines that Imaging for Windows is not installed on the computer, it will automatically be installed.

For Windows NT and Windows 2000® machines, Eastman Software's licensing agreement with Microsoft prohibits the Imaging for Windows program from being installed in any manner except manually, directly within Windows. If the Electronic Office installation program determines that Imaging for Windows is not installed on a Windows NT or 2000 workstation, then a message will be displayed instructing the user to install the program.

To manually install Imaging for Windows, click on your "Start Menu", select "Settings," and then select "Control Panel." Next, double-click on "Add/Remove Programs" and then select the "Windows (or Windows NT) Setup" tab. Select "Accessories" from the list, click on "Details", and then place a check in the "Imaging" check box. Click on the OK buttons on each Windows installation window. You may be prompted to insert your Windows installation CD into the CD-ROM drive.

## Preparing to Install Electronic Office – Section 2

Installing Electronic Office requires only two simple steps:

- 1) Select and install the appropriate Workstation Application modules.
- 2) Install the System Database.

Before beginning any installation programs, it is a good idea to save any work and close any other programs (including any virus scan programs) that you currently have running.

The steps to installing a program on a Windows 95/98, NT 4.0 or 2000 system are slightly different than installing a program on a Windows NT 3.51 system. If you are not sure as to the type of operating system that is on your network server (if applicable) and/or workstations, then contact the appropriate person in your office who would know.

If you are in a network environment, and assuming you have sufficient hard disk drive space, then it is most efficient to copy the entire “Workstation Application” CD into a temporary file folder on the network server, then install the workstation applications onto each workstation from the network server. This is not necessary for the System Database since the System Database is only installed one time. If you are not familiar with the process of creating file folders or copying files, contact the appropriate person in your office who would know.

Computers with Windows 95, 98, and NT Workstation will automatically run the installation CDs when they are inserted into the CD-ROM drive. Both the System Database and Workstation Application installation CDs have Installation Menus that will open automatically. If your CD-ROM drive does not automatically open the Installation Menu, or if you have copied the entire Workstation Application CD onto a network drive, then the Installation Menu can be opened manually by double-clicking on the “LaunchWA.exe” file for the Workstation Application Overview and Installation Menu, or the “LaunchDB.exe” file for the System Database Installation Menu. The Installation Menu files are stored in the “EOInstall” folders.

After providing you with an overview of Electronic Office, the Workstation Application Installation Menu provides four options:


- View the Administrator’s Guide - This button will automatically open the Electronic Office Administrator’s Guide & Installation Instructions document, which is the same document you are currently reading. Typically, this step is only necessary one time in order to print this document to help you through the rest of the installation process.
- Install Workstation Applications - This button will begin running the Electronic Office Workstation Applications Setup program.
- Install Adobe® Acrobat® Reader - This button will begin running the Adobe® Acrobat® Reader Setup program. Adobe® Acrobat® Reader is required to view and print this Electronic Office Administrator’s Guide & Installation Instructions document, which is automatically installed on any workstation on which the Database Administration module is installed. It is only necessary to install Adobe® Acrobat® Reader if the workstation does not already have this program installed.
- View Help – This button will open the Online Help file for the Workstation Application Overview and Installation Menu.

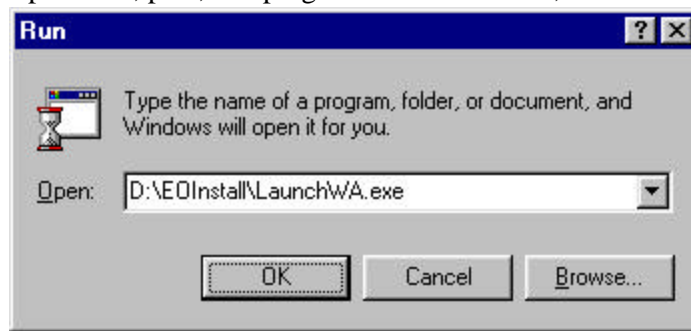
The System Database Installation Menu provides two options:

- Install the System Database - This button will begin running the Electronic Office System Database Setup program.
- View Help – This button will open the Online Help file for the System Database Installation Menu.

The following instructions for manually opening the Installation Menus assume you know how to locate the Installation Menu programs (LaunchWA.exe or LaunchDB.exe). That is to say, if you are installing from a network server or a shared drive somewhere else on a network, you know the appropriate drive letter and path, and if you are installing from a local CD-ROM drive, you know the appropriate CD-ROM drive letter (typically local CD-ROM drives are drive “D,” while network drives and shared drives could be anything from “E” to “Z”).

*To open a program on a computer with Windows 95/98, NT 4.0 or 2000:*

- Click on the “Start” button. 
- Click on “Run” or press your “R” key.
- When the Run Dialog Box opens, enter the appropriate drive letter and path, followed by the setup program name (i.e. “D:\EOInstall\LaunchWA.exe”) into the field next to the word “Open:”. If you are not sure of the appropriate drive and path, click on the “Browse” button to locate the appropriate Electronic Office Installation Menu program.
- Once the proper drive, path, and program name is entered, click on “OK.”

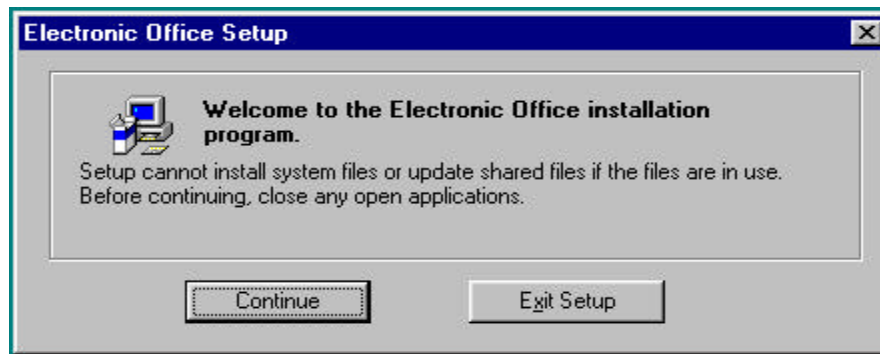


Windows “Run Dialog Box”

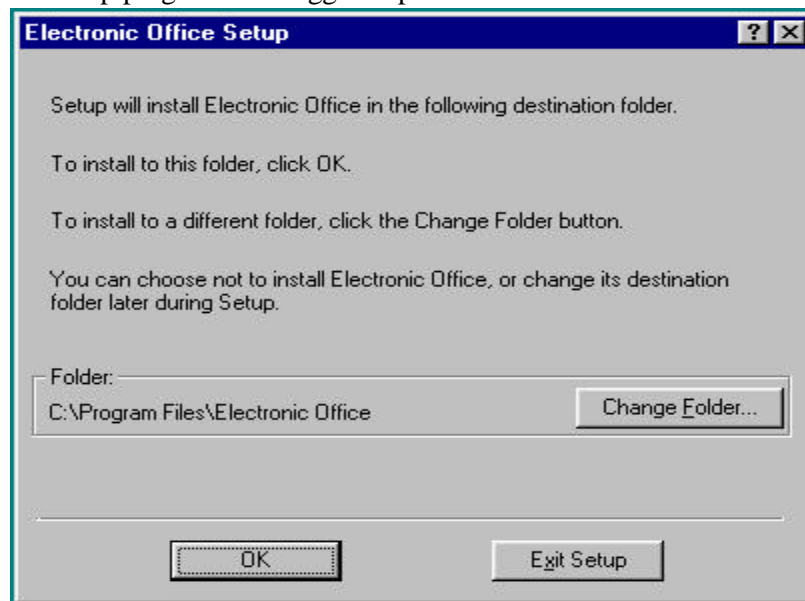
*To open a program on a computer running Windows NT 3.51:*

- Open the “Main” program group.
- Double-click on the “File Manager” icon.
- Click on “File” on the File Manager toolbar.
- Click on “Run” or press your “R” key.
- Enter the appropriate drive letter and path, followed by the setup program name (i.e. “D:\EOInstall\LaunchDB.exe”) into the field next to the word “Open.” If you are not sure of the appropriate drive and path, click on the “Browse” button to locate the appropriate Electronic Office Installation Menu program.
- Once the proper drive, path, and program name is entered, click on “OK.”

Once you select to install either the Workstation Applications or the System Database, from this point forward, the installation process is the same regardless of your operating system. As each setup window is displayed, read the message carefully before continuing. In the majority of installations, you will want to accept the suggested options and simply click on the “Continue” or “OK” button.



- First, the Setup program will examine your system to confirm that it is compatible with Electronic Office.
- Next, the Setup program will suggest a path and folder in which to install the program.



**Electronic Office Destination Folder Window**

It is not necessary to accept the suggested folder, but it is recommended. Installing the Workstation Applications into the suggested destination folder will make it easier for Medigrate™ Technical Support staff to provide quick and accurate assistance if called. Obviously, companies have different paths to their network servers, so it may be necessary to change the destination path for the System Database files if Electronic Office is being set up in a network environment.

You will be given an opportunity at a later step to change the destination folder. If the suggested destination folder does not exist, the Electronic Office Setup program will automatically create it for you. (NOTE: If you are installing the System Database onto a network server, it is important that the System Database be installed in a folder that is accessible to all workstations that will have the Electronic Office Workstation Applications installed, and that all users who will be using Electronic Office have read/write permissions to the folder.)

- Next, if you are installing Workstation Applications, the Setup program will allow you to select from three installation options. If you are installing the System Database, no options are provided.



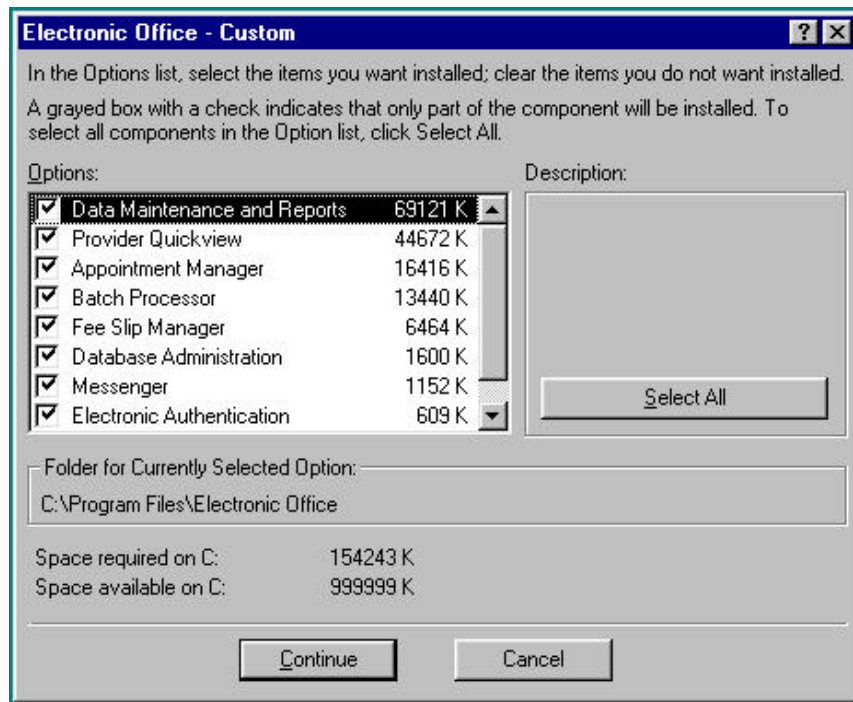
Installation Option Selection Window (Workstation Applications only)

***In all three options, the Data Maintenance and Reports, Authentication Code Entry, and Repair and Compact modules will be installed. These are required modules.***

The "Typical" installation option will also install the Appointment Manager and Provider Quickview modules.

The "Custom" option will display a list of all Electronic Office modules and allow you to select which modules to install. When selecting the modules, remember that Data Maintenance and Reports is a required module.

The "Compact" option will only install the Data Maintenance and Reports, Authentication Code Entry, and Repair and Compact Database modules.



Custom Installation Option List (Workstation Applications only)

With the exception of the fact that no options are provided for the installation of the System Database, the process will be the same for installing both the System Database as well as the Workstation Applications. As a result, you will follow this process once for installing the System Database, then as many times as is necessary to install the Workstation Applications on each workstation.

- Once all selected modules and necessary files have been copied to the destination folder, Electronic Office Setup will notify you that the setup process is complete.



- When you click on the “OK” button and close this window, Electronic Office will search your computer for Imaging for Windows® (refer to System Requirements on page 1.02). A second setup program will run automatically if your computer does not already have the necessary programs installed.

You will not be required to enter any information or select any destination folders during the Imaging for Windows® setup process. If prompted, always select the “OK” or “Continue” button and the Setup program will automatically copy the correct files to their appropriate locations.

## Installing Electronic Office – Section 3

### Step One – Select and Install the Appropriate Workstation Application Modules.

In order to be able to determine which Electronic Office modules to install, it is necessary for you to possess a basic understanding of each module. This section will provide you with an overview of each Electronic Office module. For a complete description of each module and its functions, refer to the Online Help available within every module after it has been installed.

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### Module Overviews :



#### **Provider Quickview:**

This module is installed automatically when the “Typical” installation method has been selected. The Provider Quickview module is designed specially for medical providers, and does not provide direct access to the patient medical records database, except for medication information. All records can be viewed in the Text Report Formats, which are much quicker to open and view than are the database format records.

While working in the Provider Quickview module you can, or the program will:

- View the Online Help file for each area of the program in which you are currently working
- View any existing patient record in either a complete or abbreviated Text Report format
- Create File Notes or Outgoing Communications for existing conditions
- Import or scan File Notes, Incoming Communications, or Outgoing Communications for existing conditions
- Enter medications dispensed and prescribed, or refilled
- Write medication prescriptions with the Prescription Pad
- View a list of all current medications being taken, as well as a history of previous medications that have been discontinued
- Document which medications the patient should continue and which to discontinue
- Screen the patient for potential drug-to-drug interactions or possible allergic reactions
- Create and print or fax office visit reports for outside contacts, such as referring providers and insurance companies
- Use the built-in shortcuts to open the [priorityclaims.com](http://priorityclaims.com) or [ProxyMed.com](http://ProxyMed.com) Patient Eligibility Verification Internet services.



### **Data Maintenance and Reports:**

This is the main Electronic Office module and must be included with each Workstation Application installation. From the Data Maintenance and Reports module, you can or the computer program will:

- View the Online Help file for each area of the program in which you are currently working
- Do everything that can be done in Provider Quickview (except view patient records in an abbreviated format), PLUS -
- Enter or edit information in all free-form text fields
- Modify patient identifying data and demographic information
- Add new patients to the database
- Create new conditions within patients' records
- Document and track authorization requirements and status for each visit
- Edit information about your organization/medical practice
- Create or modify information about your staff
- Set or modify permissions to control what each staff person is able to do within Electronic Office
- Create or modify information about referring parties
- Create or modify information about your patients' employers
- Create or modify information about insurance companies
- Document each insurance company's pre-authorization requirements
- Create or modify information about nurse case managers
- Create or modify custom lists of ICD, CPT, and E-Codes
- Create or modify templates
- Edit default values
- Create or modify common lookup values such as prefixes, suffixes, or languages
- Modify all other ancillary information necessary to properly operate Electronic Office
- Print or preview referring party lists, mailing labels, and referral statistics
- Print or preview insurance company lists, mailing labels, and statistics
- Print or preview patient employer lists, mailing labels, and statistics
- Print or preview transcriptionist activity statistics
- Print or preview ICD and CPT statistics



### **Messenger:**

This module, which is only installed by selecting it from the "Custom" installation option, is intended to be kept open on the computer workstations of in-house ancillary providers, such as lab technicians or radiology technicians, or at nurse's stations. With this module your ancillary personnel, or the program, can:

- View the Online Help file for each area of the program in which you are currently working
- Be notified (from the "Ancillary Studies" templates in either Provider Quickview or Data Maintenance and Reports) of patients in exam rooms in need of in-house tests or studies
- View all tests/studies needed, or only specific categories such as lab studies or imaging studies

- Add the completed tests/studies directly into the correct patient and condition record once the test/study is complete
- Notify the provider in either Provider Quickview or Data Maintenance and Reports that the tests/studies are complete
- Automatically add the completed tests/studies to the “Care Rendered” list, and include them on the fee slip



### **Appointment Manager:**

This module is installed automatically when the “Typical” installation method has been selected. The purpose of this module is to manage all appointment scheduling and to facilitate the checking in and checking out of patients when they arrive for their appointments. From Appointment Manager, you can:

- View the Online Help file for each area of the program in which you are currently working
- Add new patients to the database
- Modify patient demographic information
- Create new conditions within patients’ records
- Create or modify information about referring parties
- Create or modify information about your patients’ employers
- Create or modify information about insurance companies
- Schedule new appointments for new patients
- Schedule new or follow-up appointments for existing patients
- Re-schedule appointments
- Delete appointments
- Maintain separate appointment schedules for multiple providers and multiple office locations
- Block off non-appointment times for providers
- Create, modify, and print reminder letters or post cards for patients with upcoming appointments
- Create, modify, and print reminder letters or post cards for patients who have missed appointments
- Print appointment schedules for a single day or a range of dates
- Print a report of all charges generated and funds received during a single day or a range of dates, including the pertinent patient and condition information, for your billing department

When the patient has completed the visit, you can:

- Correct any incorrect diagnosis or care rendered information for the current visit
- Create, modify, and print medication prescriptions, durable medical equipment prescriptions, and test/study orders
- Print illness or injury status reports
- Print fee slips
- Document the receipt of a payment in conjunction with the visit



### **Fee Slip Manager:**

This module can only be installed by selecting it from the “Custom” installation option. The purpose of this module is to manage the fee slip pricing information in Electronic Office. While in Fee Slip Manager, you can:

- View the Online Help file for each area of the program in which you are currently working
- Add new care rendered items (CPT codes, medications, and durable medical equipment) to your custom lists
- Enter or modify prices for CPT codes, medications dispensed, and durable medical equipment items
- Add or edit CPT modifiers and their relative values
- Print fee slips for previous office visits or surgeries
- Correct any incorrect diagnosis or care rendered information for an existing visit or surgery
- Create a HCFA-1500 standard claim form image file to upload to electronic claims processors, such as EClaims.com or priorityclaims.com.
- Use built-in shortcuts to log in to EClaims.com or priorityclaims.com Internet services to upload electronic claims files.



### **Batch Processor:**

This module is only installed by selecting it from the “Custom” installation option. In order to use the faxing capabilities of Batch Processor, it must be installed on a workstation that has a local modem attached (refer to the Fax Modem Compatibility section on page 1.02).

The Batch Processor module must remain open at all times in order for it to properly function. It is a small program, and having it open should have no detrimental effect on the performance of the workstation on which it is running. However, it is best to have this program running on a computer that is not used as a normal workstation, such as a network server or print or communications server. While running, Batch Processor can:

- Display the Online Help file for any area of the program in which you are interested in seeing additional details or information
- Automatically archive records prior to faxing or printing them
- Automatically fax batched office visit, communication, or patient status reports (batched reports are reports that are completed but are scheduled to be printed or faxed at a later time in lieu of faxing or printing them immediately.)
- Automatically batch print office visit, communication, or patient status reports
- Permanently remove records that had been previously deleted from the database
- Automatically fax or print the record access invoice (refer to Section 5 for additional details on invoicing)
- Re-print or re-fax previously printed or faxed reports



### **Database Administration:**

This module is a restricted module and is only installed from the "Custom" installation option. This module can only be opened when there are no other users in any Electronic Office modules. It is recommended that this module only be installed on the workstations of individuals who will be designated as Electronic Office System Administrators. From this module, you or the program can:

- View the Online Help file for each area of the program in which you are currently working
- Automatically log all users out of all Electronic Office modules
- Merge outside contact records, such as referring parties or nurse case managers, together and update all patient records that are affected by merging the records together
- Globally update area codes either by zip code or by city
- Compact the System Database, and make a backup copy of the System Database before it is compacted
- Compact the Workstation Applications on multiple computers



### **Electronic Office Authentication:**

There are two versions of this module. The Authentication Code Entry module is automatically installed with each Workstation Application. From this module, you can:

- View the Online Help file
- Print a record access invoice for the next month that needs to be authenticated
- Enter the monthly record access authentication code provided by Medigrate

The Electronic Authentication module is installed from the "Custom" installation option and is used to allow for the electronic authentication of Electronic Office. This module can only be opened if the Invoicing Method for your organization is set to "Electronic" and it must be open and running on a computer with a functioning modem. When this module is opened, it is displayed only as an icon in your SysTray (the small area in the lower right-hand section of your taskbar) and does not have any forms or menus. Once opened, this module can be closed by right-clicking on the icon, then selecting "Exit." The functioning of this module is covered in more detail in the "Patient Record Accesses" section of this guide. Only Electronic Office System Administrators have access to the Authentication Code Entry module.



### **Repair and Compact System Database:**

This module is automatically installed with each Workstation Application installation. The Repair and Compact Database module is a utility which should only be used under the supervision of your Electronic Office System Administrator or a Medigrate™ Technical Support person. With this program you can:

- View the Online Help file
- Repair and compact a corrupt System Database
- Make a backup copy of the System Database after it has been repaired and compacted

**Repair Corrupt Workstation Applications:**

This module is automatically installed with each Workstation Application installation. The Repair Corrupt Workstation Applications module is a utility which should only be used under the supervision of your Electronic Office System Administrator or a Medigrate™ Technical Support person. It is unusual for a workstation application to become corrupt, but in the event one does, this utility will allow the application to be repaired as opposed to having to reinstall Electronic Office. With this program you can:

- View the Online Help file
- Repair a corrupt Workstation Application module, such as Data Maintenance and Reports or Provider Quickview

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These overviews should provide you with enough information to make appropriate decisions as to what Electronic Office modules to install on each workstation. If you accidentally install a module you did not intend to, or leave out a module you should have installed, re-run the installation program and it will allow you to add or remove Electronic Office modules as needed.

Most workstations can be set up with either the “Typical” or “Compact” installation. However, whoever is going to be the Electronic Office System Administrator should use the “Custom” setup option to install the Database Administration module on his/her workstation. Also, if your practice is going to be batch printing reports or having your patient records automatically archived, Batch Processor should be installed on one computer where it can remain running at all times. In addition, Batch Processor should be installed on a computer with a local modem to be used for sending batched fax files. At least one workstation should have the Fee Slip Manager module installed if you are going to have Electronic Office automatically generate fee slips.

The Workstation Application CD is marked “Workstation Applications.” If you are working in a network environment, and if you have sufficient space (200 megabytes or more free) on your network hard disk drive, then it is recommended that you copy the entire Workstation Application CD into a temporary folder on your network hard disk drive, and then install Electronic Office onto each workstation from the network drive. Otherwise, place the Workstation Application CD in the CD-ROM drive on each computer where the Workstation Applications are to be installed, and follow the previous instructions to run the installation program for the Workstation Applications.

After installing the appropriate Workstation Applications on each user’s computer, it will be necessary to install the System Database. Since the System Database is only installed one time, please continue to Step Two below only if you have not yet installed the System Database.

**Step Two – Install the System Database.**

As previously stated, the System Database is where all Electronic Office data, such as patient information, staff information, referring party information, and insurance company information, is stored.

The System Database CD is marked “System Database.” Place the System Database CD in the CD-ROM drive on the computer where the System Database is to be installed, or on any computer that will allow you to install programs to your network server. If you are not working in a network environment, then you will install the System Database on the same computer that you have installed the Workstation Applications.




On most Windows 95/98, NT and 2000 machines, the program will be started automatically when you insert the CD in the CD-ROM drive. If not, follow the previous installation instructions to run the Installation Menu program for the System Database (“LaunchDB.exe”).

## Preparing Electronic Office for Use – Section 4

You have successfully installed the System Database and the Workstation Applications.  
**NOW WHAT?**

Before Electronic Office is put into use in your practice, you will need to enter a little bit of information in the Electronic Office Setup Wizard. The first time you open an Electronic Office module, the Setup Wizard will automatically launch. The Setup Wizard will take you through a series of a few simple steps where you will enter information pertinent to using Electronic Office in your specific practice. Most of the information requested by the Setup Wizard is required before using Electronic Office. You will not have access to any module until the Setup Wizard has been completed.

The purpose of the Setup Wizard is to have you enter the minimum amount of information necessary to be able to operate Electronic Office. There is additional information that you will eventually want and need to enter as you use the program, such as information about your outside contacts (insurance companies, referring parties, patient's employers, etc...), information about other office locations your practice may have, and information about other staff members and doctors at your practice. Later in this section, the different methods for entering this additional information are discussed.

To launch the Setup wizard, you need to open one of the Electronic Office modules. To open an Electronic Office module, click on the Start button , then go to Programs, then to Electronic Office, then click on any one of the icons (except the Administrator's Guide icon, the Repair and Compact Database icon, or the Repair Corrupt Workstation Applications icon). The first time you use Electronic Office, we suggest either Data Maintenance and Reports , which is the main Electronic Office module, or Provider Quickview , which is the module designed for medical providers. However, opening any Electronic Office module (except the modules listed above) will automatically launch the Setup Wizard.

When the Setup Wizard first opens, you will be looking at the Introduction/Overview form. The next form will prompt you to enter the Electronic Office registration number (found on the back of the CD jewel case) and the path to where you installed the System Database. On each Setup Wizard form, the "Next >" button will be disabled and you will not be able to continue past the current form until all of the necessary information has been entered on the form. To move forward to the next form, you will click on the "Next >" button, and to go back to a previous form, you will need to click on the "< Back" button. All fields with a blue label are required fields. All fields with a black label are optional fields.

Each Electronic Office registration number is unique. Your registration number is located on a sticker on the outside of the CD-ROM case. You must enter the registration number EXACTLY as it appears on the registration number sticker, including upper case and lower case letters. If you enter the registration number incorrectly, a message will be displayed indicating that the registration number is invalid.

When you enter the System Database path, it is not case sensitive. That is to say, you could type “F:\EODATA\” or “f:\eodata\” and either would be fine (assuming that the path its self is correct). If you cannot remember where the System Database has been installed, use the “Browse” button on this form to locate the file “MedData.msdb.” If the System Database is not found in the path you enter, a message will be displayed indicating that the path is invalid.

Until a valid serial number and System Database file path are entered, you will not be able to continue with the Setup Wizard. Once you have entered a valid serial number and System Database file path, you will be able to move to the next form.

Next, the Setup Wizard will take you through the process of entering information about:

1. Your organization/medical practice
2. Program preferences and default settings
3. Your Electronic Office System Administrator and adding one doctor to your staff table

1. Your Organization/Medical Practice:

In this section, you mostly enter the basic demographic information about your practice (name, address, etc...). However, it does also have a section for entering your practice’s Federal Taxpayer ID number and your Medicare and Medicaid numbers. Also, if your practice treats patients with industrial conditions, there is a field where you can enter the appropriate local labor code that governs your area. The Primary Location Name/Type field is where you enter an identifying name for the location where most of your practice’s patients are seen. If you have only one location, then simply entering “Office” may be sufficient. If you have multiple locations, then the name of the primary location would be appropriate. All other locations can be entered in Electronic Office from the Data Maintenance and Reports module. Each location will need to have a unique name, such as “Downtown Clinic” or “Main Street Office.” The selections included in the Type lookup field match the treatment location descriptions used by Medicare.

2. Program Preferences and Default Settings:

**Custom Cover Letters -**

When patient medical file reports are sent to outside contacts (insurance companies, referring parties, etc...) they can be sent in either a complete, abbreviated or minimal format. The complete and abbreviated formats include a cover letter that is generated by Electronic Office. The minimal format actually integrates an introductory paragraph into the report.

In this section you can create your own custom introductory paragraphs for both types of letter formats. There are actually four different custom introductory paragraphs:

- Initial visit letters to referring parties for complete and abbreviated reports
- Initial visit letters to referring parties for minimal reports
- Follow-up visit and Admission History & Physical letters for complete and abbreviated reports
- Follow-up visit letters for minimal reports

Electronic Office has pre-set paragraphs for each type. You can accept the paragraphs set

by Electronic Office, or create your own. You can include specific personal information in each paragraph (such as name, gender, language, or hand dominance) by using tokens in the paragraph. Tokens are placeholders for the patient specific data entered in Electronic Office. When Electronic Office creates the paragraphs in the reports, it replaces the tokens with the actual information about the patient.

#### **Global Preferences -**

There are certain settings that apply throughout Electronic Office. One such setting is time format preference. You can elect to have the time presented in a 12-hour format (i.e. 1:30 PM) or a 24-hour format (i.e. 13:30). It is in this section that the more important global settings such as this are set.

Also, in this section you can elect to have Electronic Office automatically print internal copies of patient reports for your files when a Complete Set of reports have been automatically printed. Also, if your practice treats patients with industrial conditions, Electronic Office can automatically print an additional copy of the report for your billing department.

#### **Batch Settings -**

Batch Processor is one of the modules in Electronic Office. This program serves two purposes: it can automatically archive patient records, and; it can automatically batch fax and batch print patient reports.

In this section, you can enter the number of days you want Batch Processor to wait before automatically removing patient records that had been previously deleted. This is to allow time for a System Administrator to undelete any records that should not have been deleted. Also, you can enter the time of day that you want Batch Processor to begin the process.

#### **Transcriptionist Settings -**

Electronic Office includes the option of maintaining an activity log of each record created by a transcriptionist. Also, during the data entry process, the Data Maintenance and Reports module can review each record and check for missing information in required fields. Although both of these features are beneficial, they do have a negative impact on the speed of the program.

In this section you can indicate which, if either, of these features you want Electronic Office to use.

### 3. Your Electronic Office System Administrator/Doctor:

Electronic Office requires that at least one staff member be designated as a System Administrator at all times. Although it is possible to have more than one System Administrator, you can never have less than one.

In this section, you enter just the basic information about one staff person who will be one of your System Administrators. Included in the information will be their name, initials, and a unique Username and Password. If this person's job position is entered as a Doctor, then the following step will not take place.

If the System Administrator entered on the top half of this form is not designated as a Doctor, then Electronic Office will display a second set of staff information fields and will require you to enter one more staff person as a Doctor. This staff person can also be, but does not have to be, an Electronic Office System Administrator. If they are designated as a System Administrator, then it will be required that a unique Username and Password are entered for this person. If they are not a System Administrator, then the Username and Password are optional. Note that if no Username and Password are entered, then the doctor will not be able to log into Electronic Office since all modules require a valid Username and Password. Each Username must be unique, and is limited to 15 characters. Each password is limited to 10 characters, and passwords are case-sensitive.

The above information is all that is required by Electronic Office to begin using the program. However, as indicated in the first part of this section, there will most likely be additional information you will want to enter to make the using the program as efficient as possible.

One way to enter the bulk of the information you will need would be to use the Initial Information Checklist found in Appendix 'A' of this document to gather as much of the information as possible, then enter it all at one time. This would require a little preparation, and may take a while depending on the number of insurance companies you deal with, office locations your practice has, etc. However, once this was completed, it would make the overall use of the program much smoother and friendlier.

A second option would be to enter the information only as you need it. This method would gradually build all of your custom lists as the information was needed, and could help to make sure that only the information you really need is in the database. However, this method will cause the general data entry process to take longer because of the additional steps required to add the information when it is needed. With this method in mind, Electronic Office is designed to allow information to be easily entered into lookup tables (such as insurance companies, referring parties, ICD Codes, CPT Codes, etc...) from the patient's record. If information is typed into a lookup table field that is not already on the list, the user will be prompted to add the information right on the spot. It will not be necessary to leave where they are in the patient's record. Either method will work fine, and the most likely and most practical solution for most practices will probably be some combination of the two methods.

There are several default values and settings that are already included within Electronic Office. Even if you do not plan on entering additional information immediately, it would be a good idea to go to the Utilities menu in the Data Maintenance and Reports module, and review the Organization Information form, and the various forms in the Default Values and Templates menu. A brief look at this information may reveal some settings or values that you know you would like to change before the program is put into use.

## ELECTRONIC OFFICE IS NOW READY TO USE

The first time each Electronic Office module is opened after it is installed or upgraded on a workstation, it will run through a final setup process. This will take place after the Setup Wizard has been completed. When it has completed the program setup, the Electronic Office Login window will be displayed.



Electronic Office Login Window

Log in to the program either with the Username and Password that you created in the Setup Wizard, or with the Username 'administrator' and the Password 'medigrate' (no quotes). **NOTE: AS A PRECAUTION, ALL COPIES OF ELECTRONIC OFFICE ARE AUTOMATICALLY SHIPPED WITH ONE GENERIC USER WITH THE USERNAME 'ADMINISTRATOR' AND THE PASSWORD 'MEDIGRATE.'** TO PROTECT YOUR DATA AND THE PRIVACY OF YOUR PATIENTS, YOU SHOULD DELETE THIS USER ONCE YOU ARE IN THE PROGRAM. YOU MUST NOT BE LOGGED IN AS THE GENERIC USER WHEN YOU ARE PLANNING ON DELETING THEM. ONLY AN ELECTRONIC OFFICE SYSTEM ADMINISTRATOR CAN DELETE A STAFF PERSON FROM THE DATABASE. TO DELETE A USER FROM THE DATABASE:

- A) Have a System Administrator open and log into the Data Maintenance and Reports module
- B) From the Main Menu, click on the 'Utilities' button (button 'U')
- C) From the Utilities Menu, click on the 'Staff Information' button (button 'A')
- D) Make sure the Staff form is on the record for the employee named 'Sample Staff' (there are small arrows at the bottom of the staff form pointing left and right – click on the left arrow to move back one record, and on the right arrow to move forward one record)
- E) Click once on the 'Delete' button, then when the program prompts you to confirm that you wish to delete the current staff person, click on the 'Yes' button.

If you run into any difficulties or have questions as you use the program, contact our Technical Support department using one of the options listed at the beginning of this guide.

It is strongly recommended that all new users take the time to go through the Electronic Office Introduction tutorial the first time they log in. Also, take advantage of the extensive Online Help available within any module by pressing the "F1" key.

## Patient Record Accesses – Section 5

The Electronic Office program is distributed free of any license fees. Continued use of the program is contingent upon payment of monthly Patient Record Access fees. When you pay Medigrate Corporation for your patient record accesses for a previous month, Medigrate will provide you with an Authentication Code which will allow you to continue to use the program for an additional month. Payment of the Patient Record Access fees will entitle your practice to continued technical support, and quarterly updates of the First DataBank Drug Therapy Management System.

An Electronic Office System Administrator can only print patient Record Access invoices. Also, the Authentication module can only be opened from an Electronic Office System Administrator.

The total number of patient record accesses for any month can be viewed in detail or as an invoice at any time from the Patient Record Accesses form. To open the Patient Record Accesses form, go to the Utilities menu from the Main menu, then open the Patient Record Logs menu, then open the Patient Record Accesses form. Your current patient record access fee is included on the About Box, which can be opened from the menu bar at the top of any Electronic Office module.

Authentication must take place each month. For example, if your current authentication is for the month of June, then you have use of the Electronic Office until the end of August. Sometime during August (preferably at the very beginning), you will need to authenticate your program for the month of July. If this authentication does not take place, then you will no longer have access to most Electronic Office modules, except for the Authentication Code Entry module, and limited use of the Data Maintenance & Reports and Provider Quickview modules, beginning at 12:01 AM on August 31<sup>st</sup>. Once July has been authenticated, then you will have until the last day of September to authenticate August, and so on.

### **Invoicing Methods**

There are four different methods that a practice can choose from for creating and sending invoices for Electronic Office patient record accesses:

1. Electronic
2. Auto Fax
3. Auto Print
4. Manual Print

To Auto Fax or Auto Print an invoice, it is required that the Batch Processor module of Electronic Office be running.

#### **1. Electronic:**

The electronic method automatically authenticates the program without generating an invoice. For the electronic authentication, it is required that Medigrate Corporation has dial-up access to the computer at the practice where the system database is stored. It is also required that Medigrate have a current valid major credit card (MasterCard, Visa, American Express) information on file. This option allows Medigrate to access the practice's computer on the first of each month. Medigrate will download the number of accesses for the previous month and charge the amount to the practice's charge card account, then upon approval of the charge, Medigrate will authenticate your program to allow Electronic Office to continue to be used until the next

monthly billing. In order for Medigrate to have dial-up access to your computer, your computer will need to have a working modem installed, and will need to have the Electronic Authentication module installed and running. This module will require a valid unique password from our computer, then restrict access to only the tables we need.

Using the electronic method in no way jeopardizes the security or confidentiality of your data. Our computer automatically dials into your computer and is only given access to your computer after providing an encrypted password. Once access is granted, our computer only has access to the following information which is necessary for authentication: total number of accesses for the previous month; current record access fee; last month successfully authenticated; and current expiration date. We do not have access to any of your patient information.

The electronic method is the lowest cost method of payment, and is the best way to ensure the program is always authenticated.

## 2. Auto Fax:

If the Auto Fax option has been selected, then on the first of each month Electronic Office will automatically fax a copy of the invoice for the previous month's accesses to Medigrate Corporation using the Batch Processor module. This method also requires that Medigrate have a current valid major credit card (MasterCard, Visa, or American Express) information on file for your practice. The fee will be billed to the charge card account. Upon approval of the charge, Medigrate will either mail, fax, or e-mail the authentication code to the practice to be entered in the Authentication module which will allow Electronic Office to continue to be used until the next monthly billing. The Auto Fax method is the second lowest cost method of payment.

## 3. & 4. Auto Print & Manual Print:

If the Auto Print option has been selected, then on the first of each month Electronic Office will automatically print a copy of the invoice for the previous month's accesses. An envelope will also be printed if the user has selected to do so. It is then the responsibility of the practice to send the invoice and payment to Medigrate. Upon receipt of the payment, Medigrate will either mail, e-mail, or fax the authentication code back to the practice to be entered in the Authentication module which will allow Electronic Office to continue to be used until the next monthly billing. If the Manual option has been selected, then the printing and mailing of the invoice is entirely the responsibility of the user. This is done from the Patient Record Accesses form opened from the Patient Record Logs menu and can only be done by an Electronic Office System Administrator. Upon receipt of the payment, Medigrate will either mail, fax, or e-mail the authentication code back to the practice to be entered in the Authentication module to allow Electronic Office to continue to be used until the next monthly billing. The Auto Print and Manual Print methods are the highest cost method of payment.

## **What Counts as a Patient Record Access**

Generally speaking, only two events result in a chargeable patient record access:

1. When a patient record is opened.
2. When a new record is created.

### 1. When a Patient Record is Opened:

There are different instances when a patient record is opened. The most obvious, and most common, would be when a user searches for a specific patient, finds the patient, then selects to go to that patient's record. This task can be accomplished from Data Maintenance and Reports, Provider Quickview, or Appointment Manager. Once the user has entered the patient's record,

there will be no additional chargeable patient record accesses, unless the user creates a new record (such as a new Appointment, an office visit, an operative record, or a new file note or other communication) while in the patient's record (see #2 below). In other words, once the user is in the patient's record, he or she can open and view as many files as necessary and no new chargeable patient record accesses will occur.

## 2. When a New Record is Created:

Any time a new record is created, one chargeable patient record access occurs. A new record is created when the user:

- Adds a new patient to the database
- Creates a new condition within a patient's record
- Creates a new initial or follow-up office visit, history & physical, operative record, discharge summary, file note, incoming communication, or outgoing communication

Other, less apparent, instances that can result in a chargeable patient record access are:

- Printing one or more reports from the Print/Fax Patient Reports form in either the Data Maintenance and Reports module or the Provider Quickview module. In this instance, there is one chargeable patient record access for each patient record for which a report is being printed, regardless of how many recipients will receive that report. In other words, if the user selects to print reports for ten different visits, then ten chargeable patient record accesses will occur, even if the user selects the Automatic option which results in each report being sent to four different recipients for a total of forty reports.
- Creating a new Quick File Note or Quick Outgoing Communication from the Main menu of the Data Maintenance and Reports module or Provider Quickview module. Creating these records technically results in two patient record accesses – one for accessing the patient's record and the second for creating a new record. However, since both of these actions are taking place at the same time, Electronic Office only counts each new Quick File Note or Quick Outgoing Communication as one chargeable patient record access.
- Opening a fee slip in the Fee Slip Manager module. It is possible to open a fee slip for a previous patient encounter from the Fee Slip Manager module. The information regarding the diagnoses (ICD) and care rendered (CPT) for that visit can be modified also. Opening the Fee Slip Information form from the Fee Slip Manager module will result in one chargeable patient record access. Once the form is opened, making changes or printing the form will not result in any additional patient record access fees.
- Patient Record Utilities. Within the Data Maintenance and Reports module, there are various patient record utilities, such as Replace and Delete Duplicate Patients or Conditions, and Import Files to Patients' Records. Each action taken in each of these utilities will result in one chargeable patient record access. The only exceptions would be the Replace and Delete Duplicate Patients and Replace and Delete Duplicate Conditions. In each of these utilities, even though two records are being accessed, only one chargeable patient record access takes place since they result in only one record.

A complete detailed list of every patient record access can be previewed and printed from the Patient Record Accesses form. To open the Patient Record Accesses form, go to the Utilities menu from the Main menu, then open the Patient Record Logs menu, then open the Patient Record Accesses form. This is the same form that is used to manually print the monthly Patient Record Access invoice and envelope.

**What Doesn't Count as a Patient Record Access**

Once a user has opened a patient's record, moving from one file to another within that patient's medical record will not result in any additional chargeable patient record accesses. Making global modifications in patients' records from the Database Administration module, such as Replace and Delete Insurance Companies, also does not result in any chargeable patient record accesses.

Because the Messenger module is used to add services rendered to a patient's record that has already been created and opened, no actions taken in this module result in any chargeable patient record accesses. The Batch Processor module is used to automatically print or fax patient reports. When these reports were created, a chargeable patient record access event took place. As such, when the reports are actually printed or faxed from Batch Processor, no additional patient record access is charged, even if the report is being re-faxed.

Both the Repair and Compact Database module and the Electronic Office Authentication module apply to the Electronic Office program as a whole, and patient records are not opened from either of these modules. Likewise, adding or changing fees on the Pricing form in Fee Slip Manager is not actually accessing any specific patient record and as such does not result in a chargeable patient record access.

**Patient Record Access Fee Rate Changes**

It may occasionally be necessary for to change the access rate charged for any or each pricing level. When a change is upcoming, Medigrate will provide you with written notice in advance of the change. In addition, a special note will be included in any authentication code correspondences you receive either by traditional mail, e-mail, or fax, informing you of an upcoming rate change.

**Authentication Codes**

Every Authentication Code is unique for each practice and for each month. No two Authentication Codes will ever be the same either within a practice or from practice to practice.

Authentication Codes are alphanumeric strings (numbers, letters, and dashes) that vary in length from 25 to 30 characters. Each code is case-sensitive. This means that each Authentication Code, when entered into the Electronic Office Authentication module, must match exactly with the code as it is provide to you, including upper case and lower-case letters.

**Changing Invoicing Methods**

Invoicing methods can be changed from the Organization Information form, which is opened directly from the Utilities menu in the Data Maintenance and Reports module. However, if changing your invoicing method would result in a change in your patient record access fee, then it is necessary to first contact the Medigrate Corporation billing department to obtain an Invoice Method Change Authorization Number. Without the Invoice Method Change Authorization Number, you will not be able to change your invoicing method. Please note that when an Invoice Method Change Authorization Number is issued, it is only valid on the specific date that it is issued. Refer to the section titled How To Contact Us at the beginning of this guide for the various ways to reach Medigrate.

## Helpful Hints – Section 6

This section will provide you with some general helpful hints for using Electronic Office. All of this information is available in the Online Help or in the introduction tutorial.

### **Terminology**

As is the case with any computer program, it is important that you have a general understanding of computer terminology. The following is a list of terms used in the Electronic Office Online Help, as well as some general computer terms.

#### *Alt Key*

A key used in combination with other keys to perform a task. **Example:** Pressing and holding the *Alt* key down, then pressing the *X* key will close most forms within Electronic Office.

#### *Archive*

To make a patient's medical record permanent and unchangeable. Reports from archived patients' records print more quickly, and moving from form to form within an archived record is quicker.

#### *Arrow Keys*

A set of keys labeled with arrows pointing up, down, left, and right. The *Arrow* keys control the movement of the cursor. **Example:** Pressing the *Down Arrow* key will enable the user to scroll down through various lists throughout the program.

#### *Click*

To quickly press and release the left button on the mouse, roller ball, or touch pad while the pointer is on a selected object on the screen.

#### *Close*

To exit the existing form and return to the previous form. This is typically done with a *Close* or *Cancel* button. Each window also has an "X" in the far upper-right corner. Clicking on the "X" closes and quits the program.

#### *Control Key (Ctrl)*

A key used in combination with other keys to perform a task. **Example:** After first copying or cutting text, the text can be pasted to a new location using the *Ctrl+V* command.

#### *Copy*

To duplicate data by placing the data in the computer's memory, which allows it to be pasted to another location within the program. **Example:** Highlight the word or phrase to be copied. Using the *Ctrl+C* command, place the data into the computer's memory. Next, place the cursor where the copied text is to be inserted. Paste the copied text to the new location by using the *Ctrl+V* command.

#### *Cursor*

A blinking indicator on the screen that marks the position of the next character to be entered.

#### *Cut*

To remove data from its existing location and place it in the computer's memory, which allows it to be pasted to another location within the program. **Example:** Highlight the word or phrase to be cut. Using the *Ctrl+X* command, place the data into the computer's memory. Next, place the cursor where the text is to be inserted. Paste the text to the new location by using the *Ctrl+V* command.

*Default*

A setting or value that is automatically used by the computer. The user can change the setting or value. **Example:** When more than one printer is connected to a computer, one printer is set as the default printer. However, the user can select a different printer if he/she chooses.

*Default Value*

A value that is automatically included in a field when a new record is created. Typically, default values are used when the specific information to be entered into a field is often the same for each patient encounter.

*Delete*

To remove or erase. There are several ways that text can be deleted. Depending on which form you are in, you can delete by using the *Delete (Del)* key, *Backspace* key, in some cases the *Escape (Esc)* key, or a delete button within a form. **Example:** To delete text, place the cursor to the right of the text to be deleted and press the *Backspace* key once for each letter to be erased, or place the cursor to the left of the text and press the *Delete (Del)* key once for each letter to be erased.

*Desktop*

The screen on a computer that displays the *Start* button and is visible when the computer is first turned on. **Example:** The Windows 95, 98, and NT Workstation desktops always contain *My Computer* and the *Recycle Bin* icons.

*Double-Click*

To quickly click twice while keeping the pointer on a selected item. **Example:** To open a program from the desktop, double-click on the program's icon.

*Drag*

To move an item from one place to another by holding the left button down while moving the mouse, roller ball, or touch pad.

*Drop Down List*

A window that appears directly beneath a selection from the menu bar or a field and contains additional options or choices.

*Enter Key*

A key that is used to enter or confirm a command, or to end a line of text in order to begin a new line of text.

*Escape Key (Esc)*

A key that is usually used to close a pop-up window. The key can have different functions depending on the program that is running at the time the key is pressed. **Example:** The *Escape (Esc)* key serves two different functions within Electronic Office. The first function applies to most pop-up windows, where pressing the *Escape (Esc)* key is a shortcut for clicking on the *Close* or *Cancel* button. The second function applies to most forms where data entry takes place. On these forms, pressing the *Escape (Esc)* key once will undo the changes made in the field where the cursor is at the time the *Escape (Esc)* key is pressed; pressing the *Escape (Esc)* key twice will undo the changes made on the entire form that is open.

*Function Keys*

A row of keys labeled from *F1* through *F12* at the top of the keyboard used to perform different commands when pressed alone or in combination with the *Alt*, *Control (Ctrl)*, or *Shift* key.

**Example:** Pressing the *F5* key will open a lookup table for editing.


*Highlight*

To select a character, word, or phrase by clicking and dragging across the text, or double-clicking in the middle of a word. This allows the highlighted text to be quickly deleted, copied, or cut.

**Example:** Pressing *F2* with the cursor in any field selects all of the text in that field. It can then be cut, copied, or deleted.

*Icon*

A picture on the screen that, when clicked on, will open the specific file, window, or program that

it represents. **Example:**  This icon represents the Data Maintenance and Reports module of the Electronic Office program group.

*Login*

To open a program or access a network by entering a username and password. You must have authorization to login to a secured network or system. **Example:**


*Lookup Table*

A pre-defined list of frequently used words within a field. Clicking on the arrow to the right of a lookup table field will display the lookup table list. Most lookup table lists can be edited.

**Example:** Prefixes, Suffixes, States, and Personal Physician fields all are lookup table fields.

*Maximize*

To enlarge the window to full size. **Example:** To maximize a program window, click on the  button in the upper right-hand corner of screen.

*Menu Bar*

The bar running across the top of the form listing available options for that form or report. Click on the menu item to display a drop down menu containing options and commands for each selection. **Example:** The bar running across the top of the *Organization Information* form has a tools list, identified by the word Tools. Some forms and all reports have a combined menu bar and toolbar.

*Minimize*

To shrink a window down to a button on the taskbar. **Example:** To minimize a program window, click on the “-“ button in the upper right-hand corner of the screen.

*Password*

A code used for security purposes in conjunction with a username that is entered when logging onto a network or a secured program. The password identifies the user and checks to confirm the user's permissions. A password should always be kept confidential to maintain security.

### *Paste*

To place data that has been previously cut or copied into the computer's memory to a new location. **Example:** Highlight the word or phrase to be copied. Using the *Ctrl+C* command, place the data into the computer's memory. Place the cursor where the text is to be inserted. Paste the copied text to the new location using the paste option from the shortcut menu.

### *Pointer*

A symbol which usually appears on the screen as an arrow, but may be displayed as a different image if the computer user has changed it. The pointer is maneuvered by the mouse, roller ball, or touch pad, enabling the user to select a command by clicking on the appropriate button or option. **Example:** When the pointer is on any button, pressing the left mouse button will cause the button's action to take place.

### *Program Group*

Files that have been grouped together that relate to a specific program.

### *Record Navigation Buttons*

A row of arrow buttons with a field in the middle showing the number of the record that is in view. The arrow buttons are used to move from one record to another by placing the pointer on the appropriate arrow button and clicking. **Example:** While record number one is in view, click on the arrow button pointing to the right. This will bring record number two into view.

### *Required Field*

A field that is necessary to maintain accurate records.

### *Right Click*

To click on an object using the right button on the mouse, roller ball, or touch pad. **Example:** Right click on a report to bring up a shortcut menu.

### *Scroll*

To move a form or report within a window when the form or report is too large to fit on the screen. A form or report can be moved up or down, or in some cases from side to side, by using the appropriate scroll bar.

### *Scroll Bar*

A narrow bar that runs along the right side and/or bottom of an open window. By clicking on the arrows that appear on the top, bottom, or each side of the bar, the page can be moved up and down, or from side to side. To move more quickly, click and drag the button within the scroll bar.

### *Shift Key*

A key used to change lower case letters to uppercase letters by pressing it down and holding the key, then pressing a letter key. In addition, the *Shift* key is used in combination with function keys by pressing the two keys at the same time. **Example:** Pressing the *Shift* key plus the function key *F5* (*Shift+F5*) will automatically refresh a lookup table that has been edited.

### *Shortcut Keys*

Keys or combinations of keys that, when pressed, perform a task. **Example:** Press *Alt+K* to check the spelling on forms where text is entered.

### *Shortcut Menu*

A menu that is displayed when a form or report is right clicked. **Example:** A right click within most Electronic Office forms will display the cut, copy, and paste commands.

### *Start Button*

The button in the bottom left-hand corner of the desktop with the word *Start* on it. This button has the Windows logo on it and, when it is clicked on, brings up the *Start* menu.

### *Start Menu*

The menu that appears with a list of available programs and folders when the user clicks on the *Start* button.

### *Status Bar*

The gray horizontal bar directly above the *Start* button containing helpful messages and information about the program in use. **Example:** When the cursor is in the *Prefix* field of the *Patient Identifying Data* form, the status bar reads: *Prefix - F5 to edit lookup table*.

### *Submenu*

A menu that comes into view from a previous menu and offers new available options. The submenu is indicated by a small arrow next to an option from the previous menu. Placing the pointer on the arrow will show a new set of menu options.

### *SysTray*

A section at the bottom right end of the Taskbar that holds system related icons, such as the clock or the printer status icon.

### *Tab Key*

A key used to move the cursor. **Example:** Pressing the *Tab* key in an Electronic Office form will move the cursor to the next field or button.

### *Taskbar*

The gray horizontal bar at the bottom of the Windows 95, 98 and NT Workstation desktop. The *Start* button is at the far left of the taskbar. The taskbar displays a list of all programs that are open.

### *Toolbar*

A row of icons used for selecting commands and functions within a program. Some forms and all reports have a combination menu bar and toolbar.

### *User-Definable Label*

A label that is displayed either above or next to a field that can be customized by a System Administrator to best fit the needs of each office.

### *Username*

An identification used for logging onto a network or accessing a secured program. The username identifies the user that is logging into the network or program.

**Shortcut Keys**

Shortcut keys are used throughout all Electronic Office modules. The most common shortcut keys use the “Alt” key in combination with a letter or number to perform the same action as clicking on a button. For many users, this is more efficient than using the mouse and pointer to click on a button. The easiest way to determine the shortcut key for a particular button is to look for an underlined letter or number. The underlined character is the shortcut key.



**Example:** The shortcut keys for this “Add” button are “Alt+A”. Each button also has a pop-up message that displays that button’s shortcut keys when you place your pointer on the button. In addition, the status bar text at the bottom of your screen will display the shortcut keys for each button if you use your “Tab” key to move to a button. Not all buttons have shortcut keys.

The following is a list of the most common shortcut keys used in Electronic Office. There are some exceptions. To view the shortcut keys for each form or window, press “F1” (located in the upper left hand corner of the keyboard) from within the appropriate form or pop-up window, place the pointer on the “Shortcut Keys” link in the title area of the Help page, then click.

<u>Function Keys</u>	<u>Most Common Use</u>
F1	Get Online Help
F2	Highlight the text in a field
F3	Enter today’s date in a date field
F4	Toggle between template list items and template list item misc. fields
F5	Edit a lookup table
F6	Bookmark a specific form from within a specific patient, condition, and visit record
F7	Check the form for spelling errors
F8	Zoom in on a field
F10	Display the list of appointments in a one hour time block

<u>Shift Keys</u>	<u>Most Common Use</u>
Shift+F4	Toggle between template list items and template list item misc. fields
Shift+F5	Refresh a lookup table field
Shift+F6	Open the list of the most recent bookmarked forms
Shift+F10	Block/Unblock appointment time slots
Shift+F12	Import information from other related records

<u>Ctrl Keys</u>	<u>Most Common Use</u>
Ctrl+B	Activate the screen saver
Ctrl+C	Copy the selected text
Ctrl+D	Open the Calendar window
Ctrl+P	Print a report from Preview mode
Ctrl+V	Paste the copied or cut text
Ctrl+X	Cut the selected text
Ctrl+Z	Undo last action

<u>Alt Keys</u>	<u>Most Common Use</u>
Alt+A	Add
Alt+B	Browse
Alt+C	Cancel or Close the current window/form
Alt+D	Delete
Alt+E	Edit
Alt+F	Go to the first record/report
Alt+H	Display the Medication History form
Alt+I	Display the History of Present Illness form
Alt+K	Check Spelling
Alt+L	Go to the last record/report
Alt+M	Display the Main Menu
Alt+N	Go to the next record/report
Alt+O	Close the form and save changes or selections
Alt+P	Go to the previous record/report
Alt+R	Print or Preview before printing
Alt+S	Search
Alt+T	Find/Add a patient
Alt+V	View a Complete Imported Communication
Alt+X	Exit
Alt+Y	Display the Physical Examination form
Alt+F4	Exit the current application

<u>Shortcut Menu</u>	<u>Use</u>
Forms -	Cut Copy Paste
Reports -	Zoom One Page Multiple Pages Page Setup Print Preview

**The “Tab” Key**

The “Tab” key is located on the left side of the keyboard, just above the “Caps Lock” key. Although there are many benefits to the “Point-and-Click” features of Windows-based programs, it is often more convenient to use the “Tab” key to maneuver within an Electronic Office form.

**The Status Bar and Pop-up Messages**

The status bar is the gray bar at the bottom of each form and menu. The status bar should be viewed regularly for important information and helpful hints. Shortcut keys as well as data entry information are listed on the status bar.

Pop-up messages come in two formats. The first is a small window that will display on your screen when you place your pointer over a button or some fields. These pop-up messages usually contain an expanded version of the information in the status bar. The second format is a window that pops up to provide you with additional options or to inform you that Electronic Office needs more information. These pop-up messages will have a button, such as “OK” or “Continue,” to click on in order to continue.

**Adding New Patients/Searching for Existing Patients**

When adding a new patient to Electronic Office, it is not necessary to enter any information in the fields on the “Go To Patient Records” window. Simply click on the “Add” button (or use shortcut keys “Alt+A”), and the program will open a new “Patient Identifying Data” form ready for you to start entering patient information. However, if you have already entered information in any of the search criteria fields, then decide to add the patient as a new patient, there is a check box that you can check before clicking on the “Add” button that will automatically bring the information into the new patient’s record. This is especially beneficial if you have searched for a patient based on specific criteria, and the patient was not found.

When searching for an existing patient, Electronic Office searches for “like” matches. This means that if you search for a patient with the last name “Davis” the program will also return patients with the last name “Davison.” Similarly, if you placed only the letter “A” in the Last Name field, all patients with a last name that begins with the letter “A” will be returned.



Electronic Office is not case-sensitive in its patient searches. As such, when searching for a patient with the last name “Jones,” entering “jones” in the “Last Name” field will yield the correct results.

If you are searching for a patient by his/her account number, you will not be able to enter any name-related information as part of the search. When searching by name, the only required field for performing a patient search is the “Last Name” field. The “Date of Birth” and “First Name” fields are optional. If, for some reason, you do not know the last name of the patient you are searching for, you can place an asterisk (“\*”) in the “Last Name” field, then enter your other search criteria (i.e. date of birth) in the appropriate field(s) and Electronic Office will return all patients who meet the search criteria entered in the other search fields.

## Entering Initial Information – Appendix A

As indicated in Section 4, the Electronic Office Setup Wizard walks you through the process of entering just enough information to begin using the programs. Chances are, however, that you have more than the one or two staff persons that were entered in the Setup Wizard. Also, until you have entered all of your outside contacts (insurance companies, referring parties, etc...) then it is going to take a little longer each time you enter a new patient in to your database.

The purpose of this section is to provide you with a checklist of the type of information you will need to enter into the program, and where you will go to enter that information. The idea behind this checklist is to give you a chance to read over the list (it would probably be a good idea to print out this section of the Administrator's Guide) then gather all of the information together before actually going into the program to enter the information.

All of the information on this checklist can be entered from the Data Maintenance and Reports module. The forms where this information is entered can be opened either from the "Utilities Menu", or from one of the other menus opened from the "Utilities Menu." To open the Data Maintenance and Reports module, click on the "Start" button  on the task bar at the bottom of your computer screen, then go to Programs, followed by Electronic Office. Next, click on the Data Maintenance and Reports icon . After logging into Electronic Office, click on the "Utilities" button from the "Main Menu."

In the following checklist, the path is listed after the name of each form. The path is assuming that you are starting on the "Utilities Menu." For example,

> Lookup Table Lists > Prefixes/Titles & Suffixes

means that, starting on the "Utilities Menu," click on the "Lookup Table Lists" button, then on the "Prefixes/Titles & Suffixes" button.

Although the checklist is not in the exact same order as the forms and menus are in the program, it is in the most logical order for someone who is going to be sitting down with the new program and entering as much of this information as possible.

There is an old computer acronym "GIGO" (pronounced "Guy-Go") which stands for "Garbage In – Garbage Out." This is a very true statement. The quality of the information that can be tracked and retrieved from this program is only as good as the information that is entered. It is a good idea to give some thought about each of the types of information included in the checklist, and make sure that you enter accurate information and, where appropriate, complete information. Even though Electronic Office has been shipped with some default values (for example, there are several prefixes/titles and suffixes included in the "Prefixes/Titles & Suffixes" lookup tables by default) it may be that you want to add a few, as well as delete a few. You are better off to delete the unwanted items now, then to have them erroneously show up in some patient records later. ***Don't forget to utilize the Online Help files on each form for specific instructions on how to add, delete and edit items. Pressing your "F1" key while on any form will open the Online Help for that form.***

INITIAL INFORMATION CHECKLIST

- Organization/Medical Practice Information PATH: > Organization/Medical Practice Information

Notes/Comments: This form has seven separate sections (Org. Information; Report Settings; Global Preferences; Labor Code Disclaimer; Financial Policy; Batch Setting; and Transcript Settings). Much of this information would have been entered from the Setup Wizard. However, it would be beneficial to open the form and review each section.

This form contains several fields for entering information or setting preferences. The following list only contains those fields that are noteworthy or will require special forethought.

Field(s) in this table:	Tax ID#
	Tax ID Type (SSN or EIN)
	Special Dialing Prefix (only necessary if you are going to be using Batch Processor to automatically fax reports.)
	Automatically Assign Patient Account Numbers
	Automatically Assign Medication and DME codes (These are unique inventory codes for medications and durable medical equipment that may be dispensed or prescribed from your practice.)

- Prefixes/Titles & Suffixes PATH: > Lookup Table Lists > Prefixes/Titles & Suffixes

Notes/Comments: There are two lookup tables here. “Prefixes/Titles” already includes many of the more common civilian (Mr., Mrs. etc...), military (Lt., Cmdr. etc...), and religious (Rev., Fr. etc...) prefixes and titles. “Suffixes” contains common professions (Esq., M.D., R.N. etc...) and familial suffixes (Jr., Sr. etc...). There may not be much editing necessary here.

Field(s) in these tables:	Prefixes/Titles
	Suffixes

- Patient Languages PATH: > Lookup Table Lists > Patient Languages

Notes/Comments: Depending on the demographics of your patient base, there may or may not be much editing necessary here. When a patient’s language is entered on their “Patient Identifying Data” form, the language is displayed at or near the top of some of the Provider Quickview forms. In some cases, the language is displayed in its entirety, and in other places with less space available only the first three letters of the language are displayed.

Field(s) in this table:	Language
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- Patient Referral Sources PATH: > Lookup Table Lists > Patient Referral Sources  
Notes/Comments: This information is used for statistical purposes, and it also prints out on reports. The first section of each medical condition record has a field where you enter “How or why this patient chose this office.” This is not where you would enter the specific names of the referral source, but instead the general category of the referral type. There are two lookup tables here. “Referral/Consult Source” already contains many of the most common sources of outside professional referrals (Physician, Insurance Company etc...). “Self-Referral Source” includes common categories of patients who have come to your practice through some non-professional referral source (Self, Newspaper Ad, Family Member etc...).

Field(s) in this table:           Referral/Consult Source  
  Self-Referral Source

- Durable Medical Equipment PATH: > Lookup Table Lists > Durable Medical Equipment > Add Item  
Notes/Comments: If your practice dispenses or prescribes durable medical equipment, this is one of two ways you can enter the information about the equipment. The other method is by template. Templates are discussed later. However, it is important to note that in order to create the durable medical equipment templates, you will have had to first add the items to your list using this method.

Field(s) in this table:   Description (This is the name of the DME item)  
                                  # Units (This is just a default quantity field.  
  Typically this will be set to 1. This  
  value can be changed in the patient’s  
  record if necessary.)  
                                  Instructions (This is just a default instruction  
  field. This can also be changed in the  
  patient’s record.)

- Medication Instructions PATH: > Lookup Table Lists > Medication Instructions  
Notes/Comments: This table already contains the most common medication instructions (po, bid etc...). If your practice dispenses or prescribes medications with less common instructions, it may be necessary to add your custom instructions to this list.

Field(s) in this table:           Instructions

- Medications PATH: > Lookup Table Lists > Medications > Add Rx  
Notes/Comments: This is one of two ways you can enter the information about the medications your practice dispenses or prescribes. The second method is by entering the information in a template. Templates are discussed later. However, it is important to note that in order to create the medication templates, you will have had

to first add the medications to your list using this method. Electronic Office uses the First DataBank, Inc. Drug Therapy Monitoring System (DTMS) for performing drug-to-drug, drug-allergy, and drug-disease contraindication interaction screening, so all medications added to your custom medication list must be selected from the pre-defined medication lookup table.

Field(s) in this table:	Name (This is the name of the medication, and is selected from the lookup table.)
	Dosage (This field is automatically populated when you select a medication from the lookup table.)
	Doses per container (For example: # pills per bottle. This value can be modified for medications dispensed.)
	Form (This field is automatically populated when you select a medication from the lookup table.)
	Route (This field is automatically populated when you select a medication from the lookup table.)
	Instructions (This is just a default instruction field. This can be changed in the patient's record.)
	Refills (This is just a default refill quantity field. This can be changed in the patient's record.)
	Do Not Substitute (Placing a check in this box sets the default value for this setting to true. This is only used when Electronic Office is used to print prescriptions.)
	Label (Placing a check in this box sets the default value for this setting to true. This is only used when Electronic Office is used to print prescriptions.)
	CPT Code (This is only used if you will be printing fee slips from Electronic Office and the fee slips will include medications that have been dispensed and are being billed for.)
	HCPCS Code (This is only used if you will be printing fee slips from Electronic Office and the fee slips will include medications that have been dispensed and are being billed for.)
	NDC Number (This is only used if you will be printing fee slips from Electronic Office and the fee slips will include medications that have been dispensed and are being billed for.)

- Ancillary Studies PATH: > Lookup Table Lists > Ancillary Studies  
Notes/Comments: This is one of two places where you enter ancillary studies (consultations, lab studies etc...) that either will be performed at your practice, or will be performed by another provider but will be reviewed at your practice. The other method is by entering the studies in templates. Templates are discussed later. However, it is important to note that ancillary studies added to your list using this

method are not linked to any CPT Codes, and as a result will not be included as billable services rendered on fee slips generated by Electronic Office. Ancillary studies added by template can include CPT Codes and can be included as billable services rendered in fee slips are generated by Electronic Office.

Field(s) in this table:      Consultation Types  
    Electrodiagnostic Study Types  
    Imaging Study Types  
    Lab Study Types  
    Record Types

- Pharmacies/Durable Medical Equipment Providers PATH: > Lookup Table Lists > Pharmacies/DME Providers

Notes/Comments: This is where you enter information about Pharmacies and Durable Medical Equipment providers to whom or for whom you might fax or print prescriptions, or refer a patient to to pick up medications or durable medical equipment.

Field(s) in this table:      Business Name  
    Location/Address  
    Phone Number  
    Fax Number  
    Email Address  
    Pharmacies (Place a check in this box to include this  
    business in all Pharmacy lookup tables.)  
    Durable Medical Equipment Providers (Place a check  
    in this box to include this business in all  
    Durable Medical Equipment Provider lists  
    and lookup tables.)

- Managed Care Organizations PATH: > Outside Contacts > Managed Care Organizations  
 Notes/Comments: This form contains only one table. It is for the actual names of the managed care organizations with whom the referring parties and insurance companies your practice deals with are affiliated.

Field(s) in this table:      Name

- Outside Medical Provider & Referring Party Information PATH: > Outside Contacts > Provider/Referring Party Information

Notes/Comments: This is one of the major forms in Electronic Office. The parties

entered into the database from this form will fall into one of three categories:

1. Personal physicians of your patients
2. Parties who refer patients to your practice (physicians, insurance companies, attorneys etc...)
3. Parties (specialists) to whom you might refer your patients

This form contains several fields, most of which are for the parties' demographic information (name, address, phone etc...). The following list only contains those fields that are noteworthy or will require special forethought.

Field(s) in this table:	Method of Correspondence (Reports can be sent either by regular mail or by fax. If they are to be sent by fax, then a fax number must be included in the record.)
	Report Type Preference (Office visit reports can be printed in a complete, abbreviated, or minimal format. The complete and abbreviated formats contain cover letters (customizable from the Org. Info. form) plus all of the information entered for the visit, except in the case of 'negative findings' template items, which are not included on the abbreviated format. The minimal format contains only an introductory paragraph (also customizable) plus the assessments, care rendered, treatment plan, and return information for the visit.)
	Personal Physician (Place a check in this box to have the party included in the Personal Physician lookup table on the Patient Identifying Data form.)
	Referring Party (Place a check in this box to have the party included in the Referring Party lookup table on the History of Present Illness form.)
	Wishes to receive copy of patient notes? (Place a check in this box to indicate that the party does wish to receive copies of patient notes when an office visit is complete. If this box is not checked, then even if the patient gives permission to send notes to their personal physician, a copy will not be printed for the physician.)
	DO NOT automatically print envelopes (When Electronic Office prints reports for recipients who have indicated that mail is their preferred method of correspondence, it can automatically print an envelope addressed to the recipient. Place a check in this box to keep the envelope from being printed.)

- Outside Medical Provider & Referring Party Managed Care Information PATH: > Outside Contacts > Outside Provider/Referring Party Information > Managed Care Info  
Notes/Comments: This form is opened from the Outside Provider/Referring Party form. It is used to indicate which managed care organizations each provider is affiliated with, and what category listings the provider is included under (Family Practice, Orthopedic Surgery etc...). Electronic Office uses the managed care organization information entered in the insurance company records and the outside provider records to create lists which tell you what provider each patient can be referred to.)

Field(s) in this table:            Managed Care Organization  
Category

- Employer/Company Information PATH: > Outside Contacts > Employer/Company Information

Notes/Comments: This is another one of the major forms in Electronic Office. The companies and employers entered into the database from this form will make up the lookup tables for patients' employers, parents' employers, and spouse's employers.

This form contains several fields, most of which are for the demographic information (name, address, phone etc...). The following list only contains those fields that are noteworthy or will require special forethought.

Field(s) in this table:            Method of Correspondence (Reports can be sent either by regular mail or by fax. If they are to be sent by fax, then a fax number must be included in the record.)

Report Type Preference (Office visit reports can be printed in a complete, abbreviated, or minimal format. The complete and abbreviated formats contain cover letters (customizable from the Org. Info. form) plus all of the information entered for the visit, except in the case of 'negative findings' template items, which are not included on the abbreviated format. The minimal format contains only an introductory paragraph (also customizable) plus the assessments, care rendered, treatment plan, and return information for the visit.)

DO NOT automatically print envelopes (When Electronic Office prints reports for recipients who have indicated that mail is their preferred method of correspondence, it can automatically print an envelope addressed to the recipient. Place a check in this box to keep the envelope from being printed.)

- Insurance Company Information PATH: > Outside Contacts > Insurance Company Information

Notes/Comments: This is another one of the major forms in Electronic Office. The insurance companies entered into the database from this form will make up the lookup tables for patients with industrial and non-industrial conditions.

This form contains several fields, most of which are for the insurance company's demographic information (name, address, phone etc...). The following list only contains those fields that are noteworthy or will require special forethought.

- Field(s) in this table:
- Method of Correspondence (Reports can be sent either by regular mail or by fax. If they are to be sent by fax, then a fax number must be included in the record.)
  - Report Type Preference (Office visit reports can be printed in a complete, abbreviated, or minimal format. The complete and abbreviated formats contain cover letters (customizable from the Org. Info. form) plus all of the information entered for the visit, except in the case of 'negative findings' template items, which are not included on the abbreviated format. The minimal format contains only an introductory paragraph (also customizable) plus the assessments, care rendered, treatment plan, and return information for the visit.)
  - DO NOT automatically print envelopes (When Electronic Office prints reports for recipients who have indicated that mail is their preferred method of correspondence, it can automatically print an envelope addressed to the recipient. Place a check in this box to keep the envelope from being printed.)
  - Managed Care Affiliations (There are three fields where you can enter the managed care organizations that the insurance company is affiliated with. Electronic Office uses the managed care organization information entered in the insurance company records and the outside provider records to create lists which tell you what provider each patient can be referred to.)
  - Authorizations Required (Each insurance company can have its own list of the items (surgeries, office visits etc...) for which they require authorizations. Electronic Office uses this information when a new visit is being created to check to see if

an authorization is required and, if so, whether or not an authorization already exists.)

- Case Manager Information PATH: > Outside Contacts > Case Manager Information  
Notes/Comments: This is another one of the major forms in Electronic Office if your practice treats patients with industrial conditions. The parties entered into the database from this form will make up the lookup tables for the payer information section for patients with industrial conditions.

This form contains several fields, most of which are for the case manager's demographic information (name, address, phone etc...). The following list only contains those fields that are noteworthy or will require special forethought.

- Field(s) in this table:
- Method of Correspondence (Reports can be sent either by regular mail or by fax. If they are to be sent by fax, then a fax number must be included in the record.)
  - Report Type Preference (Office visit reports can be printed in a complete, abbreviated, or minimal format. The complete and abbreviated formats contain cover letters (customizable from the Org. Info. form) plus all of the information entered for the visit, except in the case of 'negative findings' template items, which are not included on the abbreviated format. The minimal format contains only an introductory paragraph (also customizable) plus the assessments, care rendered, treatment plan, and return information for the visit.)
  - DO NOT automatically print envelopes (When Electronic Office prints reports for recipients who have indicated that mail is their preferred method of correspondence, it can automatically print an envelope addressed to the recipient. Place a check in this box to keep the envelope from being printed.)

- Assessment/Diagnosis (ICD) Codes PATH: > Diagnosis/Care Rendered Utilities > Assessment Codes > Add ICD  
Notes/Comments: Adding ICD Codes and descriptions to your custom ICD list is done by selecting from a master list of all ICD Codes and descriptions. The descriptions are the formal descriptions directly from the First DataBank, Inc., disease database. As a result, you may want to re-phrase the ICD descriptions after selecting each code.

Field(s) in this table: ICD Description  
ICD Code

- CPT Modifiers PATH: > Diagnosis/Care Rendered Utilities > CPT Modifiers  
Notes/Comments: This lookup table comes pre-populated with all of the current CPT modifiers. However, the value of each modifier is automatically set at 100%, so you will want to go into this table and first delete any modifiers that are never used at your practice. Then, where applicable, change the modifier value to a percentage that is accurate for the majority of the insurance companies and managed care organizations with which your practice deals.

Field(s) in this table: Modifier  
Value (%) (This is a percentage relative to the full fee charged for the CPT Code to which the modifier is being applied.)  
Description (This is for internal purposes only. It does not actually print any and is not displayed anywhere.)

- Treatment/Care Rendered (CPT) Codes PATH: > Diagnosis/Care Rendered Utilities > Care Rendered (CPT) Codes > Add CPT  
Notes/Comments: Adding CPT Codes and descriptions to your custom CPT list is done by selecting from a master list of all CPT Codes and descriptions. The descriptions are the formal. As a result, it is likely you will want to re-phrase each CPT description after selecting the code.

Field(s) in this table: CPT Code  
Modifier  
Description

- Injury/Poisoning (E-Codes) Codes PATH: > Diagnosis/Care Rendered Utilities > Injury/Poisoning (E-Codes) Codes > Add E-Code  
Notes/Comments: Adding E-Codes and descriptions to your custom E-Code list is done by selecting from a master list of all E-Codes and descriptions. The descriptions are the formal descriptions directly from the First DataBank, Inc., disease database. As a result, it is likely you will want to re-phrase the E-Code description after selecting each code.

Field(s) in this table: E-Code Description  
E-Code

**A note about default values and templates:** *Although the use of default values and templates is purely optional, they do serve several purposes. First, they increase the consistency and accuracy of data entry while at the same time decreasing data entry time. Also, certain features are only available if data has been entered by template. Such features include the inclusion of ROS, PFSH and Physical Examination data in the automatic scoring process for E&M CPT Codes. Also, only ancillary studies that have been entered by template can communicate with the Electronic Office Messenger module or be included with a CPT Code in the Care Rendered This Visit section of a patient’s record.*

*Most default values can be modified directly in a patient’s record. However, custom field labels (such as in the History of Present Illness section or the Other Treatments, Plans and Instructions section), cannot be edited in patients’ records.*

*Templates can be created and modified from their respective sections (ROS, PFSH etc...) which are opened from the Default Values and Templates Menu. In addition, new templates of all types can be created from within the Template Wizard, which is also opened from the Default Values and Templates Menu. Remember that when information is entered into a patient’s record by template, it can then only be modified or removed from that same template.*

*Some template types can have an unlimited number of that type. This would include Physical Examination templates, Ancillary Studies templates, Assessment templates and Checkout templates. With these specific template types, it is possible to create custom templates for each medical provider, then include them on custom template lists for each provider. Custom template lists can be created either from within a template form, or from within a medical provider’s Staff Information form. If not all medical providers from your practice have been added to Electronic Office yet, then it is best to wait until all templates have been created, then create the custom template lists from within each medical provider’s Staff Information form.*

- **Patient Identifying Data** PATH: > Default Values and Templates Menu > Patient Identifying Data

Notes/Comments: This can be beneficial for practices that have a majority of patients from a common demographic (gender, city etc...) .

Field(s) in this table:            Gender  
    Handed  
    Language  
    Race  
    Mailing City, State, Zip  
    Home City, State, Zip

- **History of Present Illness Defaults** PATH: > Default Values and Templates Menu > History of Present Illness

Notes/Comments: This can be beneficial for practices that have a majority of patients that are from a specific referral category type (Physician, Self etc...) or that are most often seen at one location. However, this form also allows you to enter your custom labels and default values for the 10 History of Present Illness text fields, so it is important that you at least review these field labels and default values.

Field(s) in this table:            Location of Visit  
    Health Care Professional to be seen this visit  
    Why or How this patient chose this office

Default E&M Documentation levels  
 Field Labels (10 of these fields)  
 Default Field Values (10 of these fields)

- Review of Systems Defaults and Templates PATH: > Default Values and Templates Menu > Review of Systems

Notes/Comments: Because the results of each body system review is unique for each patient and each examination, there are no default field values. Only templates and default E&M Documentation levels. Here, you can create one template for each of the 14 Medicare defined body systems (Constitutional; Eyes; Ears, Mouth, Nose Throat; Cardiovascular; Respiratory; GI; GU; Musculoskeletal; Integumentary; Neurological; Psychiatric; Endocrine; Hematologic/Lymphatic; and Allergic/Immunologic). Because the 14 Medicare body systems don't necessarily cover all types of illness and disease documentation you may wish to maintain, Electronic Office also allows for the creation of 5 "Other Active Medical Diagnoses" templates which are accessible from the Review of Systems section of each patient's record. Each Review of Systems template can have up to 30 items.

Field(s) in this table:            Default E&M Documentation levels

- Past, Family & Social History Defaults and Templates PATH: > Default Values and Templates Menu > Past, Family & Social History

Notes/Comments: Here, you can create up to 5 templates to document the patient's history of past medical diagnoses which are currently inactive. In addition, there are 8 templates for documenting the patient's family history (one each for: Mother; Father; Sister; Brother; Maternal Grandmother; Maternal Grandfather; Paternal Grandmother; and Paternal Grandfather). Each PFSH template can have up to 30 items. In addition, you can set default values for the 3 pre-defined social history fields, plus create one custom social history field.

Field(s) in this table:            Default E&M Documentation Levels  
 Alcohol  
 Street Drugs  
 Tobacco  
 Other Social History Field Label  
 Other Social History Field Default Value

- Physical Examination Defaults and Templates PATH: > Default Values and Templates Menu > Physical Examination

Notes/Comments: Because the results of each physical examination is unique for each patient and each examination, there is only one default field value, and that is for the patient's appearance since providers have a tendency to use common phrases to describe a patient's appearance. From this form, you can also create an unlimited number of Physical Examination templates for each of the 12 Medicare defined body

areas (General Multi-System; Cardiovascular; Ears, Nose & Throat; Eyes, GU-Female; GU-Male; Hematologic/Lymphatic/Immunologic; Musculoskeletal; Neurological; Psychiatric; Respiratory; and Skin). Each Physical Examination template can have up to 30 items.

Field(s) in this table: Appearance

- Ancillary Studies Templates PATH: > Default Values and Templates Menu > Ancillary Studies Templates

Notes/Comments: From this form, you can create an unlimited number of Ancillary Studies templates for each of the 5 ancillary study types (Consultations; Electrodiagnostic Studies; Imaging Studies; Lab Studies; Records Reviewed). Each Ancillary Study template can have up to 20 items. Adding ancillary study CPT Codes and descriptions to a template is done by selecting from a list of all custom CPT Codes and descriptions and Ancillary Studies that have been previously added to your lookup table lists.

Field(s) in this table: None

- Assessment, Treatment Plan & H&P Informed Consent Defaults & Templates PATH: > Default Values and Templates Menu > Assess., Tx. Plan & H&P Inf. Consent

Notes/Comments: This form allows you to enter your custom labels and default values for the 15 “Other Instructions, Plans & Treatments” text fields, so it is important that you at least review these field labels and default values. From this form, you can also create an unlimited number of Assessment templates. Each Assessment template can have up to 30 items.

Field(s) in this table: Discussion  
Field Labels (15 of these fields)  
Default Field Values (15 of these fields)  
Admission History & Physical Informed Consent

- Checkout Templates PATH: > Default Values and Templates Menu > Checkout Templates

Notes/Comments: From this form, you can create an unlimited number of each of the 6 different Checkout template types (Medications Dispensed/Prescribed; Durable Medical Equipment Dispensed/Prescribed; Other Instructions, Plans & Treatments; Return Visit Interval; Return to See; and Return Visit Purpose). Each Checkout template can have up to 20 items. Adding medications and durable medical equipment to a template is done by selecting from a list of all custom medications or durable medical equipment items that have been previously added to your lookup table lists. Creating Other Instructions, Plans & Treatments requires selecting from the list of field names that were created on the “Other Instructions, Plans & Treatments” section of the Assessment, Treatment Plan & H&P Informed Consent Defaults & Templates form. Creating Return to See templates requires selecting

from a list of staff members with health care professional job descriptions that were previously added to the database.

Field(s) in this table:           None

- Physician Specialties PATH: > Physician Specialties

Notes/Comments: There is a space on the Staff Information form (covered next) where you can enter a physician's specialty, and indicate whether or not to include the specialty after the physician's name on printed reports. Also, in order for Electronic Office to automatically calculate the E&M CPT Code based on the Medicare 1997 E&M Documentation Guidelines, it must be able to determine whether or not a patient has seen a physician of a specific specialty within your practice in the past three years. When you select a specialty for one of your physicians, you are selecting from this lookup table.

Field(s) in these tables:       Abbreviation  
  Specialty Name

- Staff Information PATH: > Staff Information

Notes/Comments: This is the form where all staff members, including all medical professionals within your practice, are entered. It is important that each staff person have the correct job position because the job position will influence which lookup table lists on which the staff person is included. This is also where each staff person's User Profile is created to add them as an Electronic Office user and their username and password are added. Each username must be unique, and is limited to 15 characters. Passwords are limited to 10 characters, and are case-sensitive. Doctors can be selective about which Physical Examination, Ancillary Study, Assessment, and Checkout templates are available in their patient's records. Also, this is where an electronic signature can be added as part of a doctor's record to be included on printed or faxed patient reports, prescriptions, and test/study orders.

This form contains several fields, most of which are for the staff member's demographic information (initials, full name, address, phone etc...). The following list only contains those fields that are noteworthy or will require special forethought.

Field(s) in this table:

- Initials (All lookup table lists for staff members list the staff members by their initials.)
- Job Position (Each lookup table list for staff members actually limits the list to only the staff members to whom the list applies. As a result, it is very important that each person be given the correct job position. Also, there are some fields, such as UPIN#, DEA#, and State Lic. #, and some buttons, such as Template Preferences and Electronic Signature that are only displayed for certain health care professionals.)

Electronic Office System Administrator (Place a check in this box to provide the staff member with System Administrator permissions. The Online Help for the Staff Information form will provide additional information about System Administrator permissions.)

Auto Archive/Require Electronic Signature (Either of these boxes can be checked, but not both. If Auto Archive is selected then enter the number of days that the program should wait before automatically archiving this provider's records. If an electronic signature is required, then records cannot be Auto Archived.)

User Profile (There are a series of fields and Check boxes for creating a User Profile for each staff member. The Online Help for the Staff Information form will provide additional information about User Profile permissions.)

- Template Preferences PATH: > Staff Information > Template Preferences

Notes/Comments: This form is opened from the Staff Information form, and is only accessible if the staff member is either a Doctor or a Mid-Level Health Care Professional. This allows each medical professional to have his or her own custom template lists.

Field(s) in this table:

Template Type (This lists the different types of templates that can be included on a medical professional's custom template lists: Physical Examination; Ancillary Studies; Assessments; and Checkout. A medical professional can have a separate custom template list for each template type. Physical Examination; Ancillary Studies, and Checkout templates further require you to select the specific category of that template type.)

- Electronic Signature PATH: > Staff Information > Electronic Signature

Notes/Comments: This form is opened from the Staff Information form, and is only accessible if the staff member is either a Doctor or a Mid-Level Health Care Professional. Electronic images of the signature can either be imported into this form, or can be scanned into the form if the computer is attached to a scanner.

Field(s) in this table:

Signature Preview (This field displays how the Electronic Signature will look on printed and faxed prescriptions and reports.)

## Patient Record Access Fee Agreement – Appendix B

### **MEDIGRATE™ ELECTRONIC OFFICE** **PATIENT RECORD ACCESS FEE AGREEMENT**

#### **CUSTOMER'S REFERENCE COPY**

(NOTE: This agreement can be printed on its own from the Organization Information form in the Data Maintenance and Reports module.)

This agreement must be signed and returned to Medigrate Corporation (“COMPANY”) before the first authentication that will require payment of any Patient Record Access Fees (“FEE” or “FEES”). By signing and returning this agreement, you are agreeing to all of the terms of this agreement as well as the Medigrate Electronic Office End User License Agreement (“EULA”).

- The EULA is a legal agreement between you (“CUSTOMER” either an individual or a single entity) and COMPANY for the software product identified above, which includes computer software and associated media and printed materials, and may include “online” or electronic documentation (“SOFTWARE PRODUCT” or “SOFTWARE”). By installing, copying, or otherwise using the SOFTWARE PRODUCT, the CUSTOMER agrees to be bound by the terms of the EULA. If you do not agree to the terms of the EULA, you must completely remove the SOFTWARE PRODUCT from all computer systems on which you or one of you representatives have installed a copy and promptly return the unused SOFTWARE PRODUCT to the place from which you obtained it for a full refund of the purchase price, if any purchase price was paid. The EULA can be viewed in its entirety in any of the Electronic Office Online Help files, or beginning on page iv in this document.
- Continued use of any SOFTWARE module is contingent upon payment of monthly FEES. When the CUSTOMER pays the COMPANY for the CUSTOMER’S patient record accesses for a previous month, the COMPANY will provide the CUSTOMER with an Authentication Code which will allow the CUSTOMER to continue to use the SOFTWARE PRODUCT for an additional month. Payment of the FEES will entitle the CUSTOMER to continued technical support, and quarterly updates of the First DataBank Drug Therapy Management System. The COMPANY may, at its discretion, elect to allow the CUSTOMER to use the SOFTWARE PRODUCT for an initial period of time, as defined by the COMPANY, at no charge. However, monthly authentication will still be required for continued use of the SOFTWARE.

The CUSTOMER’S current per-access FEE is included on the About Box, which can be opened from the menu bar at the top of any SOFTWARE module. The total number of patient record accesses for any month can be viewed in detail or as an invoice from the Patient Record Accesses form. The Patient Record Accesses form is opened in Data Maintenance and Reports from the Patient Record Logs menu, which is opened from the Utilities menu, which is opened from the Main menu.

Authentication must take place each month. For example, if the SOFTWARE PRODUCT’S current authentication is for the month of June, then the CUSTOMER has use of the SOFTWARE PRODUCT until the end of August. Sometime during August but prior to the

last day of August, the CUSTOMER will need to authenticate the SOFTWARE for the month of July. If the authentication does not take place, then the CUSTOMER will only have access to the Authentication Code Entry module and limited access to the Data Maintenance & Reports and Provider Quickview modules, beginning at 12:01 AM on August 31<sup>st</sup>. Once July has been authenticated, then the CUSTOMER will have until the last day of September to authenticate August, and so on.

There are two SOFTWARE payment options. Current FEE numbers can be obtained by contacting COMPANY. CUSTOMER may make a one-time change from one option to the other, provided that the change request is received prior to COMPANY receiving payment for the second FEE for which payment is due. Once COMPANY has received payment for the second FEE for which payment is due, CUSTOMER may not change their payment option.

Payment Option One:

This option has no up-front licensing fees. CUSTOMER pays a monthly FEE that is based on COMPANY'S current fee structure and on the invoicing and authentication method selected by CUSTOMER. The four methods available to CUSTOMER for invoicing and authentication are described later in this agreement. Once CUSTOMER'S total cumulative FEES reach a specific pre-determined amount, CUSTOMER'S FEES are reduced to a maintenance level, which will be less than the pre-maintenance level. The reduction of the FEE to a maintenance level does not affect CUSTOMER'S rights to technical support or SOFTWARE PRODUCT upgrades.

Payment Option Two:

CUSTOMER can purchase a single site, single/multiple user license of the SOFTWARE PRODUCT for a single up-front license fee. In addition to the license fee paid by CUSTOMER, CUSTOMER will be charged a monthly maintenance fee based on CUSTOMER'S patient record accesses. Payment of the monthly maintenance fee will entitle CUSTOMER to technical support and SOTWARE PRODUCT upgrades.

There are four different methods that the CUSTOMER can use for creating and sending invoices for Electronic Office patient record accesses, and for obtaining monthly authentication codes:

1. Electronic
2. Auto Fax
3. Auto Print
4. Manual Print

1. Electronic:

The electronic method automatically authenticates the program without generating an invoice. For the electronic authentication, it is required that the COMPANY has dial-up access to the computer where the CUSTOMER'S system database is stored. It is also required that the COMPANY has a current valid major credit card (MasterCard, Visa, American Express) on file. This option allows the COMPANY to access the CUSTOMER'S computer at the beginning of each month. The COMPANY will download the total number of accesses for the previous month and multiply the total number of accesses times the CUSTOMER'S per-access FEE, and then charge that amount to the CUSTOMER'S charge card account. Upon approval of the charge, the COMPANY will authenticate the CUSTOMER'S program to allow the SOFTWARE PRODUCT to continue to be used until the next monthly billing. In order for the COMPANY to have dial-up access to the

CUSTOMER'S computer, the CUSTOMER'S computer will need to have a working modem installed, and will need the Medigrate Electronic Office Electronic Authentication program installed and running, which will request a valid password from the COMPANY'S computer, then restrict access to only the tables the COMPANY needs. The CUSTOMER is responsible for providing a current valid dial-up phone number to COMPANY.

Using the electronic method in no way jeopardizes the security or confidentiality of the CUSTOMER'S data. The COMPANY'S computer automatically dials into the CUSTOMER'S computer and is only given access to the CUSTOMER'S computer after providing an encrypted password that is unique to the CUSTOMER'S copy of the SOFTWARE PRODUCT. Once access is granted, the COMPANY'S computer only has access to the following information which is necessary for authentication: total number of accesses for the previous month; current record access fee; last month successfully authenticated; and current expiration date. The COMPANY does not have access to any of the System Database tables that contain patient information.

Prior to reaching the maintenance fee status, the electronic method is the lowest cost method of payment. This method has no impact on the maintenance fee. However, this method is the best way to ensure the SOFTWARE remains authenticated.

#### 2. Auto Fax:

If the Auto Fax option has been selected, then on the first of each month the SOFTWARE PRODUCT will automatically fax a copy of the invoice for the previous month's accesses to the COMPANY using the Batch Processor module. This method also requires that the COMPANY have a current valid major credit card (MasterCard, Visa, or American Express) information on file for the CUSTOMER. The fee will be billed to the charge card account. Upon approval of the charge, the COMPANY will either mail, fax, or e-mail the authentication code to the CUSTOMER to be entered in the Authentication module which will allow the SOFTWARE to continue to be used until the next monthly billing. Prior to reaching the maintenance fee status, the Auto Fax method is the second lowest cost method of payment. This method has no impact on the maintenance fee.

#### 3. & 4. Auto Print & Manual Print:

If the Auto Print option has been selected, then on the first of each month the SOFTWARE PRODUCT will automatically print a copy of the invoice for the previous month's accesses. An envelope will also be printed if the CUSTOMER has selected to do so. It is then the responsibility of the CUSTOMER to send the invoice and payment to the COMPANY. Upon receipt of the payment, the COMPANY will either mail, e-mail, or fax the authentication code back to the CUSTOMER to be entered in the Authentication module which will allow the SOFTWARE to continue to be used until the next monthly billing. If the Manual option has been selected, then the printing and mailing of the invoice is entirely the responsibility of the CUSTOMER. This is done from the Patient Record Accesses form opened from the Patient Record Logs menu and can only be done by an Electronic Office System Administrator. Upon receipt of the payment, the COMPANY will either mail, fax, or e-mail the authentication code back to the practice to be entered in the Authentication module to allow the SOFTWARE PRODUCT to continue to be used until the next monthly billing. Prior to reaching the maintenance fee status, the Auto Print and Manual Print methods are the highest cost method of payment. This method has no impact on the maintenance fee. The SOFTWARE PRODUCT is shipped set to the Manual Print method.

**What Counts as a Patient Record Access**

Generally speaking, only two events result in a chargeable patient record access:

1. When a patient record is opened.
2. When a new record is created.

**1. When a Patient Record is Opened:**

There are different instances when a patient record is opened. The most obvious, and most common, would be when a user searches for a specific patient, finds the patient, then selects to go to that patient's record. This task can be accomplished from Data Maintenance and Reports, Provider Quickview, or Appointment Manager. Once the user has entered the patient's record, there will be no additional chargeable patient record accesses, unless the user creates a new record (such as a new Appointment, a Patient Encounter, an Operative Record, or a new file note or other communication) while in the patient's record (see #2 below). In other words, once the user is in the patient's record, he or she can open and view as many files as necessary and no new chargeable patient record accesses will occur.

**2. When a New Record is Created:**

Any time a new record is created, one chargeable patient record access occurs. A new record is created when the user:

- Adds a new patient to the database
- Creates a new condition within a patient's record
- Creates a new initial or follow-up office visit, history & physical, operative record, discharge summary, file note, incoming communication, or outgoing communication

Other instances that can result in a chargeable patient record access are:

- Printing one or more reports from the Print/Fax Patient Reports form in either the Data Maintenance and Reports module or the Provider Quickview module. In this instance, there is one chargeable patient record access for each patient record for which a report is being printed, regardless of how many recipients will receive that report. In other words, if the user selects to print reports for ten different visits, then ten chargeable patient record accesses will occur, even if the user selects the Automatic option which results in each report being sent to four different recipients for a total of forty reports.
- Creating a new Quick File Note or Quick Outgoing Communication from the Main menu of the Data Maintenance and Reports module or Provider Quickview module. Creating these records technically results in two patient record accesses – one for accessing the patient's record and the second for creating a new record. However, since both of these actions are taking place at the same time, Electronic Office only counts each new Quick File Note or Quick Outgoing Communication as one chargeable patient record access.
- Opening a fee slip in the Fee Slip Manager module. It is possible to open a fee slip for a previous patient encounter from the Fee Slip Manager module. The information regarding the diagnoses (ICD) and care rendered (CPT) for that visit can be modified also. Opening the Fee Slip Information form from the Fee Slip Manager module will result in one chargeable patient record access. Once the form is opened, making changes or printing the form will not result in any additional FEES.
- Patient Record Utilities. Within the Data Maintenance and Reports module, there are various patient record utilities, such as Replace and Delete Duplicate Patients or Conditions, and Import Files to Patients' Records. Each action taken in each of these utilities will result in one chargeable patient record access. The only exceptions

would be the Replace and Delete Duplicate Patients and Replace and Delete Duplicate Conditions. In each of these utilities, even though two records are being accessed, only one chargeable patient record access takes place.

**Patient Record Access Fee Rate Changes**

When a change is upcoming, the COMPANY will provide the CUSTOMER with written notice in advance of the change. In addition, a special note will be included in any authentication code correspondences the CUSTOMER receives either by traditional mail, e-mail, or fax, informing the CUSTOMER of an upcoming rate change.

**Changing Invoicing Methods**

Invoicing methods can be changed from the Organization Information form, which is opened directly from the Utilities menu in the Data Maintenance and Reports module. However, if changing the CUSTOMER'S invoicing method would result in a change in the CUSTOMER'S FEE, then it is necessary to first contact the COMPANY'S billing department to obtain an Invoice Method Change Authorization Number. Without the Invoice Method Change Authorization Number, the CUSTOMER will not be able to change the invoicing method. When an Invoice Method Change Authorization Number is issued, it is only valid on the specific date that it is issued.

The COMPANY can be contacted using one of the methods listed in the "How To Contact Us" section of the Administrator's Guide & Installation and Setup Instructions.

I \_\_\_\_\_ (CUSTOMER representative – please print), representing \_\_\_\_\_ (CUSTOMER name) agree to the terms of this agreement, which consists of five (5) pages. I understand that COMPANY may modify the terms of this agreement with no less than 30 days notice. I further understand that I may cancel this agreement between CUSTOMER and COMPANY at any time and that CUSTOMER will be liable for any chargeable FEES that remain unpaid at the termination of this agreement.

Please indicate a pricing option (select one):

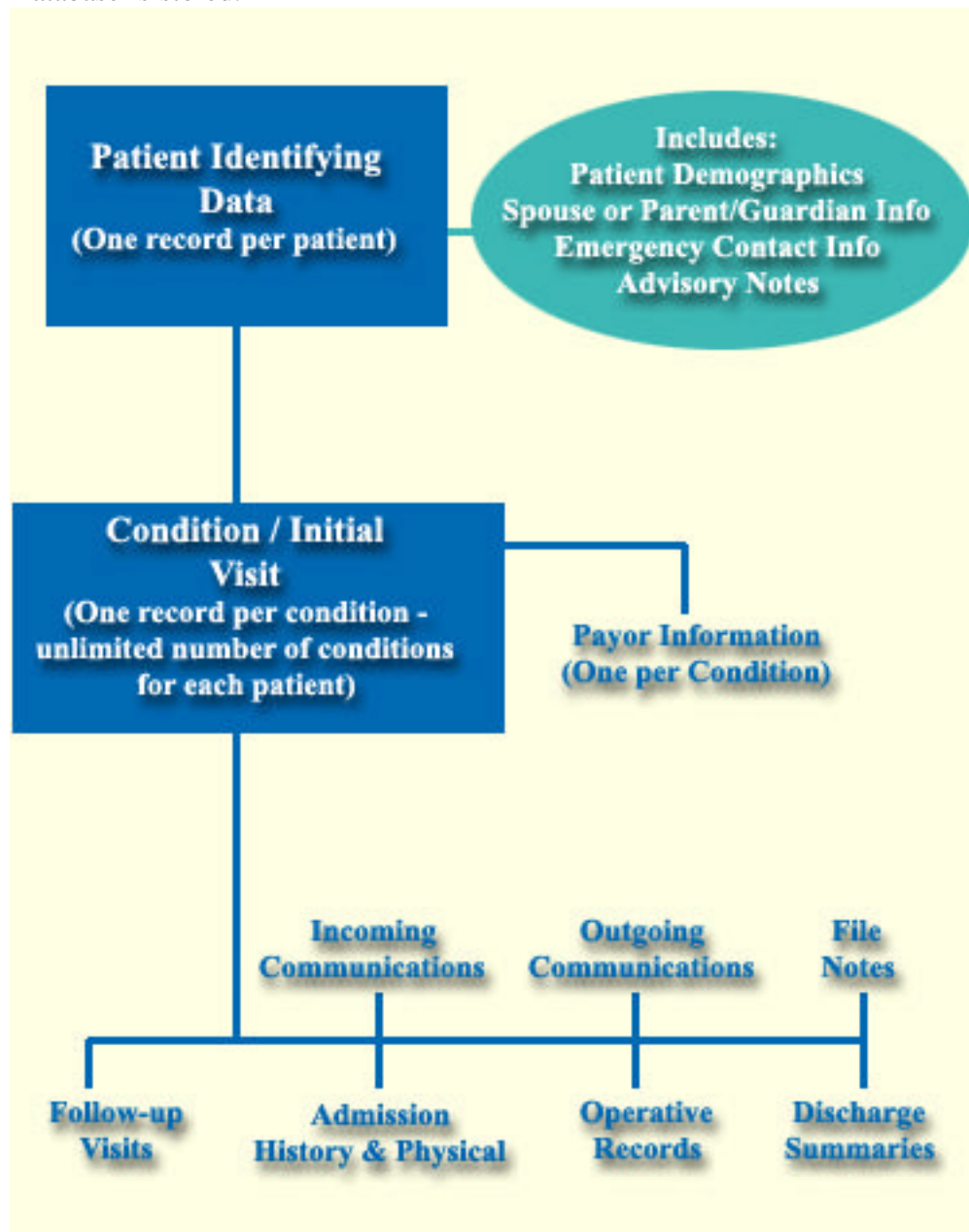
\_\_\_\_\_ Pricing Option One

\_\_\_\_\_ Pricing Option Two

Signed By: \_\_\_\_\_ on this \_\_\_\_ Day Of \_\_\_\_\_, \_\_\_\_.

## Patient Record Hierarchy – Appendix C

This graphic demonstrates how all of the information that is contained within each patient's record interrelates. Regardless of the number of different conditions and condition types that each patient has, it is not necessary to create multiple patient identifying data records. Each patient can have an unlimited number of conditions, and each condition can have an unlimited number of office visits, communications, etc. The only restriction is the physical limitation of the hard disk drive where the System Database is stored.



## Office Visit/H&P Record Formats – Appendix D

Each office visit or H&P record can be viewed in various formats. The tables below list the different formats available, and provide an overview of the use and purpose of each format.

Module: <b>Data Maintenance and Reports</b>				
Format	Database - Complete	Text Report - Complete	Text Report - Abbreviated	
How Opened	<ul style="list-style-type: none"> <li>Patient Identifying Data form</li> <li>Visit List</li> </ul>	<ul style="list-style-type: none"> <li>Visit List</li> </ul>	<ul style="list-style-type: none"> <li>Visit List</li> </ul>	
Editable Fields (Note: Records are locked when archived)	<ul style="list-style-type: none"> <li>All free form text fields</li> <li>All template fields</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>	
Fields and data displayed	<ul style="list-style-type: none"> <li>All fields</li> <li>All data</li> </ul>	<ul style="list-style-type: none"> <li>All fields with data</li> </ul>	<ul style="list-style-type: none"> <li>All fields with data except:               <ul style="list-style-type: none"> <li>➤ ROS and PFSH negative ("Patient denies ...") fields and data</li> </ul> </li> </ul>	
Most Common Uses	<ul style="list-style-type: none"> <li>Data entry</li> </ul>	<ul style="list-style-type: none"> <li>To view all data in archived records</li> </ul>	<ul style="list-style-type: none"> <li>To view most pertinent data in archived records</li> </ul>	
Special Purposes/Features	<ul style="list-style-type: none"> <li>Data entry - all fields</li> </ul>	<ul style="list-style-type: none"> <li>Quick access to complete records</li> <li>Only includes fields that contain data</li> </ul>	<ul style="list-style-type: none"> <li>Very quick access to most pertinent information within records</li> </ul>	
Similar Format in Provider Quickview	<ul style="list-style-type: none"> <li>Yes, but data entry is restricted to templates only</li> </ul>	<ul style="list-style-type: none"> <li>Yes (identical)</li> </ul>	<ul style="list-style-type: none"> <li>Yes (identical)</li> </ul>	
Form Colors	<ul style="list-style-type: none"> <li>Blue &amp; Grey</li> </ul>	<ul style="list-style-type: none"> <li>Black &amp; White</li> </ul>	<ul style="list-style-type: none"> <li>Black &amp; White</li> </ul>	
Module: <b>Provider Quickview</b>				
Format	Database - Complete	Database - Abbreviated	Text Report - Complete	Text Report - Abbreviated
How Opened	<ul style="list-style-type: none"> <li>Patient Identifying Data form</li> <li>Visit List</li> </ul>	<ul style="list-style-type: none"> <li>Patient Identifying Data form</li> <li>Visit List</li> </ul>	<ul style="list-style-type: none"> <li>Visit List</li> </ul>	<ul style="list-style-type: none"> <li>Visit List</li> </ul>
Editable Fields (Note: Records are locked when archived)	<ul style="list-style-type: none"> <li>Only template fields</li> </ul>	<ul style="list-style-type: none"> <li>Only template fields</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
Fields and data displayed	<ul style="list-style-type: none"> <li>All fields</li> <li>All data</li> </ul>	<ul style="list-style-type: none"> <li>All fields and data except:               <ul style="list-style-type: none"> <li>➤ ROS and PFSH negative ("Patient denies ...") fields and data</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All fields with data</li> </ul>	<ul style="list-style-type: none"> <li>All fields with data except:               <ul style="list-style-type: none"> <li>➤ ROS and PFSH negative ("Patient denies ...") fields and data</li> </ul> </li> </ul>
Most Common Uses	<ul style="list-style-type: none"> <li>To view complete records</li> <li>Data entry by template</li> </ul>	<ul style="list-style-type: none"> <li>To view abbreviated records</li> <li>Data entry by template</li> </ul>	<ul style="list-style-type: none"> <li>To view all data in archived records</li> </ul>	<ul style="list-style-type: none"> <li>To view most pertinent data in archived records</li> </ul>
Special Purposes/Features	<ul style="list-style-type: none"> <li>Free form text fields are locked</li> <li>Forms open faster than in Data Maintenance and Reports</li> </ul>	<ul style="list-style-type: none"> <li>Free form text fields are locked</li> <li>Once opened, fastest when moving from form to form</li> </ul>	<ul style="list-style-type: none"> <li>Quick access to complete records</li> <li>Only includes fields that contain data</li> </ul>	<ul style="list-style-type: none"> <li>Very quick access to most pertinent information within records</li> </ul>
Similar Format in Data Maintenance and Reports	<ul style="list-style-type: none"> <li>Yes (full data entry by template and in free form text fields)</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>Yes (identical)</li> </ul>	<ul style="list-style-type: none"> <li>Yes (identical)</li> </ul>
Form Colors	<ul style="list-style-type: none"> <li>White &amp; Green</li> </ul>	<ul style="list-style-type: none"> <li>White &amp; Blue</li> </ul>	<ul style="list-style-type: none"> <li>Black &amp; White</li> </ul>	<ul style="list-style-type: none"> <li>Black &amp; White</li> </ul>

NOTE: Operative Records and Discharge Summaries can also be viewed in Database or Archived Text Report formats, but only as complete records.

## Office Visit Reports – Appendix E

### Report Formats

Each outside contact can be set to receive printed initial and follow-up office visit reports in either a complete, abbreviated, or minimal format. For each recipient, the formats for the initial and follow-up visits can be set independently. The table below provides an overview of the three formats.

Format	Complete	Abbreviated	Minimal
Custom Introductory Paragraph	<ul style="list-style-type: none"> <li>Included on a separate cover letter*</li> </ul>	<ul style="list-style-type: none"> <li>Included on a separate cover letter*</li> </ul>	<ul style="list-style-type: none"> <li>Included on the first page of the report*</li> </ul>
Fields and data displayed	<ul style="list-style-type: none"> <li>All fields with data</li> </ul>	<ul style="list-style-type: none"> <li>All fields with data EXCEPT the “Negative Responses” fields from the ROS, OAMD, Past Medical History, and Family History sections of the medical record.</li> </ul>	<ul style="list-style-type: none"> <li>Only from the following sections, and only if they contain data:               <ul style="list-style-type: none"> <li>Chief Complaint</li> <li>Assessments</li> <li>Care Rendered</li> <li>Discussion</li> <li>Treatment Plan</li> <li>Return Visit Plan</li> </ul> </li> </ul>
Location of signature block and Electronic Signature (if used)	<ul style="list-style-type: none"> <li>Cover letter</li> <li>End of report</li> </ul>	<ul style="list-style-type: none"> <li>Cover letter</li> <li>End of report</li> </ul>	<ul style="list-style-type: none"> <li>End of report</li> </ul>
Most Common Use	<ul style="list-style-type: none"> <li>Initial visits</li> <li>Follow-up visits to parties who require ongoing extensive information, such as insurance companies for industrial conditions</li> </ul>	<ul style="list-style-type: none"> <li>Initial visits</li> <li>Admission History &amp; Physical Recipients</li> <li>Follow-up visits to parties who require ongoing extensive information, but are mainly concerned about “positive” diagnosis information</li> </ul>	<ul style="list-style-type: none"> <li>Most follow-up visits</li> </ul>
Special Purposes/Features	<ul style="list-style-type: none"> <li>Most Complete</li> <li>Cover letter can be discarded by the recipient and the office visit report is complete on its own, including the treating provider’s signature</li> </ul>	<ul style="list-style-type: none"> <li>Very Complete, but without unnecessary “negative” information</li> <li>Cover letter can be discarded by the recipient and the office visit report is complete on its own, including the treating provider’s signature</li> </ul>	<ul style="list-style-type: none"> <li>Uses less paper when printing</li> <li>Faxes more quickly</li> <li>Provides the party with the most pertinent information relating to the visit</li> <li>Entire report format gives appearance of a letter, with the closure line and signature block at the very end</li> </ul>
Applies to which reports	<ul style="list-style-type: none"> <li>Initial Office Visits</li> <li>Follow-up Office Visits</li> <li>Admission History &amp; Physicals</li> </ul>	<ul style="list-style-type: none"> <li>Initial Office Visits</li> <li>Follow-up Office Visits</li> <li>Admission History &amp; Physicals</li> </ul>	<ul style="list-style-type: none"> <li>Initial Office Visits</li> <li>Follow-up Office Visits</li> </ul>

\*Admission History & Physicals do not print with cover letters, unless the H&P is also entered as an initial office visit. When internal copies of reports and billing copies are printed, they are automatically printed in the complete format, and do not have cover letters.

**Report Printing Options**

When an office visit report is being printed, either from within the patient's record or from the Print/Fax form in Data Maintenance and Reports or Provider Quickview, there are two printing options - Manual and Automatic. The Manual option will only print a report for one selected recipient, and the Automatic option will print a set of reports for all appropriate recipients. The table below provides additional information on the differences between the two options.

Option	Manual	Automatic
How the Recipient(s) is/are Selected	<ul style="list-style-type: none"> <li>Lookup list of all possible recipients for the currently selected patient and condition</li> </ul>	<ul style="list-style-type: none"> <li>Determined by the program</li> </ul>
Number of Recipients	<ul style="list-style-type: none"> <li>One</li> </ul>	<ul style="list-style-type: none"> <li>Up to seven:               <ul style="list-style-type: none"> <li>Personal Physician*</li> <li>Referring Party*</li> <li>Insurance Company**</li> <li>Employer**</li> <li>Nurse Case Manager**</li> <li>Internal File Copy***</li> <li>Internal Billing Copy***</li> </ul> </li> </ul> <p>* If the personal physician and referring party are the same person, then these are combined into one.</p> <p>** For industrial conditions only.</p> <p>*** These are optional settings that can be set by a System Administrator from the Organization Information form in the Data Maintenance and Reports module.</p>
Print/Fax Options	<ul style="list-style-type: none"> <li>Print Now</li> <li>Fax Now*</li> <li>Include Cover Page (Fax)**</li> </ul> <p>* Requires that Batch Processor be running on a computer that has a compatible fax/modem installed</p> <p>** Only applies to reports being faxed</p>	<ul style="list-style-type: none"> <li>Print Now</li> <li>Batch Print*</li> <li>Fax Now**</li> <li>Batch Fax**</li> <li>Print (Do Not Fax)</li> </ul> <p>* Requires that Batch Processor be running on a computer that is connected to a printer</p> <p>** Requires that Batch Processor be running on a computer that has a compatible fax/modem installed</p>
Prints which report type (Complete, Abbreviated, or Minimal)	<ul style="list-style-type: none"> <li>Default report type based on the settings within the recipient's record</li> </ul>	<ul style="list-style-type: none"> <li>Default report type based on the settings within the recipient's record</li> </ul>
Envelope Available	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
Special Purposes/Features	<ul style="list-style-type: none"> <li>Can print either the office visit report or the injury/illness status report, or both</li> <li>Only print one report if that's all that's needed</li> </ul>	<ul style="list-style-type: none"> <li>Must include the office visit report</li> <li>The injury/illness status report is optional</li> <li>Batch printing can avoid tying up the printer during the busy day</li> <li>Batch faxing can reduce telephone costs by scheduling the faxes to take place during the nighttime</li> </ul>

NOTE: When printing from within a patient's record, these same printing options are available for Admission History & Physicals, Operative Records, and Discharge Summaries, but they do not apply to File Notes, Incoming or Outgoing Communications. However, when printing from the Print/Fax Reports form, File Notes, Incoming Communications and Outgoing Communications may be included.

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## Thank You!

It is our hope that this Administrator's Guide has been easy for you to use and understand, and that it has served its purpose in assisting you in a stress-free installation and configuration process. We also hope you have found these helpful hints to be of value, and that they will make your learning experience with Electronic Office as easy as possible.

The first time you open the Data Maintenance and Reports module of Electronic Office, you will be given the opportunity to preview a tutorial overview of the program and its many features and benefits. Although some of the information may be redundant of what is included in this guide, it also contains a wealth of information that will help you as you get to know the program better.

If you are in need of further assistance, please do not hesitate to contact us using one of the methods listed in the "How to Contact Us" section. Thank you for your business.

The staff at Medigrate Corporation.