

MxSolutionsTM

*Practice Management for
Health Professionals*

Medical Specialist Version



For Apple Macintosh and IBM & Compatible Computers

MxSolutions™

Medical Specialist Version

**Management Solutions
for the
HEALTH PROFESSIONAL**



For Apple Macintosh Computers and Windows PC Computers

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Support Contract and General Information

Support Contracts are available for MxSolutions software through MxSolutions Australia Pty Ltd.

The Annual Support Contract covers the following:

- Unlimited telephone support for the operation of the MxSolutions software and related procedures.
- Free **updates** of the MxSolutions software.
- Major software **upgrades** available at significantly **discounted** prices.

The MxSolutions software is continually updated, providing users with new features and enhancements to existing features ensuring that the software keeps abreast of technical aspects of the computer industry, and the Health industry as changes are implemented. Priority is given to ensure that MxSolutions remains a competitive product.

Users of MxSolutions are expected to have a basic knowledge of the computer operating system. Users are expected to be familiar with the following operations:

- Turning the computer and associated hardware on.
- Backing up a data file and associated information.
- Loading files onto the computer from CDs or removable disks.
- Replenishing toner/ink cartridges into the printer.
- Recovering from printer paper jams.
- Turning the hardware on/off.

The Support Contract does **not** cover the computer operating system, the network, and technical issues related to the hardware.

The user is expected to make regular daily backup copies of the data.

INTRODUCTION

MxSolutions provides Practice Management Accounting specifically for Health Professionals. This easy-to-use system incorporates both a Debtors Ledger and a Cash Book as well as provide many facilities to enhance the running of the practice.

MxSolutions supports a practice of any size, the limitation being the disk storage capacity available and the length of time that the data is required to be retained for on-line access.

Debtors Ledger

The Debtors Ledger, while primarily catering for the billing and receipting requirements of the various Health Professions, also incorporates day lists, label printing facilities, standard letters, recalls, mail-merge facilities, diagnosis coding and a range of management reports that may be produced to assist in overall practice administration.

MxSolutions is able to track workload for up to 12 practitioners in the system, and up to 26 practitioners if the system is set to 'single bank account'. If greater than 12 Bank Accounts are required, increments of 13-16, 17-20, or 21-26 can be requested. These incur an additional nominal charge. Receipting is fully integrated for each practitioner to either a Single Practice Bank Account, or to the practitioner's own Bank Account.

The Debtors Ledger supports the 'Open-Item' system with automatic account aging. Non-insurance accounts may be 'aged' at different time intervals from insurance accounts as new accounts are generated and Overdue Accounts printed. Standard accounting principles are adhered to with adjustments being provided for through debit and credit journal functions. Monetary amounts **cannot** be 'edited'.

Up to twenty-six different user-defined fee structures are available for each item, for both inpatient and outpatient fees. Non-Item billing is admissible, and No-Charge functions are available so that you can keep track of work that is not chargeable.

Accounts and Receipts can be printed at the time of consultation or held over for either later presentation or batch printing. Items can be printed on an account once only, however, provision has been made for a 'Copy Account' to be produced. Duplicate Receipt facilities are also available.

An Account may be produced at any time and contains only those items raised since the last Account was produced for the particular debtor. Account rendered amounts are also included. Overdue Notices are produced for all debtors who have **not** had an Account printed within the last 'aging' period, and who have ledgers with outstanding balances which are overdue.

Accounts are raised in the names of the debtors who are financially responsible, i.e. patient or person responsible, Solicitor, Employer or Insurance Company. Details necessary for either the Health Funds or Third Party Billing are included.

Bulk Billing facilities are also available. Direct Bill Statements can be produced for either Medicare, DVA Patients, or Hospital Fee for Service patients.

A payment can be made to a single ledger or can be apportioned across multiple ledgers. Accounts that have been batched to either Medicare, DVA, or Hospital patients can be receipted very efficiently using the claim number of the batch.

Receipt facilities provide for the automatic generation of Bank Deposit Schedules. Cheque, EFTPOS, Direct Credit, Credit Card, Cash, and Money Order amounts are also accumulated.

Cash Book

The Cash Book is used to maintain payments and receipts of a Bank Account so that relevant information can be supplied to your Accountant for the preparation of your tax return. An up-to-date Bank Account balance is readily available and can be reconciled against the Bank Statement.

The MxSolutions Cash Book can manage up to 99 Charts of Accounts.

Features of the Cash Book include:

- Bank Reconciliation
- Last Year Balances are maintained for comparative purposes
- Calculation of the Management Fee Invoice amount
- Various reports including Trial Balance and Ledger Transactions, and BAS
- Export of transactions to the Accounting system 'Solution-6'

Features to Enhance the Running of the Practice

Day Lists may be quickly setup and printed in MxSolutions rather than laboriously typing them within your word-processor. Day Lists may be stored indefinitely, and deleted singularly or in a group.

Theatre Lists may also be quickly setup and printed in MxSolutions rather than typing them within your word-processor. Theatre Lists may be stored indefinitely, and may be deleted singularly or in a group. Patients may be transferred from a waiting list to a theatre list using a simple drag and drop facility. Patients may be transferred from one theatre list to another theatre list using a simple drag and drop facility.

Waiting Lists may also be quickly setup and printed in MxSolutions rather than typing them within your word-processor or Excel. Waiting Lists may be stored indefinitely, and deleted singularly or in a group. It is usual for there to be only one Waiting List. Patients may be transferred from a waiting list to a theatre list using a simple drag and drop facility.

Case Header information may be printed either on an A4 sheet to form the first page of the Medical History Sheet, or on an A5 envelope into which the clinical information is stored.

Labels may be printed by MxSolutions. Patient related labels that have been setup include formats for Case Header Labels, Request Labels, and Mailing Labels. Mailing labels may also be produced for Referring Doctors. Labels may be produced for one doctor, a selected group of doctors, or all doctors. Mailing labels may also be produced for Third Party members. Labels may be produced for one Third Party Member, or all Third Party members. Labels can also be produced for patients on Recall.

Standard Letters may be printed by MxSolutions. Any number of Standard Letters may be stored in a letter table. Any letter from the table may be printed for a patient, or may be printed for all patients in the practice, or for all patients for a given practitioner. Standard Letters may also be printed for Referring Doctors. A Standard Letter may be produced for one doctor, a selected group of doctors, or all doctors. Standard Letters may also be printed for Third Party Members. A Standard Letter may be produced for one Third Party member, or all Third Party members. The merged letters produced using the Standard Letter facility for a merge to either a patient, Referring Doctor or Third Party **are not stored**.

Patient Recalls may be maintained and recall letters or labels printed by MxSolutions. MxSolutions has standard recall letters, or you may use your own recall letter which is stored in the table of Standard Letters.

Debt Collection procedures may be streamlined through the use of 'Notification for Debt Collection' using a standard format in MxSolutions, and a preformatted letter to the Debt Collector providing full statement details of the bad debtor. Letters to the Debt Collector may be run singularly, or run regularly in a batch mode which is particularly useful for very busy practices.

Diagnoses details may be maintained by MxSolutions. Any number of diagnosis entries may be stored in a diagnosis table. Not only information related to diagnoses may be stored, but anything that may be of interest for monitoring or research. For example, a code may be assigned for a new drug so that you can monitor which patients have been prescribed it. Another application is where a code may be allocated for a particular procedure of interest so that you can further study those patients who have had the procedure. Having setup a table of codes and their descriptions, you can record against a patient any number of codes by simply selecting the required code from the table, for any number of dates.

Surgical Audit is incorporated in MxSolutions. Instead of having a Surgical Audit program running separately and which requires double data entry of some of the information, e.g. Patient demographic information, surgeon information etc., by adding the diagnosis and clinical indicators, all other information required for the audit is already contained within MxSolutions as a result of the billing procedures. The audit function is very simple to input data into, to achieve the reports required by the College of Surgeons for the purpose of surgical assessment. Any number of surgical audit transactions can be stored against one patient, each having up to five clinical indicators.

Analyses of information resulting from the day to day running of the system may be obtained at any time. This part of the system is able to be password protected.

Information relating to the financial aspects of the practice includes the amount of fees raised, write-offs, and receipts determined on a monthly basis for either the financial or calendar year. This information is maintained automatically as billing and receipting processes occur and is therefore able to be displayed or printed quickly, either by practitioner or total practice. Thus, each practitioner's contribution to earnings and income is able to be identified.

Reports providing analyses of items, referrals (*Specialist versions*), surgical audit (*Medical versions*), treatment durations, postcodes and diagnoses may also be obtained either for a specified practitioner or the total practice. These reports may take some time to execute as the entire database is searched for all relevant records required to produce the information. These analyses are affected by system culls, i.e. the deletion of transactions from the system to ensure an efficient database and maintain its speed of operation, and consequently should be carried out prior to any delete function.

Linked Correspondence

This function allows the ability to electronically link files to patients selected by the user. Any file type (e.g. word processing, test results, photographs, pdf's) - in fact, whatever document you can open on your computer, can be linked to a selected patient.

MxSolutions has the capability to import and store any image from a digital camera or scanner, medical results in any form - whether received through secure online messaging or scanned, letters or reports that you receive, as well as those that are generated within MxSolutions. These images can then be linked to a selected patient, and are stored in a central folder called MxLinkedFiles.

A list of all linked files is displayed readily within each patient record, in ascending or descending date order, so that current documents are easy to find.

Automated Report and Letter Writing

MxSolutions provides a facility to automate report and letter writing, thus saving you valuable time. User Defined Templates offer more user friendly and flexible letter writing solutions for our clients. Fields (for example Surname, Address) that have been identified as being needed to be embodied in a letter or report can be set up, so that they can be combined into a template.

A template can then be merged against a patient, with the specific patient information loaded into the fields.

The letter or report is automatically saved to the patient record. It can be re-opened, re-edited, re-saved and printed from here.

Estimates

This function provides the facility to construct an Estimate in the form of an Account and includes provision for free text to be added to explain the terms of the quote. An Estimate can be created to comply with your informed financial consent.

MxCalendar

MxSolutions has its own appointment scheduler, the [MxCalendar](#). The [MxCalendar](#) has been written in a Web Browser, so that it can reside on a server and be viewed from anywhere on a network.

Colour coding appointments provides a clear picture of the days schedule at a glance. Reoccurring appointments can also be facilitated.

Individual State or NZ Public Holidays are imported into the Calendar via the MxSolutions Web Site. This is so that the practice may be alerted when the practice may be closed, and avoid making accidental bookings on these days.

Having made an appointment, a letter of confirmation can be sent, as well as an **email** or **SMS reminder**.

Appointment data can also be transferred to the MxSolutions Theatre List.

The MxCalendar can be synchronised with Outlook and iCal.

Online Claiming

Medicare Online Claiming provides for faster resolution of claims, improved data integrity, and speedier payment times. MxSolutions undergoing development of the latest Client Adaptor in Java, which now provides an entirely cross platform solution for Medicare Online Claiming.

MxSolutions offers Medicare Online Claiming facilities including Eclipse functionality, for both PC and Macintosh users. These functions include Bulk Bill, DVA processing, Patient Claims Interactive, Patient Claims Store and Forward, Online Patient Verification, Same Day Delete and Eclipse.

The Online Claiming facilities also include the capabilities for DVA Medical Paperless Streamlining and Overseas Claiming.

Secure Online Messaging

MxSolutions includes secure messaging for PIT and HL7 (inbound and outbound) using the HealthLink Messaging System. MxSolutions also has functionality to receive messages from laboratories that don't use HealthLink as their transport provider.

Pathology and Radiology Reports (LAB2), Referral summaries, Discharge summaries, and letters (RSD) can all be received through MxSolutions, and then linked to a specific patient for

future reference. MxSolutions also provides the ability to electronically transfer letters and reports to General Practitioners and Referring Doctors, which saves you time.

The Messages stored against a Patient record are able to be viewed through the MxLinked Files facility.

Interface into OzeScribe

MxSolutions provides an option to export patient demographic information for use with the OzeScribe interface, which provides a secure out-sourced Medical Typing/Transcription service. The records are derived from patients who have appointments made in the MxCalendar, and the files are sent encrypted to the OzeScribe service provider.

SMS & Email Capabilities

MxSolutions has both SMS and Email modules incorporated within the program.

The SMS functionality integrates with the MxCalendar and a list of upcoming appointments for a particular practitioner on a particular day can be generated. An SMS reminder is then sent to patients with pending appointments, reminding them of the specific details of their appointment. General SMS messages can also be sent. SMS templates can be stored, and a log of all SMS messages sent is retained within MxSolutions.

Interface into other products to provide the best functionality for the particular purpose.

You can pass information to your word processor in a format set for a letter to the Referring Practitioner from either a Patient Details, Multiple Item Debit, or Multiple Date Debit windows.

You can pass information to your appointment scheduler, (e.g. Microsoft Outlook, Lotus Organiser, Now-Up-To-Date), from the Patient Details window in a format set for an appointment.

You can set MxSolutions to enable the transfer of details to Medical Director each time a Patient is added to the database or the details of an existing Patient are changed.

MxSolutions can also be set to import patient demographics from a Hospital Administration system set to pass this information.

User-defined System Setup

enables MxSolutions to be tailored to suit your needs.

- You can set the system for a single common bank account or multiple bank accounts, one for each practitioner. Any number of practitioners can be added to the system, up to 26 for a Single Bank Account Setting, or up to 12 for a Multiple Bank Account setting, unless the version is specifically for a number of Bank Accounts greater than 12. If greater than 12

Bank Accounts are required, increments of 13-16, 17-20, or 21-26 can be requested. These incur an additional nominal charge.

- You can indicate if you are using pre-printed letterhead or system-generated letterhead. If you are using a Laserwriter or Inkjet printer you can also alternatively specify a graphic letterhead so that you need only use blank paper and yet maintain elegant output. The Laserwriter and inkjet printer options also have provision for using a short account form type, or an A4 account form type with a Remittance Advice with or without credit card details.
- A standard message that is printed on all accounts may be defined.
- Up to twenty six different fee schedules may be set up to suit your practice, and defined as being either insurance or non-insurance. Both categories can be 'aged' at time intervals to suit your needs.

MxSolutions Versions

The developers of MxSolutions have recognised the differing requirements of the various Health Professions. As a result, versions of MxSolutions are available which provide a user-interface most suitable to a particular Health Profession.

Versions are available specifically for:

- Specialist Medical Practitioners
- General Medical Practitioners
 - Relative Value Guide and MBS Relative Value Guide Billing
- Specialist Dental Practitioners
- General Dental Practitioners
- Orthodontists - includes Time Payment Plans, Standard Orthodontic Letters, Orthodontic Contracts.

Anaesthetists - ASA

USING MxSOLUTIONS

The section is organised as follows:

- Package Contents
- Hardware and Software Requirements
- Stationery Requirements
- The Manual
- The User Interface
 - Standard Functions
 - MxSolutions Startup Messages
- Protecting Your Data
- Passwords

Package Contents

Supplied with your MxSolutions Package is the following:

- The Manual
- Product Registration Form
- Support Program Information
- MxSolutions Program & Data File

Hardware and Software Requirements

MxSolutions will run on both Macintosh and PC computers. However, in order to maximise the program's efficiency, there are some minimum requirements, detailed below.

MxSolutions will run on any network software complying with Mac OS or Windows Networking Standards. For optimum multi-user performance, the Data File should be resident on the File Server, and MxSolutions should be resident on each of the User's computers.

MxSolutions can print over a network to a 'networked' printer or to the local printer connected to the User's computer.

Macintosh Installation

MxSolutions will operate successfully on any Mac Intel running Mac OS 10.4.11 (Tiger) or 10.5.6 (Leopard) or 10.6.2 or above (Snow Leopard).

The amount of RAM (memory) required varies on the specific requirement of the computer. For a single workstation, 2GB RAM would be sufficient. However, for a Macintosh that is running other applications at the same time (eg Web browser, word processing, Email), more RAM will be required, for example 4GB RAM.

With a network configuration, the Server Mac should be 2.66 Ghz or higher (based on current iMac's).

Windows Installation

MxSolutions will operate on a PC or Compatible running Windows 2003, Windows XP or Windows 7. A Pentium-4 Dual Core, 3.0 Ghz computer with 1.5 GB RAM will suffice, however, a better configuration is Core 2 Duo (E4300) with 2.0 GB RAM or greater. MxSolutions can also be configured to run on a Terminal Server or a Windows 2008 Server.

MxSolutions can run on a single workstation, or network configuration with server.

Printer Requirements

MxSolutions will operate successfully on any printer that is compatible with your computer.

Backup Requirements

It is important that a backup of the MxSolutions data is performed daily. MxSolutions will require an external Backup Medium to enable the data to be backed up daily and taken off-site.

Interfacing MxSolutions with Medical Director or Audit 4

MxSolutions will interface with Medical Director (MD) which is an application which provides Script Writing, Pathology Transfers and other Patient Management facilities particularly GP systems.

It is recommended that the MD or Audit 4 database resides on the server with the MxSolutions data file and the version of MxSolutions on the server is set up as the transfer machine. The other machines on which MxSolutions resides must not be set to being a 'transfer' machine.

If data is being transferred to Audit 4, there is now a Version 3 Patient.In format which includes Referral information. The Version 2 format does not include Referral Information.

Stationery Requirements

MxSolutions has been designed to either use letterhead or blank stationery (210mm * 210mm) for Accounts, Receipts, Overdue Notices and Recall Letters, or plain A4 stationery. The pre-printed graphic letterhead must be contained within 3.5cm from the top of the paper. It is preferable **not** to centre the letterhead, but have the information divided between the left and right hand sides of the page.

For those using blank paper and the letterhead graphic in the system, the graphic must be no larger than 3cm in height. Drawing facilities within your Word Processor using text boxes is ideal to create the graphic letterhead. Where a system is being used on both Macintosh and PC platforms, then a graphic letterhead must be stored in the database from both platforms.

A different graphic letterhead can be incorporated for each bank account.

It is not necessary to include provider numbers as part of the letterhead. These are placed in the setup parameters and are automatically printed on Accounts.

The Medicare Claim form can be printed from MxSolutions, either in a batch for each patient in a Day List, or individually.

MxSolutions is also designed to print accounts or combined account/receipts on Medform stationery which contains the Medicare Claim Form and the account information on the same stationery. This facility has become obsolete with the introduction of Online Claiming.

Online Claiming output is designed to be printed on A4 Stationery. All reports have been passed by 'Policy' in Medicare as part of the Medicare Online Claiming test process.

Name and Address details are positioned to enable standard window envelopes to be used.

All other printed output, including the Bank Deposit, is designed to be printed on standard A4 stationery.

Labels are able to be printed from MxSolutions. Label stationery requirements are as follows:

- LabelWriter LabelWriter Labels
- Laser Printer Laser/Ink Jet Labels (2-up 14 labels per sheet, or 2-up 16 labels per sheet, or 3-up 24 per sheet)

The Manual

No attempt has been made in this manual to duplicate the information contained in *The Computer Users Guide*. Documentation supplied with the computer should be read to become familiar with the fundamental concepts before progressing to the MxSolutions software.

For example, you should know how to:

- click and drag
- scroll
- choose a menu option
- edit text
- initialise disks
- copy and paste
- print a document
- alternate between applications

USER INTERFACE - STANDARD FUNCTIONS

This section covers information which is standard throughout MxSolutions.

Cross-platform Usage

The Windows **Control Key** and the Macintosh **Command Key** generally have the same effect in MxSolutions.

- Press Control+A (Windows) or Command+A (Macintosh)

is shown as

- Press Control/Command+A

Using the Menus

The basic **MxSolutions** menu bar is as follows:



When an option other than Patient Details is selected from the **MxSolutions** menu, it appears on the menu bar to the right of the **Print** menu enabling another set of options. At any stage when further menu options are to be provided, any existing menu to the right of the **Print** menu is removed and the new menu selection is displayed in its place. At any time, there cannot be more than one additional menu item to the right of the **Print** menu. The basic **MxSolutions** menu options will always remain.

A **Commands** menu option appears at the end of some menu bars when certain windows are selected. The **Commands** menu is active when the window is active and is grey when the window is inactive.



Commands Menu

The Commands menu is used to find, add, change or delete data. Other options (with keyboard equivalents) are also available which are specific to the particular window being used.

Next - Control/Command+N

This command finds and displays the **Next** record. If the **Find** or **Find from List** command was previously used, this command will find and display the next record in the sequence established by the **Find** command used. If a suitable 'next' record is not found, the data fields in the window will be cleared.

Previous - Control/Command+P

This command finds and displays the **Previous** record. If the **Find** or **Find from List** command was previously used, this command will find and display the next record in the sequence established by the **Find** command used. If a suitable 'previous' record is not found, the data fields in the window will be cleared.

The **Previous** command is not available until a record has been located by either using the **Next**, **Find** or **Find from List** commands.

Find - Control/Command+F

This command finds and displays a record by using a value entered from the keyboard. When the **Find** command is selected, the cursor is positioned at an appropriate field on which the **Find** is based. If this field is not suitable to locate the required record, press **Tab** and if appropriate, the cursor will move to another field which can be used to locate a record. A value must be entered, then click (or press **Enter/Return**). The **Find** may be cancelled by clicking the button.

If a matching record cannot be found, then the next record in the sequence will be displayed. If the end of the sequence is reached, then the message 'No matching record found' is displayed.

Find from List - Control/Command+L

This command finds and displays a record selected from the List. When the **Find from List** command is selected, the List is displayed and the cursor will be positioned in the search box. To locate the required record in the list, either scroll through the list until the record is found, or enter a value in the search box and press Tab whereby the first matching record will be displayed in the list. When the required record is in view, select it by a **double mouse click**. Keyboard users, can press the Enter key (PC) or Return key (Mac) to load the selected record. Having selected the required record from the list, it will be displayed on the window.

If you conduct a successful search for a name in the List the cursor highlights the occurrence of this name in the list. If the line is not the record you require (there might be several identical names in the List), you can then use the **Arrow keys (Up, Down) to navigate to the line you are seeking**. To load the record into the window you must then make a **double mouse click** on this line, or press the Enter/Return key on the keyboard. A keyboard user now has the additional option of pressing the Enter key on the numeric keyboard to load the record.

Insert - Control/Command+I

When the **Insert** command is selected the system waits for data to be entered into all of the required fields on the window.

Click (or press **Enter/Return**) and the new record is inserted. Insertion of a record may be cancelled by clicking the  button.

Edit - Control/Command+E

This command enables information displayed on the window to be changed. When the **Edit** command is selected the system allows fields for which editing is permitted to have their values changed.

Click (or press **Enter/Return**) and the record is updated with the changes incorporated. Editing a record may be cancelled by clicking the  button.

Delete - Control/Command+D

This command removes the record currently displayed on the window. When the **Delete** command is selected, confirmation of this command is required. Click the **Yes** or **No** Button as appropriate.

In some situations, restrictions may occur which will prevent a record from being deleted. The **Delete** option will be explained in detail where this applies.

The Tab and Shift-Tab Keys

The **Tab** key is used to move from one data entry field to the next data entry field.

The **Shift + Tab** keys are used to move from one data entry field to the previous data entry field.

OK and Enter/Return



Clicking the button when it appears at the bottom right hand corner of the window will indicate that the information on the window is to be stored.

Clicking the button when it appears in other situations will allow the user to indicate to the computer that the options as setup are to be executed.

Clicking the **Enter/Return** key has the same effect as clicking the button in most situations. On the Billing and Receipting windows the **Enter/Return** key has been made inactive to prevent incomplete or erroneous accounting transactions from being accidentally stored.

Clicking the **Enter/Return** key will effect the execution of any boldly outlined button when a choice of buttons is available.

Cancel

Clicking the button when it appears at the bottom right hand corner of the window will indicate that the information on the window is to be cancelled and not stored in the computer. In most data entry windows, the fields on the window are cleared so that the function may be repeated correctly.

Clicking the button when it appears in other situations will allow the user to indicate to the computer that the options as setup are not to be executed, and the window is cleared.

Using the MxSolutions Toolbar

The **MxSolutions** Toolbar is as follows:



This toolbar provides a quick link to commonly used facilities in MxSolutions.

Patients > opens the Patient Details window

Ref Drs > opens the Referring Doctor Details window

Items > opens the Item Details window

SMS > opens the Send Reminder SMS window from whichh SMS Messages can be sent from the MxCalendar

Messages > opens the Messages window where messages can be viewed and filed.

Theatre Lists > opens the Operating List window from which existing Theatre Lists can be viewed, edited and printed. (*not available for General Dentist version of MxSolutions*)

Day Lists > provides a quick method of printing the Concise Daylist from the Calendar.

Transfer > provides a quick method of moving patients between Theatre Lists. (*not available for General Dentist and Specialist Dentist versions of MxSolutions*)

Review > provides a facility to view files that need checking.

Checked > provides a facility to list files that have been checked so that they may be printed or sent electronically to Referring Doctors.

Edit Desc > provides a facility whereby the description of a Receipt may be changed so that it prints on the correct part of the Bank Deposit.

Deb Adj > opens the Debit Entry Adjustments window

Rept Adj > provides a quick method of performing a Receipt Adjustment.

ReptM Ac > provides a quick method of performing a Receipt across Multiple Accounts (User Allocate). (*not available for Orthodontist version of MxSolutions*)

Rept DB > provides a quick method to Receipt a Direct Bill Claim.

Access to Scanned Documents in MxSolutions

One icon is provided in the Toolbar, which is only displayed when the Patient Details window is open.



Scanned opens the MxScanned Documents window and displays a list of all the scanned documents for the Practice that are yet to be filed against a Patient record.

Typing

MxSolutions will type upper-case, or upper/lowercase (capitalised) automatically as necessary, provided that fields are typed using all lowercase typing.

To 'Capitalise', MxSolutions will make the first letter of each word commencing with an upper-case character. This can be a problem with abbreviations, e.g. PO, this needs to be either typed as upper-case PO or leave a space between P & O so that you get 'P O' not 'Po'.

If a field is to be all upper-case then MxSolutions will automatically make the field upper-case. e.g. Surname and Suburb fields.

Producing Reports

Where it is essential that a report be printed e.g. Accounts, Receipts, Overdue Notices, Bank Deposit Forms, Recall Notices, MxSolutions will print to the printer as denoted as the default printer (PC) or (Mac) and the MxSolutions System Setup. Printer Job Setup and Page Setup windows will not usually be provided. MxSolutions uses the settings as set by the operating system. Printer Job Setup and/or Page Setup windows will be provided if there is a need for them to be changed.

The **Page Setup** dialog box that will be displayed depends on the printer being used.

If Reports and Labels are to be directed to different Printer Trays, then these may be set for each work station from under the File Menu 'Page Setup' option for each of Reports, and Labels.

Click the **OK** Button to accept any changes to the previous settings.

If the **Job Setup** Dialog Box is displayed, click the appropriate Buttons if changes to the default settings are required.

With the exception of Accounts, Receipts, Overdue Notices, Bank Deposit Forms, Day Lists, Recall Notices and Labels which print directly to the printer, the destination of all other reports is able to be selected by the user. This allows a report to be displayed on the screen rather than printed.

If the **Select Output Destination** Dialog Box is displayed, click the appropriate Button if a change to the default setting is required.

Printer

A report can be printed directly to the printer.

Screen

A report can be displayed on the screen.

To view a report on the screen, click the **Screen** Button, and click **OK**.

The report will be displayed on the screen. The scroll bar at the side of the window allows scrolling through the report if it is longer than the window. The scroll bar at the bottom of the window allows scrolling across the window if the report is wider than the window.

A report can be printed from the screen by clicking on the Printer icon at the top of the screen to print the report, or print the page by clicking on the Page icon at the top of the screen when the required page is displayed.

Preview

To view the report as it will look when it is printed, click the **Page Preview** Button, and click **OK**. This setting, once selected, will remain, and therefore its use is not recommended.

File/Disk

A report can be stored as a file on the hard disk. This is useful if the report data is to be transferred to another application.

To store a report on a file, click on the **File** Button and the following window requesting the name of the file is displayed:

Enter the Name of the file, and click **OK**.

Clipboard

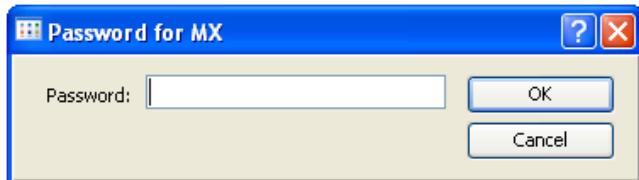
A report can be sent to the Clipboard, which is useful for transferring the report to another application running on the computer.

To store a report on the clipboard, click on the **Clipboard** Button and click **OK**.

MxSolutions Startup Messages

To start up your MxSolutions program, double-click on the MxSolutions icon.

A window is displayed requesting the entry of a password.



Type A or B or C or D or E or F or G for a User Level Password, H for a Patient Registration only (i.e. Non-Billing) Password, or MASTER for the master level password.

Provided that you are logged in under the **master** level password, you have the facility to change the password codes of either the master or user levels to codes of your choice to obtain total security of your system. To do this, select MODIFY PASSWORD from the FILE Menu and you are given a window enabling you to change the password. If logged on with a **master** level password, click the MODIFY USER PASSWORD button to gain access to change the passwords. Ensure that a code exists for each of the user levels, otherwise depressing the ENTER/RETURN key will allow access to MxSolutions and therefore provide no security.

If you are not logged in under the **master** level password, you have the facility to login under the **master** level by selecting CHANGE PASSWORD from the FILE Menu and you are given a window enabling you to change the password and login with a different user level.

If logged on with a user level password, the PRACTICE FUNCTIONS and CASHBOOK functions facilitating the financial information are *grey* and not accessible. If logged on with a master level password, these functions are able to be accessed.

If logged on with a user level password of D, the PRACTICE FUNCTIONS and CASHBOOK functions are *grey* and not accessible, and also the Adjustment Menu option is *grey* and not accessible under the Billing Menu.

If logged on with a user level password of H only Patient Details, Schedules and Reference Files details are able to be accessed. All other functions are disabled.

If logged on with a master level password, all functions are able to be accessed.

Having gained access to MxSolutions, the following Startup window is displayed.



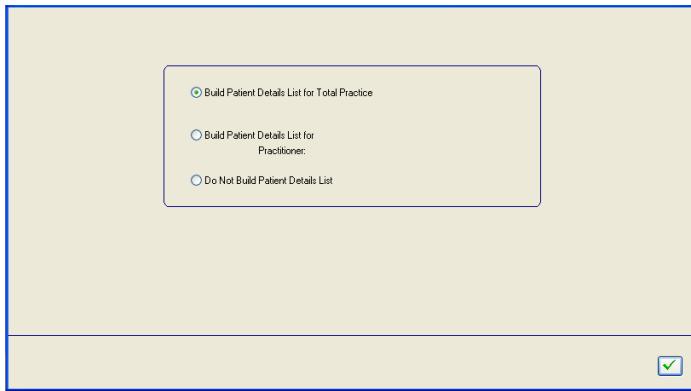
Today's Date and the Last Used date should both be correct.

If the Last Used date is incorrect then you are not using the correct data file and it is likely that you will be missing information. This **must be resolved** before continuing.

If Today's Date is incorrect then the date in your Computer is incorrect. This could cause problems with accounts being incorrectly 'aged'. This **must be resolved** before continuing.

Various messages follow which indicate that data is being loaded into the computer memory (RAM). This process is carried out at start up so that for the remainder of the day, processing is very quick.

When all of the lists are loaded, the following window is then displayed.



If the default 'Build Patient Details List for Total Practice' is accepted, the Patient Details list for all patients in the practice is loaded into the memory of the computer. If 'Build Patient Details List for Practitioner' is accepted, the Patient Details list just for the patients of the given practitioner is loaded into the memory of the computer.

The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting. It is also required in the production of Day Lists and Theatre Lists.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various windows within MxSolutions.

The time taken to build a list is dependent on the number of records that comprise the list and the speed of the computer. It takes longer to load the lists if MxSolutions is operating over a network.

When MxSolutions has opened, the standard MxSolutions Menu Bar is present as shown below.



In addition to File, and Edit, the MxSolutions menus have been designed such that the most commonly used facilities are grouped under the three menus, MxSolutions Billing Print which must always be present. If the standard MxSolutions Menu Bar is not present in its entirety, then the application has not been launched correctly.

Some of the selections under the MxSolutions Menu in turn place further menu selections on the menu bar. Any function selected from one of the additional menus closes the menu upon its completion. This procedure ensures that the MxSolutions Menu Bar remains functional and uncluttered.

Protecting your Data

Making Backup Copies of the MxSolutions Data (MxData.Df1)

All of the information entered using MxSolutions is stored on the hard disk as a data file called MxData.Df1. This data file is continually added to and updated from the day of its creation. This file contains all of the Practice Management information including the Appointments from the MxCalendar.

The other information that must be backed up is the contents of the folder labelled MxLinkedFiles. This contains all files that are linked to the Patient entries i.e. documents, images, messaging files (PIT & HL7). The LetterTemplates folder should also be backed up.

The MxData.Df1 and associated files can be lost or corrupted by power fluctuations, computer failure, theft or physical damage. Therefore it is most important that the abovementioned files be copied regularly to another medium as a backup. This other medium must be stored away from the computer, preferably in a fire-proof safe or taken home.

The backup procedure instigated should be carried out daily. Specific steps to follow are documented in *System Management*, of this manual.

Passwords

The **Passwords** function is used to create or change user passwords.

Type A or B or C or D or E or F or G for a User Level Password, H for a Patient Registration only (i.e. Non-Billing) Password, or MASTER for the master level password.

Provided that you are logged in under the **master** level password, you have the facility to change the password codes of either the master or user levels to codes of your choice to obtain total security of your system. To do this, select MODIFY PASSWORD from the FILE Menu and you are given a window enabling you to change the password. If logged on with a **master** level password, click the MODIFY USER PASSWORD button to gain access to change the passwords. Ensure that a code exists for each of the user levels, otherwise depressing the ENTER/RETURN key will allow access to MxSolutions and therefore provide no security.

If you are not logged in under the **master** level password, you have the facility to login under the **master** level by selecting CHANGE PASSWORD from the FILE Menu and you are given a window enabling you to change the password and login with a different user level.

If logged on with a user level password, the PRACTICE FUNCTIONS and CASHBOOK functions facilitating the financial information are *grey* and not accessible. If logged on with a master level password, these functions are able to be accessed.

If logged on with a user level password of D, the PRACTICE FUNCTIONS and CASHBOOK functions are *grey* and not accessible, and also the Adjustment Menu option is *grey* and not accessible under the Billing Menu.

If logged on with a user level password of H only Patient Details, Schedules and Reference Files details are able to be accessed. All other functions are disabled.

If logged on with a master level password, all functions are able to be accessed.

MxSOLUTIONS OVERVIEW

Before you begin to operate MxSolutions, it is important that you read this section to obtain an overview of how the system is organised and for guidance on how to efficiently implement it.

The section is organised as follows:

- How MxSolutions Records are Organised
- Processing
- Implementation Considerations
- Implementation Procedures

How MxSolutions Records are Organised

MxSolutions maintains, essentially, the following types of records: Practice details, Referring Practitioner details, Third Party details, Patient/Debtor details, Item details, Accounting transactions, Letters, Diagnosis details, Surgical Procedure details, Clinical Indicators, Diagnosis transactions, Day Lists, Theatre Lists, Practice balances, Practitioner balances, and Cashbook records.

Practice Details

Practice details are maintained to provide the information necessary for MxSolutions to run according to the requirements of your practice and the business rules required for Medicare where applicable.

Referring Practitioner Details

Referring Practitioner details are recorded and stored in the system for each Practitioner who refers a patient. These details are not only used on the Patient Accounts, but also for printing envelopes, labels, standard letters, etc. This information also contains the necessary fields for enabling the electronic data transfer of letters and reports.

Third Party Details

Third Party Details are recorded and stored in the system for Third Party type debtor. These details are primarily used on the Patient Accounts. Labels, and merge letters can also be run for Third Party details.

Patient Details

Patient details are recorded and stored in the system for each patient/debtor seen by a practitioner.

The system identifies a patient/debtor via a Patient Number or Code, which is assigned to the record upon input. This code can be alphanumeric, i.e. not necessarily all numeric.

The number used should be that utilised in the manual medical record (case notes), so there exists a link between the MxSolutions system and the medical record. See also the section titled 'Patient Number Assignment' in this chapter.

Although the system is based on a Patient Number or Code as the patient key, searches for patient information can also be made on Patient Surname.

Item Details

Item details are recorded and stored in the system for each Item utilised by the practice.

Up to twenty-six Fee Amounts can be maintained for each Item Number, one for each patient insurance/fee category or combination of insurance/fee categories as required by the practice, e.g. Private, Pensioners/DVA, Insurance (MVA), Medicare, and Health Funds.

The appropriate fee amount is retrieved automatically by MxSolutions during debit entry depending on the Fee Category as defined in the Patient details.

MxSolutions also enables groups of up to three item numbers to be associated with one description and fee.

It is possible to setup more than one fee for a particular item/fee category combination, e.g. 100% discounted, moderate and maximum fee. This is made possible through a subgroup classification facility for an item/insurance combination.

Accounting Transaction Details

Accounting Transactions are recorded for each debit entry, credit (receipt) entry, and adjustment raised for each patient ledger.

Debit and credit entries cannot be amended once they have been entered into the system.

Adjustment entries must be input to amend any incorrect entries, write-off bad debts, and adjust any under-charge or over-charge amounts. Standard accounting principles are thus adhered to. Debit entry amounts are obtained from the Item file according to the Item Number and the Insurance/Fee Category of the patient.

'Transactions' may be deleted from the system only when the ledger account balance for the patient/debtor is zero, i.e. the debtor's ledger is fully paid-up. This deletion process can be prevented for nominated debtors. MxSolutions will prohibit the deletion of transactions from incomplete accounting processes. You are also prompted, to make a backup copy of your data file prior to any deletion process, and an audit report is usually printed. Deleting can only be carried out when only **one** Workstation is running, and deleting is password protected. Deletion of transactions of paid up ledgers can be carried out in a batch mode from under the Maintenance Menu, on for example an annual basis, usually up to the end of the previous financial year. At least a years data is usually retained for copy accounts required for taxation purposes, and analysis of data. Some users choose to rarely cull given that disc space is not an issue these days and analysis of data over a considerable period is more often required.

Letters

Letters which are considered standard and frequently required for either Patients, Referring Doctors, or Third Party, are able to be setup and maintained for mailmerge. User-defined Recall Letters may also be set-up here.

Diagnosis Details

Diagnosis details may be setup to provide a facility for monitoring or research. Diagnoses, specific procedures, drug treatments etc. can be recorded for patients, using a code, and then analysed or recalled as required.

Diagnosis transactions may be logged against a Patient to provide a facility for monitoring or research. Unlimited records may be made against a Patient.

Surgical Procedure Details and Clinical Indicators

Surgical Procedures details and Clinical Indicators may be setup for the Surgical Audit facility of the system.

Surgical Procedure transactions may be logged against a Patient to provide a facility for a simple Surgical Audit. Unlimited records may be made against a Patient.

Day Lists

Day Lists may be setup for the each Practitioner for each day. They may be stored and updated at any time. Day lists provide details of each Patient attending for the day. In specialist versions, Referral information is also provided so that referrals due to expire are easily indicated. Medicare Claim forms may be printed for each Patient in the system who is on the Day List. Appointment Letters may also be printed indicating appointment date and times.

Theatre Lists

Theatre Lists may be setup for the each Practitioner for each day. They may be stored and updated at any time. Theatre lists provide details of each Patient on the Operating Lists for the day. The information is sufficiently comprehensive for faxing directly to Theatre and also to the Anaesthetist so that the Anaesthetic Billing can be organised. The Patient information on the Theatre List is spaced 1.5cm between each patient so that it can be used as a worksheet to note the item numbers used, and any audit information, for later data entry when it is returned to the rooms.

Waiting Lists

Waiting Lists may be setup for the Practice or each Practitioner. They may be stored and updated at any time. Waiting lists provide details of each Patient on the Waiting List. Patients may be moved using a drag and drop facility from a Waiting List to a Theatre List or Day List.

Practice and Practitioner Balances

Practice Balances & Practitioner Balances are maintained automatically by MxSolutions as transactions are entered. The balances are accumulated on a monthly basis and include: Total Debits, Credit Adjustments to debit entries, Net Debit Amount raised, Total Credits, Debit Adjustments to receipt entries, Net Receipt Amount raised.

MxSolutions automatically creates the required accumulating matrices upon initial start up of the system, and also when the calendar year changes from one year to the next. Processing is based on the date retained in your Computer, therefore it is essential that the date in your Computer is correct whenever you run your MxSolutions system. Accurate processing cannot be guaranteed if the date in your Computer is incorrect.

Cashbook Records

Cashbook Records comprise three types of records; one record for each Chart of Accounts, one record for each Account contained in a Chart of Accounts, and a record for each transaction which records the income/expenditure details of each entry associated with each of these of these accounts.

Linked Files

Linked Files allows the ability to electronically link files to patients selected by the user. Any file type (e.g. word processing, test results, photographs, pdf's) - in fact, whatever document you can open on your computer, can be linked to a selected patient.

MxSolutions has the capability to import and store any image from a digital camera or scanner, medical results in any form - whether received through secure online messaging or scanned, letters or reports that you receive, as well as those that are generated within MxSolutions. These images can then be linked to a selected patient, and are stored in a central folder called MxLinkedFiles. The path to where the 'linked file' resides is stored in the MxData.df1.

A list of all linked files is displayed readily within each patient record, in ascending or descending date order, so that current documents are easy to find.

Templates

Templates provide a facility to automate report and letter writing, thus saving you valuable time. User Defined Templates offer more user friendly and flexible letter writing solutions. Fields (for example Surname, Address) that have been identified as being needed to be embodied in a letter or report can be set up, so that they can be combined into a template.

A template can then be merged against a patient, with the specific patient information loaded into the fields.

The letter or report is **automatically** saved to the Linked Files for that patient record. It can be re-opened, re-edited, re-saved and printed from here.

Templates are prepared in Microsoft Word (MS Word) and saved in an RTF format (Rich Text Format) into the **LetterTemplates** folder. All the word-processing options, e.g., style, formatting, spelling and grammar checking (which are not in MxSolutions) are then available for use.

To make the Template available for use with MxSolutions, refer to the section on Templates in this Manual.

Secure Messaging

MxSolutions provides a facility for secure messaging of PIT and HL7 (inbound and outbound) using the [HealthLink](#) Messaging System. MxSolutions also has functionality to receive messages from laboratories that *don't* use HealthLink as their transport provider. Pathology and Radiology Reports (LAB2), Referral summaries, Discharge summaries, and letters (RSD) can all be received through MxSolutions, and then *linked to a specific patient* for future reference. MxSolutions also provides the ability to electronically transfer letters and reports to General Practitioners and Referring Doctors, which saves you time.

MxCalendar - Appointments Scheduler

The **MxCalendar** appointment records are stored in the MxData.df1 along with all other information. This ensures that all appointments are 'backed up' together with all other information.

The appointment slots are filled by choosing the Patient from the MxSolutions patient list. If a patient has not attended the practice before, then an entry can be made as free form text or the Patient entry can be added to the file as part of the process of making the appointment.

If the appointment time has been setup as a Theatre List time in the MxSolutions Theatre List facility, then the appointment information can be automatically added to the Theatre List, saving time entering this information twice.

Processing

This section describes the processing concepts of the Debtors system used in MxSolutions, in particular, the account 'aging' processes.

The section is organised as follows:

- Data Entry
- Storing Transactions
- Accounts
- Account Aging Process
- Time Payment Process
- Receipts
- Bank Deposit

Data Entry

MxSolutions has been designed to minimise the chance of errors. All **entry fields are validated** before the system will accept them. You cannot post transactions to nonexistent

patient/debtor accounts, enter illegal dates or amounts, or enter description fields which are too long. Alpha characters cannot be typed into numeric or date fields. In addition, the patient name which corresponds to the entered number, is displayed for use as visual feedback during transaction entry. Provider Numbers are validated on data entry.

Most errors result in the computer sounding a beep when the character being entered is rejected. Other kinds of errors produce a short on-screen message (dialog-box) that indicates the error and tells you how to proceed.

Most problems are a result of mistakes in data entry and are easily fixed. Less common but more serious, are problems caused by damage to the surface of the disk. You can avoid these problems by keeping disks clean and dry, and by making a duplicate copy (also known as a *backup*) of your data file at the end of each day.

MxSolutions will prohibit the deletion of transactions from incomplete accounting processes. You are also prompted, to make a backup copy of your data file prior to any deletion process, and an audit report is printed. Deleting can only be carried out when only **one** Workstation is running and is password protected.

MxSolutions asks you to indicate the success of selected important printing processes so that you can reprint them if there has been a paper-jam or other printer problem.

Where there can be the inadvertent loss of a report which cannot be reproduced, except from a backup copy of a data file, you are reminded to ensure that you have made a backup copy of your data file and to check that your printer is turned on, prior to the execution process.

Storing Transactions

MxSolutions writes transactions to the database and maintains necessary balances *as the information is being entered into the system*, i.e. when the is clicked or when the Enter/Return key is pressed. Transactions are **not** stored in a temporary state for subsequent posting to the database.

The main advantage of this processing method is that, as a result of an inquiry being made on any aspect of the database, at any time the most up-to-date information is obtained.

Since data are written directly to the database, its accuracy is of primary importance. The data entry editing processes, and the use of the Item file to build the debit transactions, helps to minimise errors. However, it is impossible for MxSolutions to be able to check for erroneous monetary amounts. Care should be taken at all times when raising debit transactions and entering receipt details. The need for adjustment transactions should be minimal.

If incorrect entries are made, they should be reversed in their entirety through the appropriate adjustment facility and then re-entered correctly.

Accounts

When you have entered patient details for a patient/debtor, you may then enter debit transactions, and print an account if you wish. You can enter the debit transactions and either print the account immediately, or postpone the printing of the account until another time, i.e. when treatment has been fully completed. Adopting a procedure of always entering the debit transactions as they are raised ensures that nothing is forgotten. A manual system which involves the holding of debits until the production of an account is required, is **not** necessary.

A 'Current' Account contains all debits which have been raised since the printing of the last account. This account format also shows the account rendered amount, i.e. the amount outstanding from all previously raised debits, and shows the total balance owing. Debits can only be printed on an account once.

A Duplicate Account can be produced upon request. This 'Copy Account' lists all debits required by the patient/debtor on the copy whether they be paid or unpaid.

An Outstanding Account or Account Rendered shows only the total of the unpaid balance of the account.

Account Aging Process

When you first setup your MxSolutions system, the overdue aging periods are preset to 30 days for fee categories A, B C, F, G and H (non-insurance), and 60 days for fee categories D and E (insurance). These parameters may be redefined to suit the particular requirements of your practice, e.g. fee categories A, B, C, F, G and H may be for non-insurance debtors, D and E for insurance debtors, and you may decide to age overdue accounts each 21 days for non-insurance debtors and 42 days for insurance debtors.

When the very first account for a patient/debtor is printed, MxSolutions sets the Account Print Date (Account Aged Date) to the date that the account is printed (today's date - obtained from the date set in your computer). It is from this date that the account aging process is based.

If a balance is still outstanding after 30 days have elapsed and an outstanding account run has not been executed, the account is 'aged' when another 'current account' is printed as a result of new debits being raised.

If a balance is still outstanding after the given 'overdue aging period' has elapsed, the account is 'aged' when an 'overdue account' run is executed.

Provided an account does not contain any unprinted debits, then the outstanding balance comprises the total of 'current+30+60+90' day balances. Note: If an account is due to be 'aged' then any old debits will be aged before any new debits are entered and printed. They will be placed in readiness for the production of the next outstanding account after the given 'overdue aging period' has elapsed from now.

If an account has unprinted debits in the system, or recent debits, and the account is 'aged' as a result of an outstanding account run being executed, then the total amount outstanding for this overdue account comprises the total of (30+60+90 day balances). The amount stored in the 'current-month' field is not included in this outstanding balance because it contains amounts from the unprinted debits or recent debits, and therefore cannot be deemed overdue.

The aging process involves the 60 day balance being accumulated into the 90 day balance, the 30 day balance being moved to the 60 day balance, the current balance moved to the 30 day balance, the current balance field being set to zero, and the account print date (Account Aged Date) set to today's date i.e. the date of the new current account or outstanding account, whichever caused the account to 'age'.

Time Payment Process

If a debtor has negotiated paying off an account balance over a period of time, then MxSolutions can be setup to facilitate this process.

For those debtors which have the Time Payment indicator set, and have an instalment

amount and payment period defined, MxSolutions will keep track of those debtors who have fallen behind with their payments and produce reminder notices accordingly via the Time Payment Overdue Accounts process.

If the number of days has elapsed since the last paid-up-to date exceeds the instalment interval, then a 'time payment reminder notice' will be produced. The notice will be printed each time the Time Payment Overdue Accounts function is selected, if no instalment payment has been made. The debtor will thus be prompted more frequently than each instalment interval if payments have fallen behind. This should encourage payments to be kept up-to-date.

Receipts

Upon the receipt of a payment, in the form of cheque/s, and/or cash, and/or credit card, and/or money order, and/or EFTPOS, and/or Direct Credit, the details are entered into MxSolutions to enable the production of a receipt as well as provide the detail necessary to produce the Bank Deposit.

A receipt contains details of all payments recorded against an account that have not previously been printed on a receipt. You can enter as many payments or part-payments as necessary, and when the receipt is finally printed it will contain all entries not previously printed.

Provided there are no unprinted debits, the receipt also shows the remaining unpaid account balance. If the account balance is in credit, this is indicated.

Bank Deposit

Upon the receipt of a payment, which can be in the form of cheque/s, and/or cash, and/or credit cards, and/or EFTPOS, and/or Direct Credit, the details are entered into MxSolutions enabling the production of the receipt and the Bank Deposit.

The Bank Deposit should be printed just prior to going to the Bank

A Bank Deposit lists the details of all cheques entered into the system since the last Bank Deposit was produced. The Bank Deposit also shows the total EFTPOS, Direct Credit, Cash, Credit Card and Money Order amounts received. The EFTPOS and Direct Credit totals are excluded from the **Total Amount** being banked, as these amounts have already been banked.

Two copies of the Bank Deposit are printed by MxSolutions. One copy is for your records, and the other is to be retained by the bank. Following the printing of the Bank Deposit, MxSolutions provides a list of all patients who have paid by EFTPOS, Direct Credit, Cash, Credit Card, and Money Order. This list is for your records, and enables you to balance the EFTPOS, Direct Credit, Cash, Credit Card and Money Order payments.

It is possible to reprint a Bank Deposit should it be inadvertently 'lost'. This may be done by selecting View Bank Deposit from under the Ledger Reporting Menu and choose Specified Deposit and enter the Bank Deposit Number. Two reports will be produced, the Bank Deposit and the Non Cheque List. You will need to print both.

Should you wish to View (on screen) the details of the Bank Deposit prior to printing, to ensure that it is balancing with the actual money received, then this may be done by selecting View Bank Deposit from under the Ledger Reporting Menu. Select Current Banking.

Practice Balances

Each time that a debit or credit transaction is made in MxSolutions, as well as writing the appropriate records to the database, and updating the Patient Details with the new balance owing, MxSolutions also accumulates these amounts into the Practice and Practitioner Balances. These balances are accumulated showing monthly totals, based on 'date of service' for debit entries, and 'date of receipt' for receipt entries. Adjustment entries are also accumulated so that net Billing figures and net Receipting figures can be obtained. You can also view these reports based on Date of Invoice.

When adjustments are made to **billed amounts**, the write-off is reflected in the month that the original debit was raised for the Date of Service view of the report. This is to ensure that the net totals reflect the actual billing for that month, and not indicate a distorted view. Reports based on Date of Invoice will reflect these amounts for the month that the adjustments are made.

When adjustments are made to **receipt amounts**, these are reflected in the month indicated by the 'receipt adjustment'.

If an overpayment amount or deposit amount has been credited to a ledger, this is shown in the Patient's ledger with the ledger in credit and also the Practice Balances, but cannot be reflected in the Practitioner Balances until the particular practitioner carries out the work and the debit is entered for that work. i.e. the sum of the individual receipt totals from the Practitioner Balances cannot equal that in the Practice Balances due to 'credits' or 'overpayments'.

Debit transactions of the Practice Balances may be printed based on 'Date of Service' or 'Date of Invoice'. Receipt Transactions are based on 'Date Received'.

Notes on the GST

The GST Rate is stored in the data file together with the ABN. These are to be entered under Practice Details found under the Reference Files Menu. The GST Rate is on the first window in the series, whilst the ABN is entered on the Banking Details windows (an ABN per Bank Account).

When the ABN is entered, there is also provision for you to indicate whether you want a Tax Invoice to be produced always, or only when GST applies. If you wish to have a Tax Invoice produced always, then 'Check' the Box. If the box is **not** checked, an Account is produced when No GST is applied, but showing the ABN, and a Tax Invoice is produced when GST is applied. All Tax Invoices include the ABN.

If you omit to put the GST rate into the system, then MxSolutions will inform you of this at start-up each day until it is entered.

The next step is to indicate on the Item File, those Items that will always attract GST. For example if Fee Category 'D' is for Public Hospital Fees, then mark all the 'D' fees by checking the GST box on those items indicating that they incur GST. The item for Medical Reports should have GST checked across all Fee Categories. To mark the Items to indicate GST, click on the Item from the List – under the Item Details screen- select Edit and check the box to indicate that GST applies. If all fee categories for the Item are to be checked, then select 'Edit Multiple Fees' under the commands menu and check the box and all fees will be updated indicating that GST applies.

If GST is to be checked for all items for a *particular* fee category, then under the commands menu on the Item Details window select **Set GST for Fee Category** from the Global Fee Changes hierarchical menu.

When raising an account for a patient, you will find that when tabbing out of Item Number, a box shows either **Y** or **N** indicating whether the Item has been set on the Item File to normally having GST or not. Regardless of how the Item File has been set, the **Y** or **N** can be changed accordingly. You can construct an account where a mixture of GST and non GST Items can be raised.

When the debit entries have been stored, and the **Print** button is clicked, the format of the account may vary as follows: if the setup has been made to **always** produce a Tax Invoice, then a Tax Invoice will be produced, showing the total GST amount raised and the total amount payable; if the setup has been made to **not always** produce a Tax Invoice, then an Account will be produced if there is no GST, or a Tax Invoice only if there is GST applied.

All transaction screens throughout the system show where GST has been applied and paid.

Receipt screens show where GST has been applied so that allocations can be easily made to the correct entries. Receipt transactions that are allocated against GST debits indicate the

proportion of the Receipt amount allocated between the original amount raised and the GST amount raised.

If a ledger is to go into credit, either as a result of a deposit or an overpayment, a message will be displayed asking whether GST is to be applied to this overpayment, and if so the amount is proportioned between the fee amount and the GST amount.

All monies collected that include GST are indicated on the Bank Deposit so that when posting to the Cash Book, the GST amounts can be determined. The Cash Book, (or MYOB or QUICKEN) is where the GST income is accumulated for clearing with the Tax Office each month or quarter. It is crucial that these amounts can be ascertained on each Bank Deposit.

All tracking of where GST has been raised and paid is shown on the Day Books under the Ledger Reporting menu, and the Audit under the File Contents menu.

Further reports are available under the General Reports Menu where over a given period, or between given sequence numbers, either a GST Receipts Report, or a GST Accrual Report based on debits raised, may be produced.

These reports may be produced for Total Practice or Practitioner. If the Total Practice option is selected and the system is set up for multiple bank accounts, then the Total Practice Report also Subtotals by Practitioner so that only one pass of the file need be made to obtain all of the relevant GST reporting information for each practitioner.

The GST Receipts Report is to be requested for a period specified by the user, and lists all receipts for the period based on receipt date, whether monthly or quarterly, and shows the Total Income, the GST Free Income, the GST Taxable Income and the GST amount received.

When a write-off is made to reduce or reverse the billed amount (decrease the balance), GST is automatically apportioned between the billed amounts and the GST amounts. When a receipt adjustment is made to reverse a receipt amount (increase the balance), it is important to know whether or not GST is to be applied to the adjustment amount.

When a Duplicate Account is produced, it will be in the form of a Tax Invoice when GST is contained on the Duplicate or an Account if No GST is applied providing the option to always print a Tax Invoice has not been set. This also applies to the Account printed under the Print Single Account menu.

The Statements for Direct Billing Public Hospitals for Fee for Service have been modified to show, at the line item level, billed and GST amounts. Thus, it is easy to see where adjustments need to be made when a hospital pays amounts other than those billed, or pays in different orders.

The Cash Book allows for the GST Input and Clearing accounts to be added into each Chart of Accounts. Each Account within each Chart is then setup with the appropriate GST Account or none if no GST is to be applied e.g. Bank Charges. These GST accounts can be applied to existing accounts in a Chart by editing the Account Setup for each Chart.

When entries are posted to the Cash Book, the Total amount is entered, and the GST amount is **automatically** calculated and the dual posting is made automatically. This GST amount can be overwritten with a different amount should there be a variation as per the invoice received.

GST amounts for Income have to be derived from the Bank Deposits. EFTPOS amounts involving GST amounts will need to be carefully determined from the Bank Deposits as there is invariably a timing difference. EFTPOS transactions are credited to the Account each evening, whereas the monies banked from the practice are often not deposited daily, but once or twice weekly.

When the Trial Balance is produced, the totals of GST Income received and GST paid are shown. These amounts are required for the completion of the BAS.

The Management Fee Invoice produced conforms with the Tax Invoice requirements, with the GST included.

Implementation Considerations

This section presents the alternatives to be considered when implementing MxSolutions into your practice. The section is organised as follows:

- Patient Number Assignment
- Item File Design
- Bulk Billing
- Dual System Operation versus Complete Changeover Operation

Patient Number Assignment

MxSolutions requires a number or code to be entered for each patient/debtor in the system. This number or code is used as a unique key for each patient/debtor record.

The number comprises a 1-8 alphanumeric character field. You should use the same number that is used in the patient's medical record so that a link exists between the medical record and the accounting information for the patient.

If you do not currently have a number/code assigned to each patient's medical record then you will need to assign numbers/codes as you enter details into MxSolutions.

Whatever numbering system you use, it is desirable not to have a numerical /alphabetical relationship, i.e. if you decide to take-up outstanding balances then do not assign the numbers 1, 2, 3,...etc. to the patients with surnames beginning with 'A', 'B', 'C'....etc. Although you will tend to do the take-up of outstanding balances alphabetically, make sure you assign the patient record numbers randomly. This is to safeguard against transactions being entered into an incorrect patient/debtor account.

An easy method to assign numbers is to use the **Automatic Patient Number Assignment** facility which can be initiated in the Practice Details setup. Using this automatic facility enables MxSolutions to present the next number when an Insert is made on Patient Details. Assign the number allocated to the records as you enter the details into MxSolutions. This is a useful facility in Single Bank Account systems, preferably not Multiple Bank Account systems where it is preferable to precede a number with an alpha character e.g. first character of the practitioners given name or surname, so that all of practitioner A patients are easily identifiable by their number. This requirement precludes the usefulness of the *Automatic Patient Number Assignment*.

Whenever a patient presents for a consultation, there will be no need to search for the required patient number as it will be on the Medical Record (Case Notes) accompanying the patient into the surgery. When it is necessary to enter the debit details into MxSolutions, the number will be at hand.

If it is required that certain debit entries are to be paid by an employer, insurance company, or solicitor then additional patient/debtor records (Second Ledgers) will have to be created for the patient but with the employer, insurance company or solicitor as the 'Account To' addressee.

To ensure that these ledgers can be easily referenced for the particular patient concerned, it is suggested that the patient/debtor number so assigned be the same as the patient number and followed by a .E or .I or .S respectively.

- e.g.- a solicitor's ledger for patient 256 would be numbered 256.S
- an insurance company's ledger for patient 256 would be numbered 256.I

This system ensures that all ledgers applicable to a patient are displayed consecutively when clicking the NEXT button within Patient Details or viewing them on the Patient List.

If a patient is to be sometimes privately billed and sometimes bulk billed e.g. to Medicare, then 2 ledgers must exist so that the Private ledger is kept separate from the Bulk Bill ledger.

Item File Design

Before entering any item details into MxSolutions, it is necessary to consider how you are going to assign your fees.

It is recommended that you assign your most commonly used fee level to the 'A' category.

- e.g. A = Private (HBF)
- B = Medicare Benefit Schedule
- C = Medicare Rebate
- D = Dept. Veterans Affairs
- E = Public (Fee for Service)
- F = Insurance (WC/MVIT), or AMA
- G = Medibank Private (Gap Cover)
- H = AHSA (Health Alliance Gap Cover)
- etc.

An entry is required on the item file for each item number/insurance classification/fee that you use in your practice. i.e. an entry should be made for each fee for an item; the item number and description will remain the same for each while the insurance classification code and fee amount will differ.

GST may be indicated against those fees requiring GST e.g. Public Fees.

Those fees that are to be excluded from Assist Fee calculations may also be marked.

Refer also to the sections titled 'Setting up the Item File' and 'What Next?'.

Direct Billing - Medicare/DVA/Hospital

(For Medicare Online Claiming, refer to the Chapter titled 'Medicare Online Processing with MxSolutions').

1. Medicare

Manual Assignment Form

If you intend to bulk-bill Medicare patients using either a manual assignment form or the computer generated assignment form, then it is necessary to setup in your Item File the fees for Medicare Rebate e.g. Fee Category 'C'.

The Patient Details window should be set to Fee Category 'C' to correspond. The Patient's **Medicare Number** and **Reference Number** must be included in the Patient Details and the Bulk Billing option set to 'Yes' Bulk Bill. You can still have the **Patient's** address in the **Account To** field.

If you are using the manual assignment form, then enter **debits** for these patients via the Combined Account/Receipt window and click the **No Print** button after clicking .

Having entered the debits for the bulk-billing period, you need to print the Medicare Direct Bill Statement for the required practitioner, selected from under the Print menu, entering first the Claim Number for all of the assignment vouchers. Forward to Medicare the bulk-billing Claim Form together with the assignment forms.

When a payment is made from Medicare, receipting is simple via the Receipt Direct Bill Claim window. Your MxSolutions system will automatically credit all of the ledgers associated with the amounts paid on the cheque. Any disputed entries can be adjusted so that these amounts remain, and the statement is in balance with the cheque received.

2. DVA

If you intend to direct-bill DVA patients using either a manual assignment form or a normal account sent to DVA, then it is necessary to ensure that Schedule fees are setup in your Item File. e.g. Fee Category 'D'.

The Patient Details window for each DVA patient should be set to Fee Category 'D' to correspond. The Patient's **Fund** field must be set to **DVA** in the Patient Details, the DVA Number should be in the DVA No. field under the Medicare/DVA button, and the Bulk Billing option set to 'Yes' Bulk Bill. You can still have the **Patient's** address in the **Account To** field.

If you are using the manual assignment form, then enter **debits** for these patients via the Combined Account/Receipt window and click the **No Print** button after clicking .

If you are intending to send a normal account to DVA, then enter **debits** for these patients via the Multiple Item Debit window and print the Account.

Having entered the debits for the DVA billing period, you need to print the DVA Direct Bill Statement for the particular practitioner, selected from under the Print menu, entering first the Claim Number for all of the accounts/assignment vouchers. Forward to DVA the Claim Form together with the accounts/assignment forms.

When a payment is made from DVA, receipting is simple via the Receipt Direct Bill Claim window. Your MxSolutions system will automatically credit all of the ledgers associated with the amounts paid on the cheque. Any disputed entries can be adjusted so that these amounts remain, and the statement is in balance with the cheque received.

3. Hospital

If you intend to direct-bill a Hospital for seen as 'fee for service', then it is necessary to ensure that Public Hospital fees are setup in your Item File. e.g. Fee Category 'E' = Public.

The Patient Details window for each Hospital patient should be set to Fee Category 'E' to correspond. The Patient's **Fund** field must be set to the **Hospital Code** defined in the Fund/Hospital Codes under Reference Files and indicated as 'Direct Billed', and the Bulk Billing option set to 'Yes' Bulk Bill. You can still have the **Patient's** address in the **Account To** field.

Enter the **debits** for these patients via the Multiple Date Debit window or Multiple Procedure window. The percentage scaling for Public Hospital multiple procedures is 100/75/50.

Having entered the debits for the direct-billing period, you need to print the Hospital Direct Bill Statement for the particular practitioner, selected from under the Print menu, entering first the Claim Number for all of the accounts. Forward this statement to the Hospital.

When a payment is made from Medicare or Public Hospital, receipting is simple via the Receipt Direct Bill Claim window. Your MxSolutions system will automatically credit all of the ledgers associated with the amounts paid on the cheque. Any disputed entries can be adjusted so that these amounts remain, and the statement is in balance with the cheque received.

Dual System Operation versus Complete Changeover

Before installing MxSolutions into your practice, you need to decide whether you intend to

phase out the manual system with the implementation of the computerised system, or whether you intend to cease the manual system at the end of one day and use only the computer system from the beginning of the next day.

Regardless of the conversion method adopted, it is good practice to inform your patients prior to its implementation and attempt to collect as much outstanding money as possible.

Phasing out the manual system involves the raising of new accounts using MxSolutions from a particular day onwards. When payments are made, it is necessary to *manually receipt* the amount applicable to an outstanding balance from the manual system, and *electronically receipt* (i.e. enter into MxSolutions) the receipt amount applicable to a computer generated account only. As the weeks go by using MxSolutions, the need to raise manual receipts is lessened, and eventually a complete conversion to MxSolutions has taken place.

Little preparation is required to implement this method of conversion to the computer; i.e. there is only a need to have the item file entered into the system before 'going live'. Patients' details are entered at the time of their first consultation after MxSolutions has been installed. There is no need to be concerned with outstanding balances in the computer system.

The biggest **disadvantage** of this method, however, is the need to determine how much of a receipt applies to the old manual system and how much applies to the computer system. **NOTE: This can be a problem if one amount of money received is for a balance in the manual system and a balance in the computer system.** Bad debtors, too, can force this procedure to be followed for some considerable time.

The complete changeover method involves the take-up of the item details, patient details of all patients with outstanding balances, and debit entries comprising the outstanding balances. This method involves considerable data take-up prior to 'going live', but is much easier to operate from an on-going procedural point of view. The entry of the patient details and the item file has to be done in addition to the normal work procedures and can be done as time allows. The process may take some time depending on the number of outstanding debtors. Accuracy is more important than speed. Backup procedures should be followed. All data entered into MxSolutions has to be checked, and any errors corrected prior to 'going live'.

When the patient details have been entered for all debtors who owe money, the outstanding balances have to be determined, entered into the computer system and checked as quickly as possible. During this time, manual accounts should not be given as this affects the outstanding balances. Any accounts which would normally be issued, should be generated by MxSolutions as soon as the system is 'live'. A record should be kept of debits that have to be raised during this period. Receipts that have to be issued manually during this period should **not** be recorded on the manual ledgers as this will affect the outstanding balances. A record should be made of receipts issued during this period so that they may be entered into MxSolutions as soon as the system goes 'live'.

Data take-up reports have to be produced prior to the production of any accounts or receipts using the computer system. These are necessary to obtain the portion of the monthly totals that are attributed to the outstanding balances and the true monthly debits can be determined.

Although considerable effort is required to implement the 'complete changeover' conversion method, it provides a learning process so that when the system 'goes live' the user is very familiar with the computer, backup procedures and MxSolutions. This is the recommended method of implementation primarily because there is only one system to maintain once implementation is complete.

Implementation Procedures

- Dual System Operation
- Complete Changeover Operation

Dual System Operation

Before commencement of these procedures, you must follow the start up procedures of MxSolutions. You will discover that there are some preliminary processes that occur the first time that you operate your MxSolutions system.

1.Key in the Referring Practitioner Details for the practitioners who most commonly refer patients to your practice. (Choose **Referral Details** from Reference Files under the MxSolutions menu).

2.Key in the Item Details for each Item that you use in your practice, one entry per fee structure required. (Choose **Item Details** from the Reference Files menu under the MxSolutions menu).

Print the Item Details (Choose **Print Items Concise** from the Item Details Commands). Check the printout for errors and mark the corrections to be made. Key in the corrections for each Item entry in error.

Reprint the Item Details, and repeat the last two steps until all details are correct. The final printout should be placed in a folder and retained near your Computer for reference if required.

When the Item File is complete, create the Schedule/Rebate fees associated with each item, by clicking on the button at the bottom of the Item Details screen: Create Schedule/Rebate fees.

3..... If you do not already have a numbering system for your medical records, assign a number for each patient/debtor as you enter the Patient Details into MxSolutions.

Note: Ensure that you assign numbers randomly to safeguard against transactions being entered into an incorrect patient/debtor account. There should *not* be an alphabetical/numerical relationship. Alternatively, utilise the automatic number assignment facility. This may be initiated in Practice Details, under Reference Files.

Key in the Patient Details for those patients with appointments booked over the next few days, so that you have the information already in MxSolutions at the time of each

consultation. (Choose **Patient Details** from the MxSolutions menu).

You can enter the referring practitioners for the patients being entered as part of the Patient Details entry.

It is good practice to have the data entered into the system for all patients with appointments over the next 1-2 weeks, and keep about 1-2 weeks ahead at all times. This procedure will ensure that you do not keep patients waiting at the time of consultation while you enter the basic data.

It will be some time before your complete active file of patients is entered into MxSolutions. As time progresses you will find that the only patients whose details you have to enter into MxSolutions are 'new patients to your practice'.

If you require a printout of patients entered, choose **List File Contents** from Ledger Reporting under the MxSolutions menu and select one of the Patient Details report options.

Check the printout for errors and mark the corrections to be made. Ensure that you do not have any duplicates in your Patient Details file. By checking the Surnames and Addresses on this printout you should be able to easily identify duplicates. MxSolutions will also alert you if you attempt to enter a patient with the same name and date of birth.

If you discover that you have entered Patient/Debtor Details against more than one number then you should *delete* the details not required before entering any accounting transactions into the MxSolutions system.

..... Key in the corrections for Patient/Debtor entries in error.

4. Your system is now ready for 'live processing'. You may enter Billing Transactions into your MxSolutions system, print Accounts and Receipts, print Reports etc.

Complete Changeover

If you decide to adopt the Complete Changeover method of implementation you will need to enter the Patient Details of all your outstanding debtors, and then enter a transaction for each debtor comprising the outstanding balance.

The take-up of the outstanding balances is necessary so that when receipts are entered into the system, there is a corresponding debit. The accounts would otherwise go into credit.

The **transaction date** for each outstanding balance entered into MxSolutions should be the *date of the last debit raised* against that account. It is this date that determines which 'aged' bucket that the balances will be stored when the balances are rolled, i.e. 30-60-90+ days overdue.

If you *have recently* sent reminder notices from your manual system to all of your outstanding debtors, then you **will not** want MxSolutions to produce Outstanding Accounts until one month has passed from now. You should therefore choose **Overdue Accounts** from the **Print** menu **after one month has elapsed** from when you sent out your last reminder notices.

If you *have not recently* sent reminder notices from your manual system to your outstanding debtors, then you **will** want MxSolutions to produce Outstanding Accounts immediately. You should choose **Overdue Accounts** from the **Print** menu **immediately** you have 'rolled' the balances into their 'aged buckets' and checked the system.

Before commencement of these procedures, you must follow the start up procedures of MxSolutions. You will discover that there are some preliminary processes that occur the first time that you operate your MxSolutions system.

1.Key in the Referring Practitioner Details for the practitioners who most commonly refer patients to your practice. (Choose **Referral Details** from Reference Files under the MxSolutions menu).

2.Key in the Item Details for each Item that you use in your practice, one entry per fee structure required. (Choose **Item Details** from Reference Files under the MxSolutions menu).

Print the Item Details (Choose **Print Items Concise** from the Item Details Commands).

Check the printout for errors and mark the corrections to be made. Key in the corrections for each Item entry in error. Reprint the Item Details, and repeat the steps until all details are correct. The final printout should be placed in a folder and retained

near your Computer for reference if required.

3..... If you do not already have a numbering system for your medical records, assign a number to the medical record for each patient/debtor as you enter the Patient Details into MxSolutions. Also write this number onto the manual ledger record as it is assigned. This will make the keying of balances a quick process when it is to be done (step 5, below). **Note:** Ensure that you assign numbers randomly to safeguard against transactions being entered into an incorrect patient/debtor account. There must *not* be an alphabetical/numerical relationship. Alternatively, utilise the automatic number assignment facility. This may be initiated in Practice Details, under Reference Files.

Key in the Patient Details for each patient with an outstanding balance and also for those patients with appointments booked over the next few days, so that you have the information already in MxSolutions at the time of consultation. (Choose **Patient Details** from the MxSolutions menu).

It is good practice to have the data entered into the system for all patients with appointments over the next 1-2 weeks, and keep about 1-2 weeks ahead at all times. This procedure will ensure that you do not keep patients waiting at the time of consultation while you enter the basic data.

Print the Patient Details. (Choose **List File Contents** from Ledger Reporting under the MxSolutions menu and select one of the Patient Details report options).

Check the printout for errors and mark the corrections to be made. Ensure that you do not have any duplicates in your Patient Details file. By checking the Surnames and Addresses on this printout you should be able to easily identify duplicates. MxSolutions will also alert you if you attempt to enter a patient with the same name and date of birth.

If you discover that you have entered Patient/Debtor Details against more than one number then you should *delete* the details not required before entering any accounting transactions into your MxSolutions system.

. Key in the corrections for each Patient/Debtor entry in error.

Reprint the Patient/Debtor Details, and repeat the above two steps until all details are correct.

4.Enter into your Item Details file an Item for each insurance/fee category that you have setup with an Item Number of 'BBF', a description of 'Balance Brought Forward as at .../../.' (insert the date of take-up of outstanding balances), and leave the fee amount 'zero'.

You must have such an entry for each fee category used in the Patient /Debtor Details file, i.e. A, B, C, D, & E etc if each of these have been used. If you have setup a fee structure for only an 'A' category and assigned all patients/debtors to have a fee category of 'A', then you need only have a BBF item for an 'A' category.

5. At the time allotted for the take-up of the outstanding balances, enter a debit transaction for each debtor with an amount owing using the Mult Date Debit window (or Control/Command+2).

Use item number BBF, the transaction date as the date of the last debit raised against the patient's ledger, and the amount as the outstanding balance of the ledger.

You *must* enter the transaction date as the 'date of the last debit raised', and you *must* enter the amount with the outstanding amount owing.

6. Print a Debtor Balances report to check that the data take-up is correct. You will find that, at this stage, all amounts are in the 'Current Month' buckets as the Roll into the 'Aged' buckets has not yet taken place. You are able to verify the amounts, however, and correct them using 'Adjustment' transactions prior to the Roll into the 'Aged' buckets.

Note: when prompted, choose **not** to print the adjustment on the patient's account. It is essential that corrections are made *prior* to the Roll into the Aged buckets otherwise you will find the correction in the wrong 'Aged' bucket. Repeat this step until all balances are correct.

7. When you are confident that all outstanding balances are correct, make a Backup Copy of your Data File.

8. Choose **Data Take-up** to place the outstanding balances into the appropriate 'aged' buckets, depending on the transaction date.

(**Data Take-up** can be found by selecting **Maintenance** under the **MxSolutions menu**, then selecting **Data Take-up** under the **Maintenance** menu; now click **PROCEED** to place the balances in the correct 'Age' buckets).

9. Print a Debtor Balances report to confirm that the data take-up is correct, and file.

10. In case you have inadvertently indicated to MxSolutions that the corrections are required to be printed on the patient's account then select 'All Current Accounts' from the Print menu to print adjustment transactions applicable to the corrections made to your data take-up. These will not need to be retained, and should not be given to the patients concerned.

11. Print the report 'Practice Balances Current Year' (under Practice Functions) so that you have the totals applicable to the data take-up. You will need to subtract the current month data take-up amount from the total at the end of the month to obtain the total debits raised for the current month.

INSTALLING & STARTING UP MxSOLUTIONS

Installing MxSolutions

To install the MxSolutions software onto your computer system, please follow the steps as supplied with the MxSolutions CD.

Starting Up MxSolutions

1. Always start MxSolutions by double-clicking on the MxSolutions icon. This will ensure that the correct data file is opened and a backup copy is not accidentally used.
2. When you start MxSolutions for the first time you will be asked to enter your serial number. This is to ensure that you are the legal owner of MxSolutions. Your serial number is enclosed with the package. You will not be granted access if you make a mistake. You should ensure that your serial number is stored in a safe place and not generally accessible.
3. You will be asked to enter your password. Until you set this to your own as described in the section titled 'Passwords', type 'A'.
4. You will then be asked to enter various global data elements which are used by the MxSolutions system. These elements include information related to the Practice, the Practitioners in the Practice, Banking details, whether an ImageWriter II is being used (Macintosh), stationery letterhead type, and other information necessary to ensure that MxSolutions is setup specifically to the requirements of your practice. These details may be amended at any time.
5. Various processing steps will then be carried out automatically as part of the system initialisation process, e.g. the creation of records necessary to accumulate the practice management information. Upon the completion of these processes, the start up windows will be displayed and access to your MxSolutions system will be completed. You may now proceed to use MxSolutions.
6. On subsequent occasions when you start up MxSolutions, you will be required to enter your password and only the start up windows will be displayed, after which you may proceed to use the system. Each time that MxSolutions is opened the system is checked to determine if the year has changed and if so, create new practice management records necessary for accumulating totals.

LEARNING MxSOLUTIONS

This chapter is designed specifically to assist in setting up and learning MxSolutions. How to set up your Files and begin using MxSolutions is described. You should have become familiar with your system requirements, the data take-up procedures that you need to follow, and the operation of MxSolutions within your Practice.

Setting up the MxSolutions Reference Files

Before you begin to enter any Patient details into MxSolutions you should *first* ensure that the Practice details are complete and correct, some Referring Practitioners are entered, and that all the Item details used in your practice are entered, thus creating the 'Item File.'

SETTING UP THE PRACTICE DETAILS

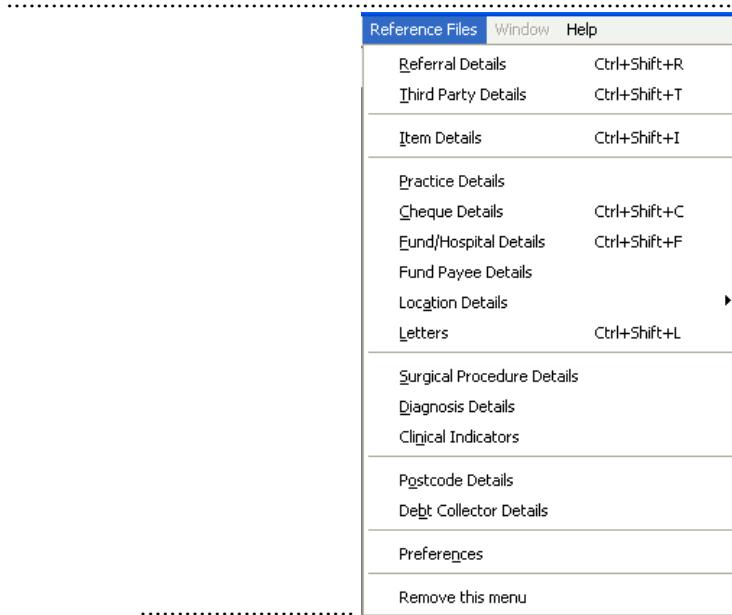
If you have omitted to enter all the practice details as part of the initial start up procedure, then you must ensure that they are completed *before* you commence using your MxSolutions system. If these details are incorrect or incomplete then you will find that the Accounts, Receipts, and Bank Deposits produced from the system will be incorrect.

1. To enable you to edit the Practice Details, choose **Reference Files** from the MxSolutions menu.

MxSolutions

Patient Details	Ctrl+0
Schedules	Ctrl+S
Reference Files	Ctrl+R
<u>Ledger Reporting</u>	
Practice Functions	
<u>Cash Book</u>	
<u>Maintenance</u>	
Medicare Online	▶
Files For Review	▶
Messaging	▶
Calendar Synchronisation	▶
Ozescribe	▶
MxEmail	▶
MxSMS	▶
Updates	▶

2. Another menu will be added to the menu bar titled **Reference Files**.



3. Choose **Practice Details** from this menu and a series of windows enabling you to amend the Practice Details will be displayed consecutively depending on the options chosen on the first window.

4. This first window enables the Business Name to be entered, the type of speciality, the number of bank accounts, e.g. one combined practice bank account regardless of the number of practitioners, or multiple bank accounts - one for each practitioner, stationery letterhead type, and the provider numbers and names of each practitioner in the practice.

Number	Name	EDI	Number	Name	EDI
A =			G =		
B =			H =		
C =			I =		
D =			J =		
E =			K =		
F =			L =		

Check box if number of practitioners is greater than 12

GST Rate (%): 10.00

5.. The provider number or name fields cannot be left blank.

You can add or amend any details that are required to be changed. Click or press **Enter/Return**.

6..... The next window displayed provides the facility to enter the Practice Address which is used on the Remittance Account providing the return address for the payment.

Practice Address

Address:

Suburb:

State: Postcode:

Automatic Patient Number Assignment

Check box for automatic assignment

AMA Medform Stationery

Check box if using Medform Sheets

Provision is also made to indicate whether the Automatic Number Generator is to be utilised and if so the start number is specified. An option to indicate whether Medform stationery is to be used is also provided.

7.If a single bank account has been indicated, the following window will be displayed enabling the bank details to be entered or altered. Provision has been made to choose if

item numbers are to be printed on accounts and if a Receipt Required message is to be included. Click or press **Enter/Return**.

Bank Details - Single Bank Account

Account Name:

Bank Name:

Branch:

Bank Account No.:

Cheque Payable Details:

Australian Business No. (ABN):

Produce Tax Invoices Only.

Item Numbers Not Printed
Only CHECK box if Item Numbers are not to be printed on accounts

Print 'Receipt Req' Message.
Only CHECK box if 'Receipt Required' message is to be printed on Accounts and Overdue Notices

8.If a multiple bank account has been indicated, the following window will be displayed enabling the bank details to be entered or altered for each practitioner. Provision has been made to choose, by bank account, if item numbers are to be printed on accounts and if a Receipt Required message is to be included. Click or press **Enter/Return**.

Banking Details

Practitioner A:	2102091X	Dr N McMahon	<input type="checkbox"/> Item Numbers Not Printed
Account Name:	MxSolutions Pty Ltd		<input checked="" type="checkbox"/> Print 'Receipt Req' message
Bank:	MOONLIGHT INC.	Branch: PERTH	
A/C No.:	001 002 0034		Cheq Payable: MxSolutions Pty Ltd
Practitioner B:	2102101K	Dr T Onion	<input type="checkbox"/> Item Numbers Not Printed
Account Name:			<input type="checkbox"/> Print 'Receipt Req' message
Bank:		Branch:	
A/C No.:			Cheq Payable: .
Practitioner C:			
Account Name:			
Bank:			
A/C No.:			
Practitioner D:			
Account Name:			
Bank:			
A/C No.:			

The next window to be displayed allows the entry of the ABNs one per Practitioner.

AUSTRALIAN BUSINESS NUMBER

Bank A/C for Practitioner	Australian Business No. (ABN)
A <input type="text" value="Dr N McMahon"/>	<input type="text" value="45 652 167 891"/>
B <input type="text" value="Dr T Onion"/>	<input type="checkbox"/> Produce Tax Invoices Only
	<input type="checkbox"/> Produce Tax Invoices Only

9. If a system generated letterhead has been selected, then a window is displayed allowing the left-hand-side and right-hand-side letterhead information to be entered. Note that this option allows only one letterhead for the Practice and no provision has been made for separate letterheads for each bank account. It has been provided as an alternative to pre-printed letterhead if an ImageWriter II printer is being used.

.....

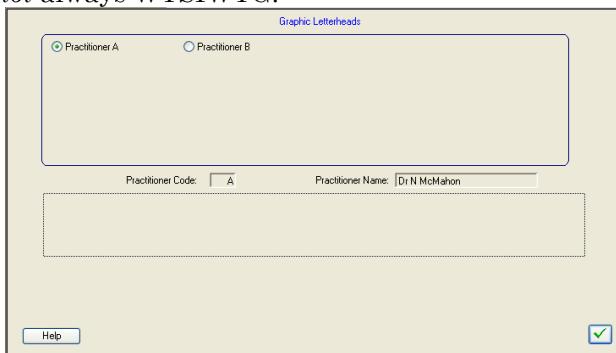
10. If a single bank account has been indicated and a graphic letterhead chosen, the following window will be displayed enabling a graphic letterhead to be entered or replaced. NOTE: Graphic letterheads are Files constructed in an application such as Microsoft Word Drawing mode using Text boxes (Macintosh or PC), and pasted via the clipboard into MxSolutions. The width of the MxSolutions graphic letterhead window should be maintained and the depth of the graphic should be within 3 cms. If it is truncated, then it should be amended and then re-pasted into MxSolutions. Ensure that you test it out on a report such as a copy account or statement so that it can be checked. The result is *not* always WYSIWYG.

Graphic

MxSolutions Pty Ltd The Best Healthcare Practice	PO Box DALKEITH WA Tel. 0419 44
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..... Click or press **Enter/Return**.

11. If a multiple bank account has been indicated and a graphic letterhead chosen, the following window will be displayed enabling a graphic letterhead to be entered or replaced for each practitioner. NOTE: Only one graphic may be pasted for each pass. Graphic letterheads are Files constructed in an application such as Microsoft Word Drawing mode using Text boxes (Macintosh or PC), and pasted via the clipboard into MxSolutions. The width of the MxSolutions graphic letterhead window should be maintained and the depth of the graphic should be within 3 cms. If it is truncated, then it should be amended and then re-pasted into MxSolutions. Ensure that you test it out on a report such as a copy account or statement so that it can be checked. The result is *not* always WYSIWYG.



Click or press **Enter/Return**.

12. The next window displayed allows the fee categories to be defined, and also allows you to define text which is common to all accounts printed.

Specification of Fee Categories											
Specify number of Fee Categories used (max is 26) <input type="text" value="17"/>											
Configure Fee Categories											
Fee Category	Fee Description	Insurance Type	Fee Category	Fee Description	Insurance Type	Fee Category	Fee Description	Insurance Type	Fee Category	Fee Description	Insurance Type
A	Private	N	J	GMHBA	N	S					
B	Schedule	N	K	HBA	N	T					
C	Rebate	N	L	MBF	I	U					
D	DVA	N	M	HCF	N	V					
E	Public	N	N	NIB	N	W					
F	AMA	I	O	Latrobe Hlth	N	X					
G	MBP	N	P	Mildura Hlth	N	Y					
H	AHSA	N	Q	SGIO	N	Z					
I	HBF	N	R								
Set Fee Categories to Insurance Type and Reminder Frequency (N = Non-Insurance I = Insurance)						Age Non-Insurance Reminder Notices every <input type="text" value="30"/> Days					
						Age Insurance Reminder Notices every <input type="text" value="30"/> Days					
Insert IMPORTANT Account Message Text											
<input type="text" value="Submit this Account to claim refunds from your Health Insurance."/> <input type="text" value="COLLECTION FEES APPLY TO ACCOUNTS EXCEEDING 90 DAYS!"/>											
<input checked="" type="checkbox"/>											

The fee categories have been preset as shown but they may be altered to suit the requirements of your practice. You will note that Fee Category A, Fee Category B, and Fee Category C have been preset to Non-Insurance (indicated by 'N'). The Non-Insurance groups have been defaulted to have reminder notices produced each 30 days and the Insurance groups each 30 days.

If you wish to change this setup, TAB to the field to be altered, highlight it and enter the required configuration.

The Account Message Text enables you to define the message that is to go at the bottom of the current accounts and outstanding accounts. You will note that there is default text already defined which you may delete, alter, or add to.

When the details are as required, click or press **Enter/Return**.

13. The next window displayed provides a facility to indicate the Account Form Type being used. Provision is made to indicate a different type for each Bank Account as specified. This is so that if one Bank Account has EFTPOS facilities, and another does not, then the accounts so produced reflect this accordingly.

Provision is also available for AMEX to be included on the Remittance Advice and/or Direct Credit Details (NETBANK) if that facility is being offered.



..... Click or press **Enter/Return**.

If EFT Details are being offered, then the next window is displayed enabling the Practice Bank Details and Email Details to be entered which will also be printed on the Remittance Advice.



14. The next window displayed in this setup series enables the Practitioner list to be defined for window display purposes. It is desirable that the practitioner names are entered here (irrespective of whether they are to be included on accounts, as specified in the first window of this setup series) to ensure that the correct practitioner code is entered for patient details and hence billing, and also for use on the Theatre List.

Practitioner List for Screen Display		
Practitioner	Provider Number	Practitioner Name
Practitioner A	_____	_____
Practitioner B	_____	_____
Practitioner C	_____	_____
Practitioner D	_____	_____
Practitioner E	_____	_____
Practitioner F	_____	_____
Practitioner G	_____	_____
Practitioner H	_____	_____
Practitioner I	_____	_____
Practitioner J	_____	_____
Practitioner K	_____	_____
Practitioner L	_____	_____

Practice Address for Request Labels

|| _____

.....
entered as required, click or press **Enter/Return**.

When the details are

15. The next window to be displayed in this setup series provides a facility to indicate if MxSolutions is being interfaced with Medical Director. If the Box is checked then details of the Pathname to the Directory where Medical Director is residing on the network is entered.

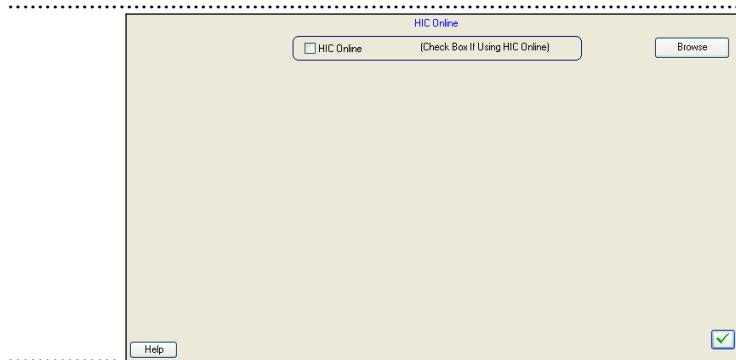


Provision is also available on this window for enabling the MxLinkFiles facility, and indicating whether or not it is Cross-Platform. If the Data Bridge is being used then a facility to indicate a Cross Platform network is being used and the Mac and Windows Paths to the MxLinkedFiles are able to be Set.

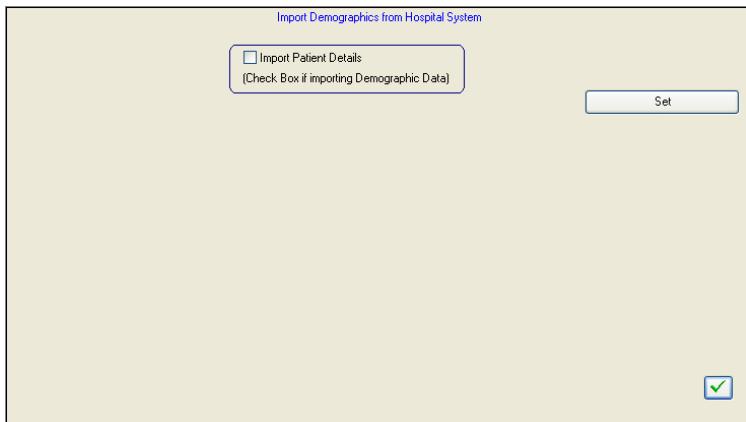
If Secure Messaging (receiving Pathology and Radiology Results and sending encrypted Reports to Referring Doctors) is being used then the checkbox indicating that Messaging is being used needs to be checked on this window.

When the details are entered as required, click or press **Enter/Return**.

The next window to be displayed in this setup series provides a facility to indicate if MxSolutions is being used with Medicare Online Claiming. If this is the case, then when the checkbox is checked then fields are displayed so that the HIC Online details may be entered. Please refer to the section describing the use of Medicare Online Claiming with MxSolutions.



When the details are entered as required, click or press **Enter/Return**.



The final window to be displayed in this setup series provides a facility to indicate if MxSolutions is interfacing with a Hospital Administration system whereby the demographics are transferred from the Hospital Administration system to MxSolutions. If this is the case then the path indicating where the transfer file is to reside is set here.

When the details are entered as required, click or press **Enter/Return**.

SETTING UP REFERRAL DETAILS

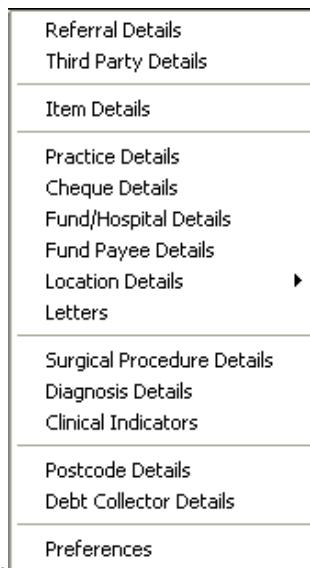
Before Patient Details are entered into the system, it is preferable to first setup a Referring Doctor table and enter the details of doctors who commonly refer to you. Although it is possible to enter these details as you are entering Patient Details, it is easier to establish the table first, at least for the most frequently occurring referring doctors.

Once a MxSolutions system is fully operational and the table contains most of the Referring Doctors, entering a Referring Doctor for a patient is simply a matter of keying the name exactly as it has been entered in the table and the details will be displayed on the patient details window. To achieve this, a consistent format should be followed to avoid duplicates in the table.

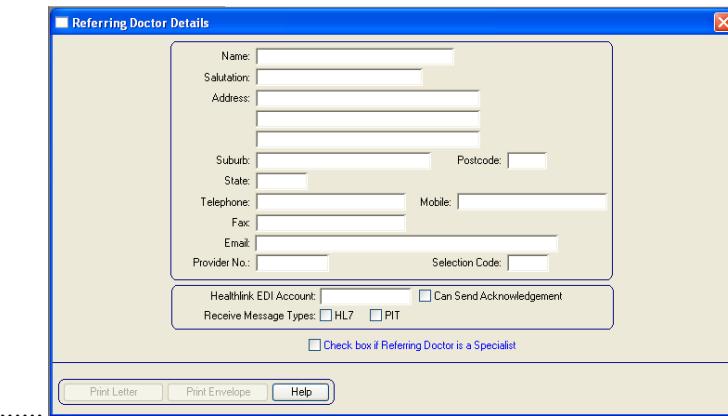
If a format such as Dr N Bloggs (i.e. **Dr** space **1 Initial** space **Surname**) is adopted then it will always be easy to get an exact match from the table and the associated data will be displayed directly onto the Patient Details window. It is recommended that punctuation be avoided throughout the table.

1. To enable you to enter the Referral Details independently from patients, choose **Reference Files** from the MxSolutions menu.

.....
2. Another menu will be added to the menu bar titled **Reference Files**.



3. Choose **Referral Details** from the Reference Files menu and the window enabling you to enter Referring Doctor details will be displayed.



4. To insert or add a record select **Insert** from the commands menu (or press Control/Command+I). When the cursor appears in the box opposite 'Name', type the **Referring Doctor** name in the format as described above, and press **Tab**. This field is mandatory.

5. Type the **Salutation** (name used in letter if writing to the doctor, e.g. Joe or Dr Bloggs) of the doctor and press **Tab**.

6. Type the **Address** of the Referring Doctor, pressing **Tab** after each address line.

7. Type the **Suburb** of the Referring Doctor, press **Tab**. (This is automatically Upper Case). This field is mandatory.

8. Type the **State, Postcode, Telephone, Fax Number** of the Referring Doctor, pressing **Tab** after each element. **Provider Number** if entered will be included on the account.

9. **Selection Code** provides a facility to mail-merge or produce labels to a selected group of doctors on the table. To indicate that a doctor is to be included in the group, enter an appropriate code.

10. **Specialist** indicator - Check box if the Referring Practitioner is a Specialist. This is necessary so that when the Referring Doctor is used from Patient Details then the Referral Period defaults automatically to 3 months instead of 12 months.

11. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information. When you are finished, click or press **Enter/Return**. If you decide that you wish to *reject* the entire entry, then click and the record will remain in its previous state.

12. You can check whether your new record is now in the database. To do this, select **Find** from the commands menu (or press Control/Command+F), type the **Name** of the Referring Doctor required, and press Enter/Return. Your will find your new record will be displayed in the window. To view other records that have been inserted, select **Next** from the commands menu (or press Control/Command+N) and the next record will be displayed. Provided the Referring Doctor list has been built, you can view and select doctors from the list by selecting **Find from List** from the commands menu (or press Control/Command+L).

13. Repeat steps 4-11, above, for each new Referring Doctor to be added to the data base.

14. You will note that there are fields indicating Healthlink EDI Account details and whether the particular Doctor can receive HL7 Messages including acknowledgments, or PIT Messages. This information if known can be entered from here during an Insert or Edit entry. If the data is not entered during an Insert or Edit of a Referring Doctor, this information can be loaded via the Import EDI code Process available under the Commands menu of the Referral Details window.

Amending a Referring Doctor entry.

1. If an entry is found to be incorrect or needs updating e.g. requires an address to be changed, locate the required record using any of the techniques described in step 10 above.

2. Select **Edit** from the commands menu (or press Control/Command+E).

3. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.

4. When you are finished, click or press **Enter/Return**. If you decide that you wish to *reject* the entire entry, then click and the record will remain in its previous state.

5. Repeat steps 1-4, above, for each Referring Doctor record to be amended.

Listing the Referring Doctor File.

1. Select **Print Referring Dr List** from the commands menu. This may be printed, or displayed on the screen.

SETTING UP THE ITEM DETAILS

Before debit transactions may be entered into the system, you must first setup an Item File which contains all the types of debits that are raised by your practice. Each type of debit is identified by a number, i.e. the item number.

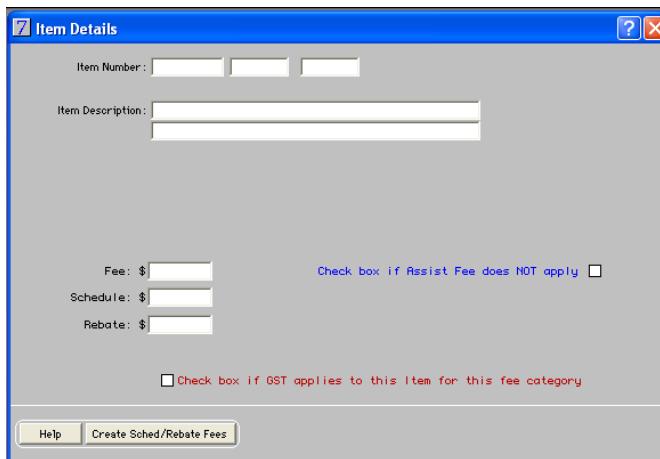
1. To enable you to enter the Item Details, choose **Reference Files** from the MxSolutions menu.

2. Another menu will be added to the menu bar titled **Reference Files**.



Creating a New Item - see also the discussion titled 'What Next' at the end of this chapter.

1. Choose **Item Details** from the Reference Files menu and the window enabling you to enter item details will be displayed.



2. To insert or add a record select **Insert** from the commands menu (or press Control/Command+I). When the cursor appears in the box opposite 'Item Number', type the **Item Number** of your first Item record and press **Tab**.

In its simplest form the Item Number to be entered comprises 3-5 digit number, immediately followed by a slash and an alpha character A-H which will correspond to the insurance/fee category to which the associated fee will apply. For example, if 'A' denotes the fee category 'Private Patients,' then 104/A will be the Item Number which will have associated with it the fee for Private Patients receiving Item Number 104.

3. If you are inserting an item and you have indicated fee category A, e.g. 104/A, then when you Tab out of the Item Number field the window will display a series of boxes for each fee category so that you can enter each of the fee amounts for this description.

4. Type the **Description** of your new item record and press **Tab**.

5. Type the **Fee Amount** which applies to each of the item fee categories. If a particular fee category is not being used, then click in the appropriate box so that it is **not** checked (take out the X from the unwanted fee categories) although this is not recommended. It is advisable to at least have a record existing for each fee category even if it is not presently being used.

If you are inserting a record for a fee category other than 'A', then you are able to enter the details and fee amount for **only** that one category per window.

6. Rebate amounts may be entered. They are for information to advise a patient of out of pocket costs or for creating an Estimate for an Uninsured patient.

7. Provided you have indicated that item numbers are to be printed on accounts, if you require to have printed on an account an AMA number or Fund number in addition to a Medicare number, then continue to Tab beyond the Rebate amounts until the cursor is located to the right of the original item number and enter the AMA or Fund Number. If you Tab once more, a third number may be entered.

8. You may correct any entries by tabbing to a field or selecting it with the mouse and typing the correct information. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

9. You can check whether your new record is now in the database. To do this, select **Find** from the commands menu (or press Control/Command+F), type the **Item Number** required, and press Enter/Return. Your will find your new record will be displayed in the window. To view other records that have been inserted, select **Next** from the commands menu (or press Control/Command+N) and the next record will be displayed. Provided the Item list has been built, you can view and select items from the Item list by selecting **Find from List** from the commands menu (or press Control/Command+L).

10. Repeat steps 2-8 for each new Item record to be added to the database.

Amending an Item entry.

1. If an entry is found to be incorrect or needs updating, e.g. the fee needs to be changed, locate the required record using any of the techniques described in step 9 above.

2. Select **Edit** from the commands menu (or press Control/Command+E).

3. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.

4. When you are finished, press Enter/Return.

5. If you decide that you wish to **reject** the entry, then click and the record will remain in its previous state.

6. Repeat steps 1-4 for each Item record to be amended.

Listing the Item File.

Select **Print Items Concise** from the commands menu. This may be printed, or displayed to the screen. If using more than 5 fee categories then this is output in Landscape format.

Ensure that the Landscape setting in the Preferences window under Reference Files has been set to print in Landscape.

Create Schedule/Rebate amounts.

Select the **Create Schedule/Rebate** button at the bottom of the window to setup a schedule amount and rebate amount associated for each record. This is used in calculating gaps in Estimates, and also in the scaling and Assist Fee calculations in Multiple Procedure billing processes.

Entering Details for a New Patient

Patient details are required to be entered into MxSolutions for each debtor in your Practice.

Creating a Patient/Debtor Details record.

1. Choose **Patient Details** from the MxSolutions menu and the window below is displayed.

2. To insert or add a record select **Insert** from the commands menu (or press Control/Command+I). When the cursor appears in the box opposite 'Patient Number', type the **Patient Number** of your record and press **Tab**. (Mandatory, may be alphanumeric. Must be unique - place the code on the patient's case notes to provide a cross reference).

- 3...Type the **Surname** of your new Patient, and press **Tab**.
.....(Mandatory, upper-case automatic).

- 4.Type the **Given Name** of your new Patient and press **Tab**.
(Mandatory, preferably first letter upper-case and remaining letters lower case).

- 5.Type the **Account To** name (i.e. the name of the person to whom the account is to be sent, including salutation) of your new Patient and press **Tab**. (Mandatory, used for postal details if account is to be posted - positioned on account for standard window envelope).

6.Type the **Address** of your new Patient, and press **Tab** after each field. The address comprises: line 1 - street/unit details; line 2 - further street details (may be left blank); line 3 - suburb details (defaults to upper case); state and post code. (Mandatory).

7.Type the **Home Telephone** number of your new Patient and press **Tab**. (Not Mandatory - for information only).

8.Type the **Work Telephone** number of your new Patient and press **Tab**. (Not Mandatory - for information only).

9.Type the **Practitioner code (A,B,C,...)** of the practitioner that your new Patient normally sees and press **Tab**. (Default = A)

10.Type the **Fee Category (A,B,C,D,E,F,G)** of your new Patient and press **Tab**. (Mandatory, the fee category aligns with one as setup on the Item File).

11.Type the **Referring Doctor Name** (as entered in the Referring Doctor table as described above) of your new Patient and press **Tab**. (Mandatory)

If the Doctor is in the table, enter: **Dr** space **1 Initial** space **Surname** and press **Tab**. The details required will appear directly on the Patient Details window and the cursor will be placed at the Referral Date field.

If the Referring Doctor is not in the table, a window listing all Doctors will be displayed.

If the required Referring Doctor is present on the list, then select the entry by clicking on it, or double-clicking if it is the one highlighted. The Patient Details window will be returned and you will find that the Suburb of the Referring Doctor will now appear and the cursor will be displayed at the Referral Date field.

If the required Doctor is not present on the list then click the 'Add to table' button and a window enabling the entry of the Referring Practitioner details will be displayed. Enter the Referring Doctor details, click **OK** and the Patient Details window will be returned with the cursor positioned at the Referral Date field.

12..... Type the **Referral Date** of your new Patient and press **Tab**. If the Referral Period is '12 months', press **Tab**. If an 'Indefinite' Referral is required, overtype with 'Indefinite'.

Specialist Referrals should default to 3 months if the Referring Practitioner is marked as a 'Specialist' on the Referral Details window, otherwise edit to '3 months'.

13. Type the **Sex** of your new Patient and press **Tab.** (Not Mandatory but required for the Analyses of MxSolutions).

14. Type the **Date of Birth** of your new Patient and press **Tab.** The Age will be displayed.

15. Type the **Date** that the Patient was **First Seen** and press **Tab.** (Not Mandatory but required for the Analyses of MxSolutions).

16. Type the Insurance **Fund** that your new Patient belongs to and press **Tab.** The Fund may be selected from the Fund/Hosp list, by pressing tab when the field is blank to display the list. DVA patients require DVA to be entered here. If a Hospital is being Direct Billed, insert Hospital Code here. (Not Mandatory, but required for the Analyses in MxSolutions and for the production of Direct Bill Statements.).

17. If there has been an agreement that the Account may be settled over a period of time, set **Time Payment** to 'Yes', otherwise leave default as 'No'. Ensure that the Instalment Amount and Payment Interval are entered into MxSolutions if Time Payment has been set to 'Yes'. (Mandatory).

18. If a ledger is to be disabled, set **Hold** to 'Yes', otherwise leave default as 'No'. (When a ledger is on Hold then the account is 'prevented from being printed' in Account Print processes and Overdue runs, and 'prevented from being deleted' in culling processes). (Mandatory). **NOTE: It is not recommended that ledgers be put on hold.**

19. If **X-Rays** are being held in the Practice, check the button 'Yes' to indicate This is the case so that a report listing those Patients that need to collect their X-Rays can later be printed.

20. Type the **Recall Date** that your Patient is to be **Recalled** in and press **Tab.** Preferably use the 1st day of the month/year that the patient is to be recalled. (Not Mandatory - for Recall processing only).
.....

21. If you have any comments that you wish to retain against the Patient/Debtor details, then type the **Note** text applicable and press **Tab.** Note Line 1 will be displayed on the billing and receipt windows in *red*. Thus, if you wish to indicate that you intend to accept rebate only, enter a message to this effect into Message Line 1 and it will be displayed on the receipt entry window. This will enable the GAP to be written-off during the receiving process. (Not Mandatory - for information only). Notes indicating general information can be written under the Notes button at the bottom of the window.

22. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

23. You can check whether your new record is now in the database. To do this, select **Find** from the commands menu (or press Control/Command+F), type the **Patient Number** required, and press Enter/Return. Your will find your new record will be displayed in the window. To view other records that have been inserted, select **Next** from the commands menu (or press Control/Command+N) and the next record will be displayed. Provided the Patient Details list has been built, you can view and select a patient record from the list by selecting **Find from List** from the commands menu (or press Control/Command+L).

Amending a Patient Details entry.

1. If an entry is found to be incorrect or needs updating e.g. the address needs to be changed, locate the required record using any of the techniques described in step 23 above.

2. Select **Edit** from the commands menu (or press Control/Command+E).

3. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.

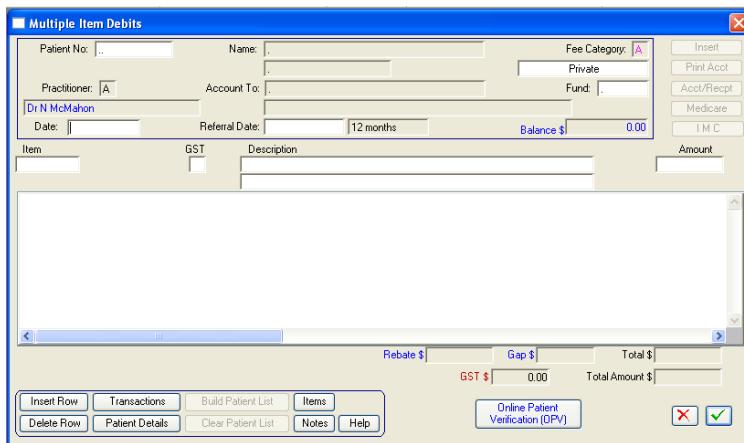
4. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

5. Repeat steps 1-4 for each Patient Details record to be amended.

Entering Debit Transactions - Print an Account

Provided that Patient/Debtor Details exist for a patient who has had a consultation, debit transactions may be entered into the system enabling you to subsequently print an account.

1. Having just entered a Patient's record into MxSolutions then you may produce an account simply by clicking the **Mult Item Debit** button on the Patient Details window, and the debit window for that patient will be displayed. The cursor will be positioned at the date field ready for data to be entered. If debits for more than one day are to be entered on the one window, then choose **Mult Date Item** in preference. **Mult Proc Debit** enables the automatic percentage scaling of items for an account comprising Multiple Procedures.



2.If the date of the transaction (date of service) is Today's Date then press **Tab**, otherwise enter the **Required Date** of the transaction and then press Tab.

3.Type the **Item Number** which applies to this debit. *Do not* include the slash or fee category as this is derived from the patient details record. The item *must* however exist on the Item File for this fee category. Press **Tab**.

4.The **Description** of the item will be displayed. It is highlighted so that if you can change it or append further detail if required. Press **Tab**.

5.The **Fee Amount** of the item will be displayed. It is highlighted so that you can change it if required. The fee may be deleted so that there is a nil amount for this line. Press **Tab** to load the entry into the list. NOTE: The total of the account when finally entered must be greater than zero.

6.Repeat steps 3-5 for each item that is to be included on the account for this date of service.

If you wish to enter a **text only** line, then when the cursor is at item number just Tab to Description and type the required description. Tab to amount and either enter a fee or leave blank and Tab to load the entry into the list.

If you decide that a line that you have entered needs amending, then click on it within the list and it will be displayed in the data entry area enabling you to edit it. Tab to load the corrected entry back into the list.

If you decide that a line that you have entered should be deleted, then click on it within the list and it will be displayed in the data entry area enabling you to delete it. Click the **Delete Row** button at the bottom left of the window.

If you decide that you require a line to be inserted in front of an existing entry, then click on the existing entry within the list and it will be displayed in the data entry area. Click the **Insert Row** button at the bottom left of the window. The cursor will now be positioned for a new line to be entered. Tab to load the new entry into the list as required.

NOTE: The Medicare Rebate amount is totalled as debits are entered, and the gap calculated accordingly and displayed.

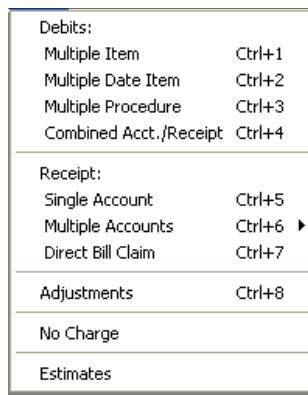
7.When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

(Note: The Enter/Return key has been disabled to prevent an incomplete account from being raised).

8..... To print these debits on an account, click the **Print** button. These and any existing unprinted debits for this patient will be printed on an account. The **Medicare** button is used if Medicare Online is being used. If a payment is being made, click the Account/Receipt button so that the receipt details can be entered. Either a **Private** Account/Receipt may be printed, or a Medicare Online transmission can be made by clicking the **Medicare** button from here.

9. When the account has printed, Press **Enter/Return** to indicate that the Account *has* printed OK and those debits will be flagged so that they do not print on subsequent accounts for the patient. If Online Claiming is being used, a Statement of Claim and Benefit will be printed having been assessed by Medicare.

10. An alternative method of bringing up a billing window from Patient Details is to select the required window from the Billing Menu.



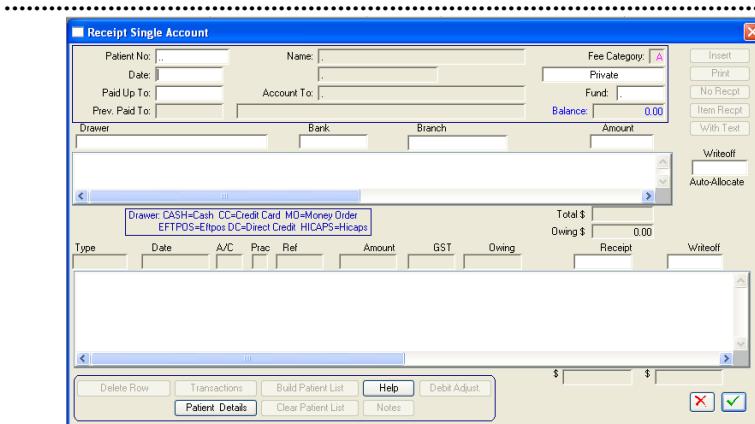
Having selected the required window from the menu the window will be opened.

11. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press Tab to bring up the list of patients. Locate the required patient and select by clicking the entry. The patient information will be displayed on the debit entry window. Enter the transactions as described in steps 2-9 above.

Entering Receipt Transactions

At any time **after you have printed a patient's Account**, you can enter the Receipt details. These details will appear on the Receipt, as well as the Bank Deposit when it is next generated.

1. Choose **Receipt Single Account** from the Billing menu and the following window will be displayed.



2. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press Tab to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking the entry if it is the one highlighted). The patient information and transactions will be displayed on the receipt entry window for verification to ensure that the correct ledger has been selected.

3. If the date of the transaction is for Today's Date press **Tab**, otherwise enter the Required **Date** of the transaction and then press Tab.

4. Type the **Cheque Details** which apply to this transaction, and press **Tab** after each field.

The Cheque Details comprise: DRAWER, BANK, and BRANCH.

It is recommended that the Cheque No be included in the Drawer field with the Drawer details so that it can be traced if ever the need arose.

Common cheques can be coded and selected from the Cheque Details List. To display the list, when the drawer field is blank, press Tab. Cheques may be added to the list during the receipt entry.

When the money received is cash then the Drawer field must contain the word **CASH**, and the remaining cheque details must be left blank.

When the money received is by Money Order then the Drawer field must contain the letters **MO**, and the remaining cheque details must be left blank. If you wish to force money orders onto the Bank Deposit as cheques then type **MONEY ORDER** in the Drawer field instead of MO and leave Bank and Branch details blank.

When the money received is by Credit Card, then the Drawer field must contain the letters **CC**, and the remaining cheque details must be left blank.

When the money received is by EFTPOS, then the Drawer field must contain the letters **EFTPOS**, and the remaining cheque details must be left blank.

When the money received is by Direct Credit, then the Drawer field must contain the letters **DC**, and the remaining cheques details must be left blank.

When the money received is by Hicaps, then the Drawer field must contain the letters **HICAPS**, and the remaining cheques details must be left blank.

This format enables the Bank Deposit to be produced accurately. (Drawer field is mandatory).

5. Type the **Amount**. Press **Tab** to load the entry into the list.

6. Repeat steps 4-5 for each form of money received, e.g. Medicare Cheque and Personal Cheque.

7. You have a choice to either allocate the money received against specific items yourself (user-allocation) or allow MxSolutions to allocate the money based on the first item being receipted first, followed by the next....and so on until all the money received has been allocated (auto-allocation).

8. **Auto-allocation**

If you have decided to accept rebate only and you are auto-allocating, then you may enter the write-off amount in the box located next to where the money was entered and labelled **Write-off .. Auto-allocation**. You may correct any entries.

When you are finished, click  or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click  and the record will remain in its previous state. (Note: The Enter/Return key has been disabled to prevent an incomplete account from being raised).

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User-allocation - Preferred method to ensure accurate information.

You will see the transactions displayed in the list in the lower half of the window. Click against the first debit entry to be allocated and enter the receipt amount for this item and press **Tab**. Enter the write-off amount, if applicable, and press **Tab** to load the entry back into the list.

Click other debit entries that are to be allocated the receipt amounts as required until the total amount allocated equals the total amount received.

When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state. (Note: The Enter/Return key has been disabled to prevent an incomplete account from being raised).

9. To print the receipt, click the **Receipt** button. These and any existing unprinted receipts for this patient will be printed.

When the receipt has printed, Press **Enter/Return** to indicate that the Receipt *has* printed OK and those receipt entries will be flagged so that they do not print on a subsequent receipt for the patient.

10. If a receipt is *not required* to be printed, then click **No Recpt** and the receipt entries will be flagged so that they do not print.

If an *itemised receipt* is required then click **Item Recpt** and debit entries that have been fully paid-up and not previously printed on an itemised receipt will be printed together with the Receipt details.

What Next?

Now that you have learned the basic steps required to setup your MxSolutions system, and enter the details necessary to produce an account and a receipt, you can look to see what effects these processes have had within your system.

1. Effect on the **Debtor's Ledger**:

Choose **Patient Details** from the MxSolutions menu, and review the current balance. You will note that the **Last Debit** date is set to today's date. If you have debited the account and receipted the account for the full amount, you will find the current balance is now zero and the **Zero Balance** date will be set to today's date. If you have debited the account and not receipted the full amount, then you will find the current balance with a debit amount next to it, and the **Account Age** date set to today's date. It will be from this date that the account will age from according to the aging period as set in the Practice Details (e.g. 30 days).

Click the **Transaction** button to view the transactions that make up this balance. If you have entered a receipt, you will notice that the amount owing fields against the debits have been reduced as per the allocation carried out. If you scroll the window to the right you can view the descriptions for each entry. Click the **close box** to return to the patient/debtor details window.

2. Effect on the **Practice Balances**.

Choose **Practice Functions** from the MxSolutions menu. Another menu will appear along the menu bar, titled 'Practice Functions'.

Choose Practice Balances from the Practice Functions menu. Select the options to produce the report 'Current Year' for the 'Total Practice'.

You may choose to view this report on the screen, or print it on your printer. If you wish to view it on the screen, select 'Screen' otherwise make sure that your printer is turned on and select 'Printer'.

Upon reviewing the report, you will notice that the debit total for the MONTH to which the debit transactions apply has been incremented by the total debit amount entered. Similarly, the receipt total for the MONTH to which the receipt transactions apply has been incremented by the total receipt amount entered.

If you had entered any adjustment transactions, these affect the debit and receipt totals as follows: Negative (credit) adjustments to Debit entries are accumulated separately. Positive (debit) adjustments to Debit entries are included in the Debit

Total. The Net is the 'true' debit amount raised. Positive (debit) adjustments to Receipt entries are accumulated separately. Negative (credit) adjustments to Receipt entries are included in the Receipt Total. The Net is the 'true' receipt amount received. Adjustments are accumulated for the MONTH to which they apply according to the transaction date. Using the report titled 'Adjustment Transactions' (obtained by choosing List Adjustment Transactions from the Reporting menu), you can review the types of adjustment transactions being carried out. Adjustments should be kept to a minimum, however.

3. Effect on the **Practitioner Balances**.

Choose **Practice Functions** from the MxSolutions menu. Another menu will appear along the menu bar, titled 'Practice Functions'.

Choose **Practice Balances** from the Practice Functions menu. Select the options to produce the report 'Current Year' for the 'Practitioner' and enter the required Practitioner Code.

You may choose to view this report on the screen, or print it on your printer. If you wish to view it on the screen, click 'Screen' otherwise make sure that your printer is turned on and click 'Printer'.

Upon reviewing the report you will notice that the debit total for the practitioner, for the MONTH to which the debit transactions apply, has been incremented by the total debit amount entered for that practitioner. Similarly, the receipt total for the practitioner for the MONTH to which the receipt transactions apply, has been incremented by the proportion of the receipt amount entered attributed to the practitioner by the debits raised by that practitioner.

If you had entered any adjustment transactions, these are accumulated as in the Practice Balances but by Practitioner. Reversal of Receipt entries are reflected in the MONTH totals of the Practitioner to which this adjustment applies.

If a deposit has been made, or a patient has made an overpayment and you choose not to adjust the account to correct it because the patient is soon to have more debits raised against the account as a result of continued treatment, two things will happen. When the receipt is entered into the system, MxSolutions will apportion the receipt amount for each debit owing against the receipt total for the practitioner who raised the debit. The system *will not* be able to apportion the overpayment amount at this point because MxSolutions does not know which practitioner to apportion it to. At this point, there will be a discrepancy between the MONTH Receipt total for the Practice and the total MONTH Receipt amounts for the Practitioners. However when a new debit is entered into the system for the patient, because the account is in

credit, MxSolutions will then apportion the receipt amount to the receipt total of the practitioner raising the new debit. This process will continue until the overpayment amount is fully apportioned to the practitioners accordingly.

You will also notice a discrepancy between the MONTH Receipt total for the Practice and the total MONTH Receipt amounts for the Practitioners, if a receipt entry is inadvertently entered into the system twice and the account is put into credit as a result. When MxSolutions tries to process the second entry, the Practitioner MONTH Receipt totals cannot be updated because all of the debits have been fully paid and the apportionment to the Practitioners based on the debits raised is thus not possible. The balance of the erroneous account can be corrected with a Receipt adjustment to *increase* the balance, which will also be reflected in the Practice and Practitioner Totals.

4. When you have entered receipt transactions, comprising both cheque and cash entries, print a Bank Deposit schedule and review it's contents. You will note that two schedules are printed, one copy for your records and the other copy for the bank. Those patients/debtors who paid by cash, credit card or money order are listed on a report 'Non-Cheque Payments' which immediately follows the bank deposit. This second report should be retained for your records.

To balance the banking, count the number of cheques that you have and check this total against the total printed on the bank deposit; count the cash that you have and write the amount in the space provided on the bank deposit - provided that no drawings have been made from the cash received, this should be the same as the total printed on the Non-Cheque Payment List. When you have noted the cash details on both Bank Deposit Schedules, totalled the amount being banked and signed each form, you are then ready to take the money and schedules to the bank for lodgement. Return with the processed copy of the Bank Deposit Schedule and File it together with the Non-Cheque Payment List.

5. In the accounting processes maintained by MxSolutions, account aging occurs automatically. There is no 'End of Month' processing. Accounts are 'aged' at intervals as defined in the Practice Details (e.g. 30 days), beginning when a patient receives a 'first' account and continuing each time an account or overdue account is printed. Patient ledgers are therefore 'aging' at different times.

To keep up the cash flow in your practice, you should preferably execute 'Overdue Accounts' each week. Only those accounts which are overdue and have 'aged' in the past week (or since the overdue run was last executed) will be printed. By executing this procedure weekly rather than say, monthly, you will reduce the number of overdue accounts printed in each run.

Overdue notices for time payment debtors, however, should be printed fortnightly. If a time payment debtor has fallen behind in the payment of instalments, then an Overdue Notice will be printed each fortnight after the first Overdue Notice is produced. The condition that triggers a Time Payment Overdue Notice to be printed is based on the Paid-up-to Date. If the period from the Paid-up-to Date plus the instalment interval has elapsed, then a Time Payment Overdue Notice will be printed in the next Overdue Account run for time payment debtors. Whenever Overdue Accounts are produced for time payment debtors and those ledgers for which no payment has been made since the last 'print run', further notices will be produced. Printing Overdue Notices for time payment debtors each fortnight gives more frequent reminders to delinquent debtors.

6..... **Notes on the Item File.**

Care in designing the Item File will enable you to have an easy-to-use debit entry interface. It is important to ensure that all debits used by your practice are included in the Item File. A number of configurations for entering Item Numbers have been designed to assist you and these are described below.

. The format of an Item record on the Item File is as follows:

Fields	Validation Criteria
Item Number/Fee Category	Non blank format=nnn/y
Item Description	Non blank (this may be altered for a debit during the debit entry)
Fee Amount	Numeric (this may be altered for a debit during the debit entry)
Rebate Amounts	None
Second Item No. in group	None
Third Item No. in group	None

Data for the Item Number/Fee Category field can be entered in any of the following forms:

Form A (most common form): where

nnn=.....3 to 5-digit item number
 / (slash separates item number from fee category)
 y =A or B or C or D or E (according to the fee category).

e.g. if 'A' denotes the fee category for 'Private Patients' then 104/A will be the Item Number which will have associated with it the fee for Private Patients receiving Item Number 104.

Form B (subgroup categories): where

nnn = 3 to 5 digit item number which may or may not be followed by an alpha character - distinguishing different fee amounts for a particular item/fee category;

e.g. minimum, moderate, maximum;
 / (slash separates item number from fee category)
 y = A or B or C or D or E indicating the fee category.

e.g. if 'A' denotes the fee category 'Private Patients' then 112A/A will be the Item Number which will have associated with it the minimum fee for Private Patients receiving Item Number 112; 112B/A will be the Item Number which will have associated with it the moderate fee for Private Patients receiving Item Number 112; and 112C/A will be the Item Number which will have associated with it the maximum fee for Private Patients receiving Item Number 112.

Form C (inpatient identification): where

nnn = 3 to 5 digit item number which may be followed by an asterisk which denotes inpatient fee amounts, distinguishing them from outpatient fee amounts for that item/fee category;

/..(slash separates item number from fee category)
 y = . A or B or C or D indicating the fee category.

e.g. if 'A' denotes the fee category 'Private Patients' then 104/A will be the Item Number which will have associated with it the outpatient fee for Private Patients receiving Item Number 104; 104*/A will be the Item Number which will have associated with it the inpatient fee for Private Patients receiving Item Number 104.

Form D: (Combination of Form B and Form C): where

nnn = 3 to 5 digit item number which may or may not be followed by an asterisk distinguishing inpatient fee amounts from outpatient fee amounts. This in turn, may be followed by an alpha character distinguishing subgroup categories of fee amounts for that item/fee category.

NOTE: Max. 7 Characters

/..(slash separates item number from fee category)
 y = . A or B or C or D indicating the fee category.

e.g. if 'A' denotes the fee category 'Private Patients' then 104*A/A may be setup as the Item Number which will have associated with it the minimum fee for Private Inpatients receiving Item Number 104; 104*B/A may be setup as the Item Number which will have associated with it the moderate fee for Private Inpatients receiving Item Number 104; and 104*C/A may be setup as the Item Number which will have associated with it the maximum fee for Private Inpatients receiving Item Number 104.

104A/A may be setup as the Item Number which will have associated with it the minimum fee for Private Outpatients receiving Item Number 104. 104B/A may be setup as the Item Number which will have associated with it the moderate fee for Private Outpatients receiving Item Number 104; and 104C/A may be setup as the Item Number which will have associated with it the maximum fee for Private Outpatients receiving Item Number 104.

Form E (Grouping Item Numbers):

Second and third item numbers in group - provide a facility whereby you can have a group of up to three item numbers against one description and fee on the account; 5 digit(max) item numbers are printed in the second and third positions.

Some Medical Practitioners may setup the Item File with Commonwealth Benefit Schedule Numbers as the key, and put in brackets the AMA Item Number in the Second Item Number field. This will show both on the Account, the AMA number in brackets.

In each of the above Forms, when entering the debits that correspond to the required item, enter only the part of the item number before the slash, including the asterisk or alpha character before the slash if applicable. This is to ensure the correct item record is selected.

So that you are able to check the actual configuration of the Item number used in a transaction, all characters prior to the slash are actually stored in the transaction, and only the relevant characters are printed, i.e. the alpha character denoting a subgroup category is not printed. Up to 6 characters only are printed. The alpha character, if present, is moved to character position 7.

INTERFACING TO OTHER PRODUCTS

MxSolutions has the ability to pass data to other products, thus providing the best functionality for the particular process.

Word Processing

You can pass information to your word processor in a format set for a letter to the Referring Practitioner from either a Patient Details, Multiple Item Debit, or Multiple Date Debit window.

With the details of the patient on a Patient Details window, bring the window of your letterhead from your word processor to the front, type the date of the letter and with the cursor at the end of the date (not the next line), and Paste (Control/Command+V).

Alternatively, having just completed an account for a patient, and then wish to type a letter to the Referring Practitioner, bring the window of your letterhead from your word processor to the front and Paste (Control/Command+V).

The format assumes that the letterhead template in your word processor contains the letterhead details as required, or has the top margin set to bypass the area taken by pre-printed stationery. The font that the letter is to be typed in is preset and the cursor saved at the position where the date is to be typed, the left margin being set at 3cm on an A4 page. This is to ensure that when the letter is finally folded into three, the address of the Referring Practitioner is accurately positioned in the window of a window faced envelope.

Appointments

Although MxSolutions now has its own Appointment Calender , the MxCalendar, information from Patient Details can be copied to a Third Party Appointment Scheduler, (e.g. Microsoft Outlook, Now-Up-To-Date, Lotus Organiser), in a format set for an appointment.

With the details of the patient on a Patient Details window, press the F9 key on the keyboard, bring the window of your appointment calendar from your Appointment Scheduler to the front, select/open the appointment time, and Paste (Control/Command+V).

The information passed to the appointment includes: the Patient Name and Number, Telephone Number, Fee Category, Fund, Referral Date and Referral Period. Expired Referrals can be identified at the time of making the appointment.

Note: This facility still remains in MxSolutions even though the MxCalendar now replaces this requirement.

Medical Director / Audit4

If MxSolutions is to be set to enable the transfer of details to Medical Director or Audit4 each time a Patient is added to the database or the details of an existing Patient are changed, the following steps need to be carried out.

1. Choose Practice Details under the Reference Files Menu.
Check the Box on the window indicating the Medical Director/Audit4 transfer requirements in the Practice Details Setup windows.
2. On this same window, indicate the Pathname of the Transfer File PATIENTS.IN. Also indicate whether the version required is Version 2 or Version 3. Version 3 includes Referral Details which is required by Audit4.
3. Choose Preferences under the Reference Files Menu.
On the machine on the network that is to be the 'Transfer Machine', check the box on the Preferences window to indicate this. Note: There should only be one computer on the network checked to be the Transfer Machine.
4. Medical Director for Windows (MDW) / Audit4 needs to be setup to receive the demographic data from MxSolutions

Options to be set are:

- Link to billing package
- Read link file from this workstation (from only the MDW transfer machine)
- Delete link file after reading (from only the MDW transfer machine)

Click 'Set Path' and indicate the subdirectory of the PATIENTS.IN file and click OK.

Similar settings need to be made for the transfer of the Demographic Data to Audit4.

5. If a Medical Director/Audit4 Database is to be built from a pre-existing MxSolutions Datafile, in MxSolutions select 'Initial Transfer to MD' then click Proceed.
(The settings as described in steps 1-4 above need to be in place).
6. Medical Director needs to be setup to select 'Import patient data - Demographic data'.

NOTE: MDW provide an identical interface from all Practice Management Accounting packages.

PATIENT DETAILS

This chapter provides the information needed to setup and maintain patient details which are required for each debtor.

MxSolutions	
Patient Details	Ctrl+0
Schedules	Ctrl+S
Reference Files	Ctrl+R
Ledger Reporting	
Practice Functions	
Cash Book	
Maintenance	
Medicare Online	▶
Files For Review	▶
Messaging	▶
Calendar Synchronisation	▶
Ozescribe	▶
MxEmail	▶
MxSMS	▶
Updates	▶

To create, review or maintain Debtor information select Patient Details from the MxSolutions menu. The following window is displayed.

Inserting a Patient Details entry

1. To insert or add a record select **Insert** from the commands menu (or press Control/Command+I). When the cursor appears in the box opposite 'Patient Number', type the **Patient Number** of your record and press **Tab**. (Mandatory, may be alphanumeric. Must be unique - place the code on the patient's case notes to provide a cross-reference).

.....
If automatic patient number assignment has been activated and set up, then the cursor will commence at Surname and the Patient Number will be displayed after the record has been stored (i.e. click or press **Enter/Return**).

2...Type the **Surname** of your new Patient, and press **Tab**.
.....(Mandatory, upper case automatic).

3.Type the **Given Name** of your new Patient and press **Tab**.
(Mandatory, preferably first letter upper case and remaining letters lower case, if you type in all lowercase then when you Tab out of the field MxSolutions will capitalise the field automatically).

4.Type the **Account To** name (i.e. the name of the person to whom the account is to be sent, including salutation) of your new Patient and press **Tab**. (Mandatory, used for postal details if account is to be posted - positioned on account for standard window envelope).

.....
If the account is to go to a Third Party Payee, press **Tab** with the field remaining blank, and either select the Third Party from the list, or add the Third Party Details if not in the list.

5.Type the **Address** of your new Patient, and press **Tab** after each field. The address comprises: line 1 - street/unit details; line 2 - further street details (may be left blank); line 3 - suburb details (defaults to upper case); state and post code. (Mandatory).

If the Payee is a Third Party the address will be the Third Party address, i.e. where the account is to be sent.

NOTE: If MxSolutions has been set to transfer data to Medical Director, ensure that the total address length of line 1 and line 2 does not exceed 40 characters, otherwise the address in MD or will be truncated to 40 characters.

6.Type the **Home Telephone** number of your new Patient and press **Tab**. (Not Mandatory - for information only).

7.Type the **Work Telephone** number of your new Patient and press **Tab**. (Not Mandatory - for information only).

8.Type the **Practitioner code (A,B,C,...)** of the practitioner that your new Patient normally sees and press **Tab**. (Default = A)

9. Type the **Fee Category (A,B,C,D,E,F,G or H)** of your new Patient and press **Tab**. (Mandatory, the fee category aligns with one as setup on the Item File). When a ledger is set to 'Yes, Bulk Bill', the Fee Category on Patient Details and Billing windows, is highlighted in Turquoise.

10.Type the **Referring Doctor Name** (as entered in the Referring Doctor table as described above) of your new Patient and press **Tab**. (Mandatory)

If the Doctor is in the table, enter: **Dr** space **one Initial** space **Surname** and press **Tab**. The details required will appear directly on the Patient Details window and the cursor will be placed at the Referral Date field.

If the Referring Doctor is not in the table, a window listing all Doctors will be displayed.

If the required Referring Doctor is present on the list, then select the entry by clicking on it, or double-clicking if it is the one highlighted. The Patient Details window will be returned and you will find that the Suburb of the Referring Doctor will now appear and the cursor will be displayed at the Referral Date field.

If the required Referring Doctor is not present on the list then click the 'Add Referring Dr' button and a window enabling the entry of the Referring Practitioner details will be displayed. Enter the Referring Doctor details following the format: **Dr** space **one Initial** space **Surname**, click OK and the Patient Details window will be returned with the cursor positioned at the Referral Date field.

13. Type the **Referral Date** of your new Patient and press **Tab**.

If the **Referral Period** is '12 months', press **Tab**. If an indefinite Referral is required, overtype with the word 'Indefinite'.

Specialist Referrals should default to 3 months if the Referring Practitioner is marked as a 'Specialist' on the Referral Details window, otherwise edit to '3 months'.

.....
12. Type the **Sex** of your new Patient and press **Tab**. (Not Mandatory but required for the Analyses of MxSolutions).

13. Type the **Date Of Birth** of your new Patient and press **Tab**.

NOTE: DOB must contain 4 digits for the year, e.g.1949.

14. Type the **Date** that the Patient was **First Seen** and press **Tab**. (Not Mandatory but required for the Analyses of MxSolutions).

15. Type the **Insurance Fund** that your new Patient belongs to and press **Tab**. (Not Mandatory but required for the Analyses in MxSolutions and Direct Billing requirements).

The Fund may be selected from the Fund/Hosp list, by pressing **Tab** when the field is blank to display the list. NOTE: Fund/Hospital codes are set up under the Reference Files menu.

If a **Hospital** is being Direct Billed, insert the Hospital Code here that indicates Direct Bill. This in turn will automatically set the ledger to 'Yes, Bulk Bill' so that overdue notices do not print, and also set the criteria to produce the Direct Bill statement. The fee category will be displayed in Turquoise and the Fund field will be displayed in Yellow.

If the Patient is a Dept Veterans Affairs patient, then ensure that the Fund field has **DVA** in it. This in turn will automatically set the ledger to 'Yes, Bulk Bill' so that overdue notices do not print. Fund = DVA is also required for the creation of the Bulk Bill Statement for DVA patients.

When a ledger is set to 'Yes, Bulk Bill', the Fee Category on Patient Details and Billing windows, is highlighted in Turquoise.

16. If there has been an agreement that the Account may be settled over a period of time, set **Time Payment** to 'Yes', otherwise leave default as 'No'. Ensure that the Instalment Amount and Payment Interval are entered into MxSolutions if Time Payment has been set to 'Yes'.

17. If the Account is to be disenabled, set **Hold** to 'Yes', otherwise leave default as 'No'. (When a ledger is on Hold then it is 'prevented from being printed' in Account Print processes and Overdue runs, and 'prevented from being deleted' in culling processes).

NOTE: It is recommended that ledgers are put on hold only in exceptional circumstances.

18. If **X-Rays** are being held in the Practice, check the button 'Yes' to indicate This is the case so that a report listing those Patients that need to collect their X-Rays can later be printed.

19. Type the **Number Of Months** that your new Patient is to be **Recalled** in and press **Tab**. (Not Mandatory - for Recall processing only).

.....

20. If you have any comments that you wish to retain against the Patient/Debtor details, then type the **Note** text (up to 3 lines) applicable and press **Tab**. Note Line 1 will also be displayed in red on the billing and receipt windows. (For example, if you wish to indicate that you intend to accept rebate only, enter a message to this effect into Message Line 1 and it will be displayed in red on the receipt entry window. This will remind you to write off the GAP during the receipting process). (Not Mandatory - for information only).

NOTE: When the Payee is a Third Party, you can record the Patient's Address in Lines 2 and 3 of the Notes Section on the Patient Details, and the Case Header labels and Request labels will print the address from this alternate location. i.e. if data are present in Lines 2 & 3 of the Notes, then the label will be printed from here.

The format to be used for inserting the alternative address in the Notes section of the Patient Details screen is as follows:

Line 2: Unit 123, This Street

Line 3: Town or Suburb or City, State Postcode. (No comma between State & Postcode).

21. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information. When you are finished, click or press **Enter/Return**.

A message asking if you wish to **bypass** updating the Patient List is displayed. MxSolutions has been set to **not** add the patient to the Patient List as a default, to ensure that speed is maximised during data entry of new patients. This has been an issue with large databases on the Macintosh platform, particularly with machines prior to the iMac and G3 series. Although the new details are not in the patient list for the remainder of day, the details are in the database for access using the Patient

Number. The next time the Patient List is built (the next day at start up), the details are in the list. If MxSolutions is being run on a PC then hit **N** and update the list. The PC platform executes this process very fast. If it is required to have the patient in the Patient List upon insert on a Macintosh computer, then click **No** with the mouse.

If you decide that you wish to **reject** the entry, then click and the record will remain in its previous state.

22. You can check whether your new record is now in the database. To do this, select **Find** from the commands menu (or press Control/Command+F), type the **Patient Number** required and press Enter/Return. Your will find your new record will be displayed in the window. To view other records that have been inserted, select **Next** from the commands menu (or press Control/Command+N) and the next record will be displayed. Provided the Patient Details list has been built, and the list has been updated when the record was inserted, you can view and select a patient record from the list by selecting **Find from List** from the commands menu (or press Control/Command+L). Type the Surname of the required patient to quickly locate the patients with that Surname. Click **once** (single click) on the required record to display it onto the window.

NOTE: If the required record is the one highlighted, i.e. coloured, then it is necessary to **double-click** on the record to display it onto the window.

23. If you are utilizing a *Paperless Office*, then click on the check box at the top of the Patient Details window and text indicating **Electronic File** will be displayed in Red. This provides a facility to indicate that a paper file does not exist.

Amending a Patient Details entry

- 1.If an entry is found to be incorrect or needs updating e.g. the address needs to be changed, locate the required record using any of the techniques described in step 21 above.
- 2.Select **Edit** from the commands menu (or press Control/Command+E).
- 3.You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.
.....
- 4.... When you are finished, click or press **Enter/Return**.
- 5.If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.
- 6.Repeat steps 1-4 for each Patient Details record to be amended.

Deleting a Patient Details entry

Warning: This function can only be carried out if you are in the MASTER level password.

You cannot delete the Patient record if the Account Balance is non-zero, the ledger is on hold, or there are any unprinted debit or receipt transactions, or if there are any receipt entries that have not been printed on a Bank Deposit.

- 1.Select **Delete** from the commands menu (or press Control/Command).
- 2.The system displays a series of message boxes which ask you:
 - a. Do you want a printout of Patient Details?
 - b. Have you made a backup of your Data file?
 - c. Is your printer turned on?

Provided you have answered **YES** to all of the above questions, then MxSolutions will attempt to delete the accounting transactions linked to this patient/debtor, after printing them first to provide an audit trail, and then delete the patient record from the database.

- 3.MxSolutions will *not* delete the patient record if the account balance is non-zero, or if there are any receipt entries that have not been printed on a Receipt or on a Bank

Deposit. Provided that all deletion criteria are met, then MxSolutions will delete the transactions and the patient record.

Locating a Patient Details entry

1.If the Patient Number is known, select **Find** from the commands menu (or press Control/Command+F), type the **Patient Number** required and press **Enter/Return**. Your record will be displayed in the window.

To view other records for this Patient, select **Next** from the commands menu (or press Control/Command+N) and the next record will be displayed.

2.If the Patient Number is not known, you can use this same technique to find the patient by surname. Select **Find** from the commands menu (or press Control/Command+F) and **Tab** to the Surname field, type the **Patient Surname** required and press Enter/Return. The first record in the database for this surname will be displayed in the window.

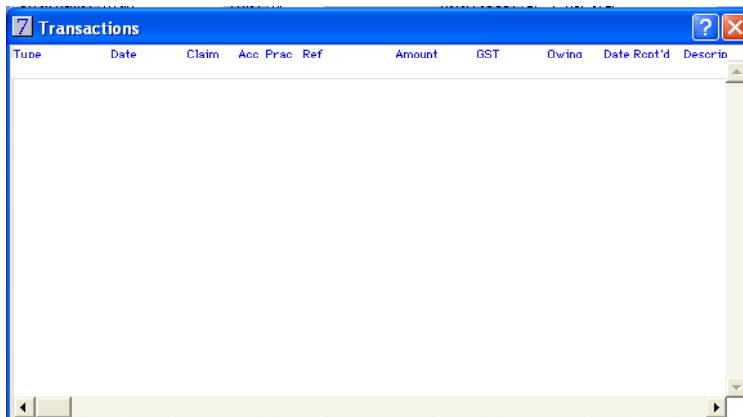
To view other records for the same Patient Surname, select **Next** from the commands menu (or press Control/Command+N) and the next record will be displayed.

3..... Provided the Patient Details list has been built, you can locate a patient record from the list by selecting **Find from List** from the commands menu (or press Control/Command+L). Type the Surname of the required patient to quickly locate the patients with that same Surname. Click **once** (single click) on the required record to display it onto the window. NOTE: If the required record is the one highlighted, i.e. coloured, then it is necessary to double-click on the record to display it onto the window.

The Patient List may be displayed in order of Suburb by clicking on the button to Sort by *Suburb*. (If the Patient list has been changed to be in order of Suburb, it will remain in this sequence until altered back to Surname order).

Transactions

Clicking the **Transactions** button (or pressing Control/Command+T) displays all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window. Scrolling to the right using horizontal scroll bar will bring the descriptions into view, and also the date the debit was printed.



Type	Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.
Date	Date of transaction.
Claim	Claim No that this entry was printed on (<i>Direct Bill Debit & Online Claiming</i>).
Acc	Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction.
Prac	Practitioner to which the transaction is assigned.
Ref	The item number of debit transactions.
Amount	The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.
Owing	Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.
Receipt	Date of last receipt allocated against this item.
Description	Transaction

description (viewed when screen is scrolled to the right).

Date Printed - Date that the debit transaction was printed (viewed when screen is scrolled to the right).

Assist Paid - An indicator showing that the Assistant has received payment from the Practice (viewed when screen is scrolled to the right).

Date Assist - Date that the Assistant was Paid by the Practice (viewed when screen is Paid scrolled to the right).

Reason For Adjustment - When a receipt adjustment is made, the reason is shown here. (viewed when screen is scrolled to the right).

Press the **Close Box** and the Patient Details window will return.

Press Control+F4 will close the window on a PC.

Workers Compensation/Motor Vehicle Accident

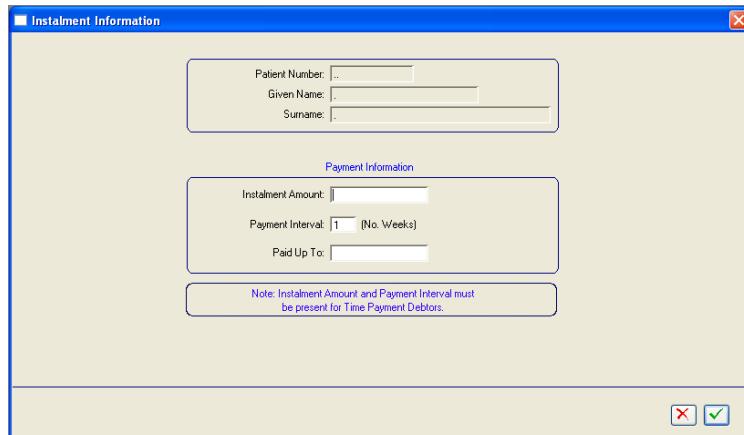
If you require Work-Care or Motor Vehicle Accident details to be present on the account then either click the **WC-MVA** button or Control/Command+W and the following window enabling the entry of these data will be displayed. Any field on this window containing data will be printed on the Account and Overdue Notice for this patient.

The dialog box is titled "Work Care Details". It has fields for "Patient Number", "Given Name", and "Surname". Below these is a section titled "Workers' Compensation - MVA Information" with fields for "Solicitor/Employer/Insurance Co.", "Date Of Injury", "Claim No.", and "Details". Under "Employer Details", there are fields for "Name of Employer", "Address", "Suburb", "Telephone", "Mobile", "Fax", and "Patient's Occupation". At the bottom right are "X" and "Check" buttons.

When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state. The Patient Details window will be returned showing the current Patient.

Instalment Details

Instalment Enables time payment instalment details to be entered. If you have set the Debtor to Time Payment, then you will need to enter the payment details that have been negotiated. Click the **Instalment** button and the window enabling the entry of these data will be displayed.



..... Instalment Amount - agreed on, to pay off the outstanding debt.

the payment amount

..... Payment Interval - the frequency that instalments are to be paid. (This is best aligned with the debtors pay packet to help with budgeting for more frequent small amounts, rather than large infrequent amounts).

..... Paid-up To Date - must be maintained accurately. (This is the basis of the calculation of the number of instalments behind or ahead that payments may be when reminder notices are printed).

When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state. The Patient Details window for the patient will be returned.

NOTE: Time Payment Reminder Notices will **not** be generated unless both the Payment Interval and the Instalment Amount are present.

Medicare/DVA

Enables bulk-billing details to be entered. If the patient is to be bulk-billed using computerised Medicare Assignment Forms then it is necessary to enter the patient's **Medicare Number and indicate Yes**, this patient is **being bulk-billed** and Overdue Notices are not printed.

Both of these conditions are required for the inclusion of records on the Medicare Direct Bill Statement.

The Medicare number is also required if you wish to print a Claim Form for a patient.

Click the **Medicare** button and the following window enabling the entry of these data is displayed.

Medicare Number

Reference Number (member number on the Medicare Card)

Medicare Expiry Date

Radio button to indicate whether or not the Patient is being Bulk Billed

Safety Net Number - if applicable

Entitlement Number - if applicable

DVA Number - if applicable (required for Dept. Veterans Affairs Patients)

Referral Start Date - set initially by MxSolutions but may be edited here

Veteran Entitlement Code - Type of Veteran Card (press Tab to select from list)

If the Veteran Card Type is a White Card, enter the Disability Information

Fund Membership Number

Fund UPI (Unique Patient Identifier) - if applicable

Pension Number if applicable

Pension Number Expiry Date

Pension Status

Hospital UMRN - if applicable

Check box to indicate if the Patient is being billed directly to a hospital.

Check box if the Patient is an Overseas Patient, the Medicare details are not applicable.

If the Patient is under the age of 13, Claimant details are required for transmission to Medicare if using Medicare Online.

Patient Alias details are to be completed if the Patient is known to either the Health Fund or DVA by another name.

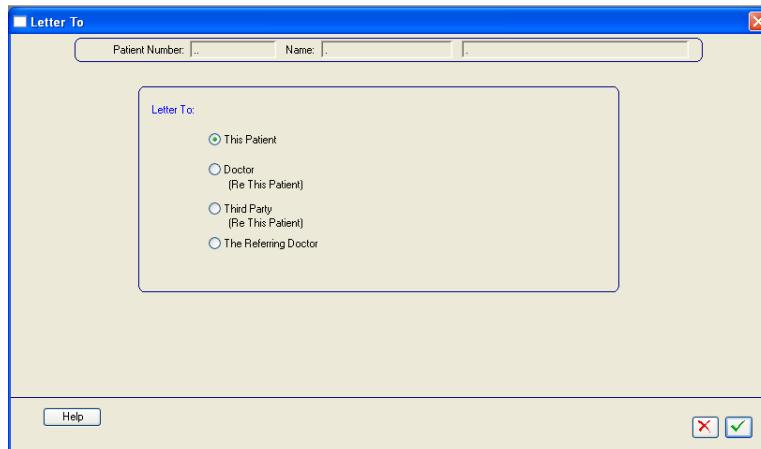
If the Patient is being billed directly to a Health Fund and the Patient is known by a different name by the Health Fund then Fund alias details are required for the transmission to if using Medicare Online.

If the EFT Payment details are being stored in MxSolutions and require to be modified, this information is displayed at the top of this window and may be amended for future online transmissions.

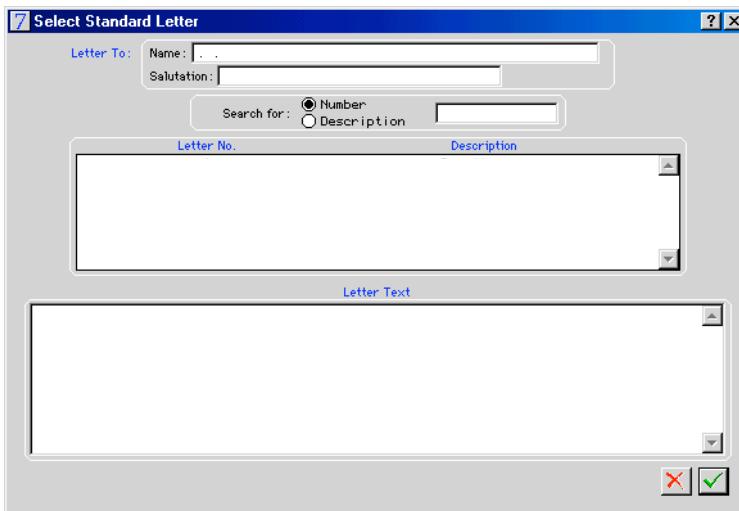
When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state. The Patient Details window will be returned showing the current Patient.

Letter

Enables a standard letter to be printed for the Patient, a Doctor re the patient, a Third Party re the patient or the Referring Doctor re the patient. Click the **Letter** button on the Patient Details window and the following window is displayed. After clicking the button of the required option, click or press **Enter/Return**.



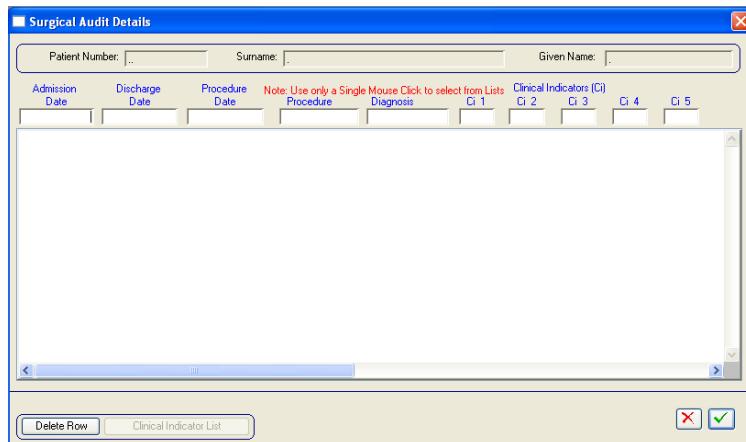
The next window is displayed enabling the required letter to be selected from the list. The salutation of person to whom the letter is being sent must be entered. After selecting the letter from the list, the contents may be edited prior to printing.



When you are finished, click or press **Enter/Return** and select the output destination, and the letter will be printed. These letters are not stored against the patient details.

Surgical Audit

Enables Surgical Audit transactions to be entered. These may be analysed in the Analysis section of MxSolutions. Click the **Surgical Audit** button and the window enabling the entry of these data will be displayed.



As many surgical audit transactions as required can be entered against a Patient. Several can be entered for one day, or they may be entered across days. They can be entered for one procedure or one each for several procedures.

1. Surgical Procedures must be present in the Surgical Procedures File. To initially set these up select Reference Files from the MxSolutions menu, select Surgical Procedure Details from the Reference Files menu and a window will be displayed enabling you to enter and maintain Surgical Procedure information. The Surgical Procedures can be built electronically from the Item File.

2. Diagnosis Entries must be present in the Diagnosis File. To initially set up the Diagnosis File select Reference Files from the MxSolutions menu, select Diagnosis Details from the Reference Files menu and a window will be displayed enabling you to enter and maintain Diagnosis or Research type information.

3. Clinical Indicators must be present in the Clinical Indicators file. To initially set these up, select Clinical Indicators from the Reference Files menu and a window will be displayed enabling you to enter and maintain Clinical Indicator information.

4.Type the **Admission Date**, **Discharge Date**, and **Procedure Date** which apply to this transaction pressing **Tab** between each field.

5.Either enter the required **Surgical Procedure Code** for the transaction or press **Tab** to display the list of Procedure Codes and select the required code from the list.

If the required record is not in the list and a new code is to be added, click the Add Surgical Procedure code button at the bottom of the window, enter the details of the new code, click or press **Enter/Return**. Press **Tab**.

6.Either enter the required **Diagnosis Code** for the transaction or press **Tab** to display the list of Diagnosis Codes and select the required code from the list.

If the required record is not in the list and a new code is to be added, click the Add Diagnosis code button at the bottom of the window, enter the details of the new code, click or press **Enter/Return**. Press **Tab**.

7.If there are any **Clinical Indicator** codes that need to be entered, either enter the code or click the Clinical Indicator button to display the list of Clinical Indicators and select the required code from the list.

If the required record is not in the list and a new code is to be added, click the Add Clinical Indicator code button at the bottom of the window, enter the details of the new code, click or press **Enter/Return**. Press **Tab**.

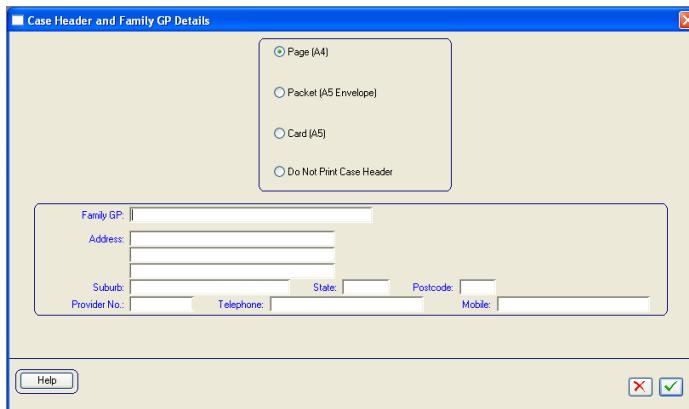
Up to 5 Clinical Indicators may be entered for one transaction.

8.Repeat steps 3-7 for each Surgical Audit transaction to be entered.

9. Entries may be deleted by clicking on the entry and then clicking the Delete Row button.

Case Header

Enables the Patient Case Header details to be printed on either a single A4 sheet, an A5 Envelope or an A5 Card. Click the **Case Header** button and a window is displayed allowing one of the different Case Header formats to be printed.



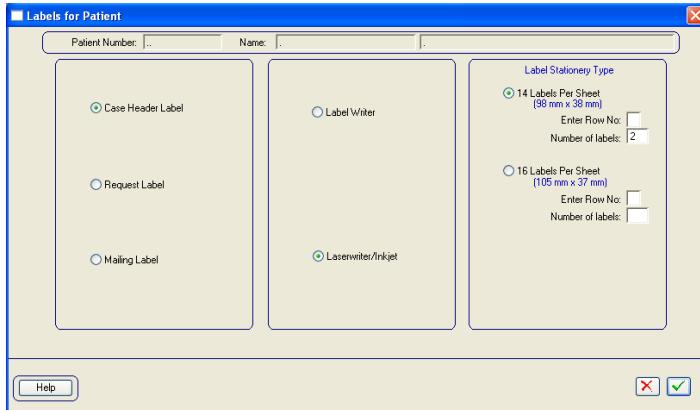
Family GP details may be stored here. The details may be selected from the Referring Doctor List by tabbing out of the Family GP field with a blank.

Click the required option, and click or press **Enter/Return**, and the Case Header will be printed unless the option to NOT print a Case Header is chosen, in which case the window will close and the Patient Details screen will be returned.

NOTE: If the option not print a case header is chosen, then you will note that the GP details rather than the Referring Doctor details are copied to the clipboard for transfer to a Word Processing letter.

Labels

Enables labels to be printed for a patient. Click the **Labels** button and the following window is displayed so that the required labels may be selected.



Three types of labels may be printed: Case Header, Request, or Mailing.

Case Header labels contain Patient Details information together with the Referring Doctor and Date of Referral.

Request Labels contain similar information, except that the Referring Doctor is the Practitioner providing the service, and the Practice Address is included. These labels are designed to be used on test request forms.

Mailing Labels contain the Patient's Name and Address.

Depending on the printer selected, label quantities are as follows:

LabelWriter.....-
in the LabelWriter software - the labelwriter
set to print the label from the clipboard.

LaserWriter.....-
16, or 24-up A4 labels depending on the type /Injet.....
Mailing Labels only can be used for 24 labels pp.

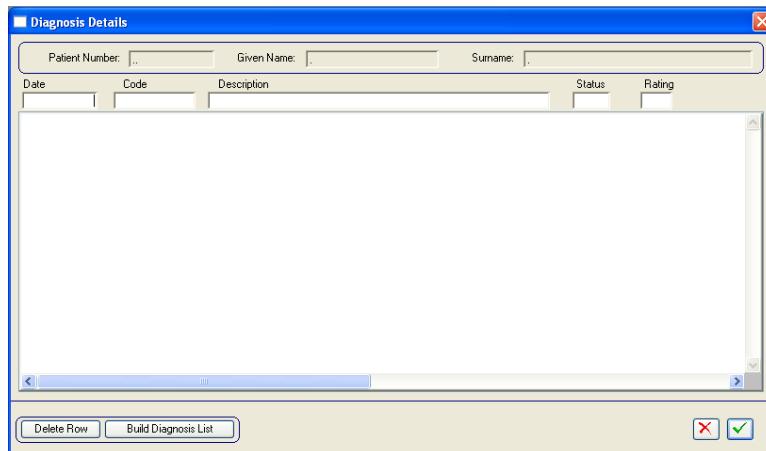
multiples as defined
software should be

row multiples of 14,
of label selected

The **Help** button on the Labels window gives a guide as to the label stationary options.

Diagnosis

Enables diagnosis transactions to be entered. These may be analysed in the Analysis section of MxSolutions. Click the **Diagnosis** button and the window enabling the entry of these data will be displayed.



As many diagnosis transactions as required can be entered against a Patient. Several can be entered for one day, or they may be entered across days. Note that in addition to diagnoses, you may enter other details which you require to track for research/monitoring purposes, e.g. a new drug, a procedure, a form of treatment.

1. Diagnosis Entries must be present in the Diagnosis File. To set up the Diagnosis File Select Reference Files from the MxSolutions menu, select Diagnosis Details from the Reference Files menu and a window will be displayed enabling you to enter and maintain Diagnosis or Research type information.
2. Build the Diagnosis List by clicking the **Build Diagnosis List** button.
3. Type the **Date** which applies to this transaction. Press **Tab**.
4. Either enter the required **Diagnosis Code**, or press **Tab** to display the list of Diagnosis Codes and select the required code from the list. Press **Tab**.
5. The **Description** of the Diagnosis will be displayed. Press **Tab**.
6. Enter the Status, if applicable. (May be left blank)
e.g. PRE=Pre-Op., PO=Post-Op., S=Slide, V=Video, etc. Press **Tab**.

7. Enter the Rating, if applicable. (May be left blank)
.....e.g. 0=low rating, 9=high rating, etc.
.....Press **Tab** to load entry into the list.
8. Repeat steps 3-7 for each diagnosis transaction to be entered.
9. Entries may be deleted by clicking on the entry and then clicking the **Delete Row** button.

Multiple Item Debit

Having just entered a Patient's record into MxSolutions then you may produce an account comprising debits for one day simply by clicking the **Mult Item Debit** button and the debit window for that patient will be displayed. The cursor will be positioned at the date field ready for data to be entered.

Multiple Date Item

Having just entered a Patient's record into MxSolutions then you may produce an account comprising debits for more than one day simply by clicking the **Mult Date Item** button and the debit window for that patient will be displayed. The cursor will be positioned at the date field ready for data to be entered for the first item.

Multiple Procedure Debit

Having just entered a Patient's record into MxSolutions then you may produce an account comprising multiple procedure debits simply by clicking the **Mult Proc Debit** button and the multiple procedure debit window for that patient will be displayed. The cursor will be positioned at the date field ready for data to be entered for the first multiple procedure item. The **Multiple Procedure Debit** enables the automatic percentage scaling of items for an account comprising Multiple Procedures. Free text lines and Debit entries for other days may be entered after the recalculate has been performed.

Second Ledger

1. Having located a patient record that you wish to use as a basis for a new ledger, click the **Second Ledger** button. You will note that the cursor is now placed at the Patient Number with '/A' appended to the existing Patient Number. You are now in an **Edit Mode**.

2. It is recommended that you change or append a suffix to the Patient Number, e.g. '.S' for a Solicitors Ledger or '.I' for an Insurance Ledger '.R' for a Recall Ledger, etc., so that it is easy to identify which is which.

3. Tab down to **Account To** and amend the debtor to the third party required.

4. Tab to change the **Address** to the third party debtor.

5. Place the cursor at **Fee Category** and amend accordingly.

6. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information. When you are finished, press Enter/Return. If you decide that you wish to **reject** the entry, then click  and the record will remain in its previous state.

7. You will now find that a new ledger has been created for the third party with minimal data entry as most of the details were copied from the existing ledger.

As many 'Second Ledgers' as required may be created from an existing ledger. It is recommended that the Patient Number convention for third party ledgers, as described in the section on *Patient Number Assignment*, be followed so that it is easy to identify the required ledger and not bill or receipt the wrong ledger.

Second Ledgers are required whenever billing is required to a Third Party including Direct Billing to a Hospital, Medicare, or DVA.

Combined Account/Receipt

Having just entered a Patient's record into MxSolutions, you may produce a combined account/receipt simply by clicking the **Combined Acct/Recpt** button and the combined account/receipt window for this patient will be displayed. The cursor will be positioned at the date field ready for data to be entered for the first debit entry. The **Combined Account/Receipt** enables the entry of item/s to be billed as well as the receipt of payment, on the one window, and both the debit and credit entries are printed on the one piece of paper. This window should not be used if there is a previous balance owing as there is no facility for allocating the payment to the correct debit. The window provides rapid data entry when there is no previous balance.

Receipt Single Account

If you are entering receipts and have a need to alter some details on the Patient Details window **prior** to processing the receipt, then it is possible to edit the details and then go directly to the Receipt Single Account window for this patient to complete the receipt.

Estimate

If you wish to print an Estimate directly from the Patient Details window, click the **Estimate** button on the window and the Estimate window will open for that patient.

Notes

If you wish to store some notes regarding the Patient Ledger, e.g. phone call history regarding overdue debts, click the **Notes** button which displays a screen into which you may enter any relevant information. This information may be printed at any time. When information is stored in the Notes Screen, you will note that the button on Patient Details is displayed in Pink.

Linked Files

If you wish to attach documents against the Patient Details for the patient, click the **Linked Files** button which displays a screen into which you may link any number of files against the Patient. Click on the **Link File to Patient** button and navigate to where the document that you wish to link is currently stored, double click on it and you will note that the path to where the document is stored is now displayed on the screen. You can double click in the document and it will open. You may make changes and save them. Just click **Save** to resave. *Please*

refer to the section regarding **Using Linked Files in MxSolutions**. When information is stored in the Linked Files, you will note that the button on Patient Details is displayed in Green.

Summary

If you wish to store the patient clinical notes electronically, this may be entered in note form here using the **Summary** button. The stored summaries may be displayed by clicking on the **Display Summary** button on the Summary window and printed from the screen if required. When information is stored in the Summary Screen, you will note that the button on Patient Details is displayed in Blue.

Templates

The **Templates** facility provides for more user friendly and flexible letter writing solutions. Templates prepared by you in Microsoft Word (MS Word) and saving these in an RTF format (Rich Text Format). When required, a template may then be merged with data from MxSolutions to produce the required letter as a MS Word document. All the word-processing options, e.g., style, formatting, spelling and grammar checking are then available for use. *Please refer to the section regarding **User Defined Templates**.*

When a letter is created using this Templates facility, it is automatically stored against the Patient record in the Linked Files. When information is stored in the Linked Files, you will note that the button on Patient Details is displayed in Green.

Clinical

The **Clinical** facility provides for the collection of Clinical Data in MxSolutions. *Please refer to the section regarding **Clinical Recording in MxSolutions**.* This module allows for the data entry of general clinical information as well as focusing on clinical data for various specialties.

Clinical Data Base

Patient Number: [..]	Name: [..]	Clinical Practitioner: A · Di N McMahon
General Details		
Occupation: [..]	Next of Kin: [..]	Phone: [..]
Currently Working: [..]	Relationship: [..]	Mobile: [..]
General History		
Allergies:	Current Medications:	Social History:
[..]	[..]	[..]
[..]	[..]	[..]
[..]	[..]	[..]
Miscellaneous Notes:		
[..]		
Family History:		
[..]		
<input type="checkbox"/> Smoke		
<input type="checkbox"/> Alcohol		
General LapBand Orthopaedic Cardiac Respiratory Eye		
Medical History		
Patient Details Preferences Edit		

Prescription

The **Prescription** facility provides for producing prescriptions in MxSolutions. *Please refer to the section regarding Prescription Writing in MxSolutions.*

Envelope

Enables a single envelope to be printed with the address of the Patient/debtor. Place an envelope in the printer and click the **Envelope** button. A window showing printer/feed options is then displayed. Make the appropriate selection, and the envelope will be printed. Note: if envelopes are to be printed in Landscape, this setting is made in the Preferences window under the Reference Files menu. The margin settings may be set here also.

Transfer from Archive

If inactive patients have been transferred to the Archive List (refer to Archive Inactive Patients under the Maintenance Menu), and a patient who has not attended the practice for some time makes an appointment, it is possible to transfer the patient details from the archive list back into the current list.

This is done simply by displaying the Archive List by selecting Transfer from Archive under the commands menu, or pressing Control/Command+A.

When the Archive List is displayed, type the Surname of the required patient to quickly locate the patients with that same Surname. Click **once** (single click) on the required record to transfer it from the Archive List back to the Patient Details List and display it onto the window. NOTE: If the required record is the one highlighted, i.e. coloured, then it is necessary to double-click on the record to display it onto the window.

A message will be displayed asking you to verify that this is the record that you require to transfer back into the Patient Details List. Provided **Yes** is confirmed, then the details will be transferred and deleted from the Archive List. NOTE: This may take a few minutes.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to

build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list, and the speed of the processor of the computer. It can take longer to load the lookup lists, especially on slower machines, if MxSolutions is operating over a network.

NOTE: If a new patient has been entered into the system from *another* computer on the same day, then to be able to view this new patient from the Patient List it is necessary to 'Build Patient List' on this computer to be able to see it in the Patient List. The Patient List is in RAM of the **local** computer and may need updating from time to time. The records in the Patient List are read from the Data File and loaded into RAM of the local machine.

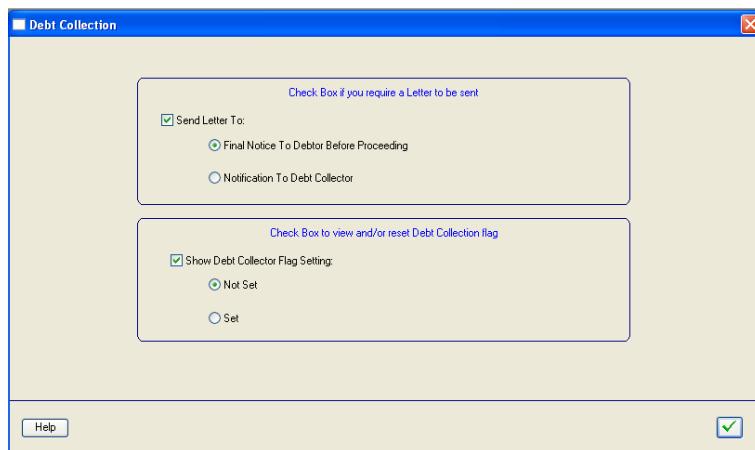
Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use on that computer. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, or in Day Lists or Theatre Lists, cannot be carried out.

Debt Collection

Selecting **Debt Collection** from the Commands menu displays a window from which you can elect:

1. To print the patient a **Notification Before Proceeding**, or print a **Notification to Debt Collector** which gives details of the debtor and lists the outstanding items.
2. To check the **Debt Collection Flag** setting and provide a facility to alter/override the setting.



Click the required options and click or press **Enter/Return**.

When a Patient Details record has been flagged as having been sent to the debt collector, then the Balance Owing on any window is displayed in 'Red'.

Access to Scanned Documents in MxSolutions

One icon is provided in the Toolbar, which is only displayed when the Patient Details window is open.



Scanned opens the MxScanned Documents window and displays a list of all the scanned documents for the Practice that are yet to be filed against a Patient record.

Using Scanned Documents in MxSolutions

At the time of installation of the new version of MxSolutions, a folder named MxScannedFiles was created in your computer in the location where the MxLinkedFiles resides. All documents scanned in the practice should be now stored in this folder. Please note that the Scanner will need to be directed to save the scanned documents into this MxScannedFiles folder.

A current list of all scanned documents that are yet to be filed against a patient record is obtained by opening the Patient Details window. Ensure that you have the details of the Patient against which you wish to store the scanned file, and click on the **Scanned** icon in the Toolbar. The list of Scanned Documents is displayed slightly to the right, and in front of, the Patient Details window. A right mouse click on a row in the Scanned Documents indicating the file that you wish to save against the Patient record list opens a pop-up menu that displays the following options:

File selecting this option will result in the selected document being added to the Linked Files List for that Patient and the file being removed from the Scanned Documents list. The scanned file is now located in the Linked Files for the selected patient.

Rename selecting this option provides the user with the opportunity to rename the scanned document with a more meaningful name than that provided by the scanning software.

Open Selection selecting this option allows the user to examine the scanned document before it is renamed or filed.

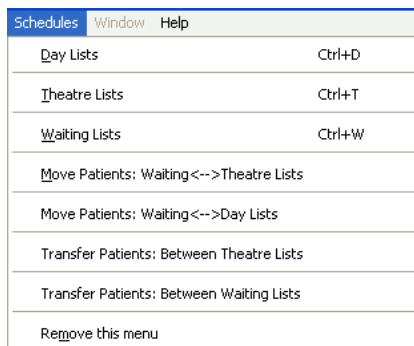
SCHEDULES

MxSolutions provides a facility to construct and print Day Lists, Theatre Lists and Waiting Lists. MxSolutions also provides a facility to move Patients from a Waiting List to a Theatre List or Day List using a simple drag and drop facility.

To enable you to construct either a Day List, Theatre List, Waiting List, or move patients from either a Waiting List to Theatre List or Day List choose **Schedules** from the MxSolutions menu (or press Control/Command+S).



Another menu will be added to the menu bar titled **Schedules**.



You can select either or Day Lists (or press Control/Command+D), Theatre Lists (or press Control/Command+T), or Waiting Lists (or press Control/Command+W), depending on the type of list required.

Provided you have data in both the required Theatre List or Day List and Waiting List, you can move patients between these lists simply using a drag and drop facility. Select the required Move Patients facility to achieve this.

Day List

MxSolutions provides a facility to construct and print Day Lists for each Practitioner in the practice. Day Lists are stored until such time as they are deleted. They may be deleted individually, or multiple Day Lists may be deleted for a given period.

There is no limit to the number of Day Lists that may be stored.

NOTE: This function is not needed if the MxCalendar is being used. The various Day List reports are able to be produced directly from the MxCalendar.

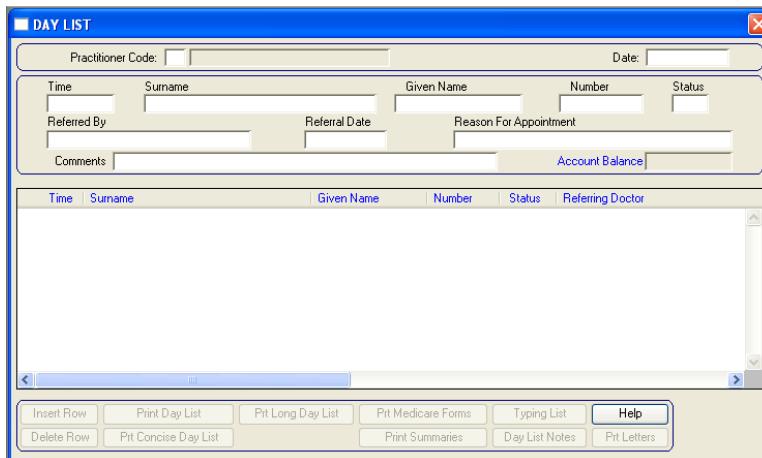
Please refer to the section on the MxCalendar.

Once a Day List is inserted, it may be edited to add further patients to it, delete patients from it, or change the information on any existing patients on the Day List.

Inserting a Day List

1. To enable you to construct a Day List for a Practitioner, choose **Day List** from the Schedules menu (or press Control/Command+D).

2. The following window enabling you to create or maintain a Day List is displayed. To insert a new Day List, choose **Insert** from the Day List Commands menu (or press Control/Command+I),



3. Type the **Practitioner Code** for whom the Day List is required. Press **Tab**.

4. Enter the **Date** of the Day List. Press **Tab**.
5. Enter the **Time** (24 hour clock is to be used. i.e. 1pm = 13.00 else type 1.00pm). Press **Tab**.
6. Enter the **Patient Name** as follows:

If the patient is in the Patient Details File i.e. already in the computer, then press **Tab** to bring up the Patient List. Select the required Patient from the list and the details required for the Day List will be stored in the list, some of which are displayed on the window. The cursor will then be located at Status.

If the patient is a new patient, i.e. there are no details for the patient in the system, then type the Surname, press Tab, the Given Name, press Tab, and complete all the remaining information, tabbing between each field.
7. Enter the **Status**, e.g. NP = New Patient, REV = Review, P/O = Post Op. etc. Press **Tab**.
8. Enter the **Referring Doctor Name** or Tab and select from the Referring Doctor list. Press **Tab**.
9. Enter the **Referral Date** if known. Press **Tab**. The referral Date will be displayed in Red if the referral will have expired on the Day List Date.
10. Enter the **Reason for Appointment** if applicable. Press **Tab**.
11. Enter any **Comments** if applicable. Press **Tab** to load the entry into the list.
12. Repeat steps 5-11 for each patient to be included in the Day List.
13. At any time you may click or press **Enter/Return** to store the records entered so far. Note: Do NOT leave the window without clicking or pressing **Enter/Return** or you will not store the records entered so far.

Locating an Existing Day List

To locate an existing Day List, choose **Schedules** from the MxSolutions menu (or press Control/Command+S), choose **Day List** from the Schedules Menu (or press Control/Command+D). Choose **Find from List** from the Day List Commands Menu (or press Control/Command+L), and select the required Day List. The entries for the existing list will be displayed.

Editing a Day List

Having located the required Day List, if you require to edit the List, choose **Edit** from the Day List Commands Menu (or press Control/Command+E), and the cursor is positioned at first field on the Day List.

To insert a new Patient into the Day List, tab through to **Time** ready for a new record to be entered.

.....
A record may be deleted from the list by clicking on it, and then clicking the **Delete Row** button.

You may amend any entries of an existing patient in the list by clicking on the required record, making the necessary changes, and loading the amended record back into the list by tabbing to the end of the record.

When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the Day List will remain in its previous state.

Printing a Day List

If you require to Print a Day List, click the required button to **Print Day List**, (or press Control/Command+P), and Print it. There are three options to choose from: standard format, a long format where a line is drawn between each appointment time, and a concise format where minimal detail is printed.

Print Medicare Claim Forms

If you require to Print Medicare Claim Forms for each patient on the Day List, click the button **Medicare Claim Forms** and a Claim Form will be printed for each patient in the Day List which has the Patient Number present.

Print a Typing List

If you require to Print a Typing List for each patient on the Day List, click the button **Typing List** and a report will be printed showing the Referring Doctor and Patient details for each patient in the Day List. This is useful when the dictation is being typed off site and can accompany the dictation tape.

Print Summaries

If you require to Print a Summary (if present) for each patient on the Day List, click the button **Print Summaries** button and the summaries will be printed for each patient in the Day List for which summaries exist.

Day List Notes

If you require to Print at the end of the Day List, a **Note** to be conveyed to the doctor, click the **Day List Notes** button. A screen will be displayed enabling some text to be added at the bottom of the Day List when it is printed. This text is stored with the day list. When notes exist against a Day List, the Day List Notes button is displayed in Pink.

Print Letters

If you require to print a letter for each patient on the Day List, click the button **Prnt Letters**. A message is then displayed asking if the Appointment Date and Time are to be included in the letter. A screen is then displayed allowing the required letter to be selected. The letter is then displayed on the screen so that it may be edited. When you are finished, click or press **Enter/Return** and an option to select the report destination is displayed. The letters may be printed to the screen and only those required may be printed from the screen, or all the letters may be printed to the printer. A letter will be printed for each patient in the Day List which has the Patient Number present, and the Day List window will be returned. If you decide that you wish to **reject** the entire entry, then click and the Day List window will be returned.

Deleting a Day List

NOTE: Deleting a Day List can be carried out when only **one workstation** is in use.

Having located the required Day List, if you require to delete the List, choose **Delete** from the Day List Commands Menu (or press Control/Command+D), and MxSolutions will ask you to verify that you do wish to delete the Day List.

Provided you confirm that you do require the list to be deleted, MxSolutions will proceed to delete it from the database.

.....

Deleting Multiple Day Lists

NOTE: Deleting Day Lists can be carried out when only **one workstation** is in use.

Choose **Delete Multiple Lists** from the Day List Commands and MxSolutions will ask you to enter the dates between which you wish to delete the Day Lists.

Provided you confirm that you do require the lists between the given dates to be deleted, MxSolutions will proceed to delete them from the database.

Theatre List

MxSolutions provides a facility to construct and print Theatre Lists for each Practitioner in the practice. Theatre Lists are stored until such time as they are deleted. They may be deleted individually, or multiple Theatre Lists may be deleted for a given period.

There is no limit to the number of Theatre Lists that may be stored.

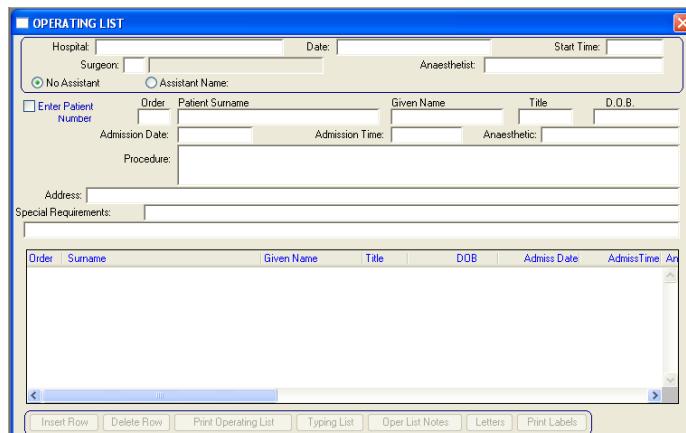
Once a Theatre List is inserted, it may be **edited** to add further patients to it, delete patients from it, or change the information for any existing patients on the Theatre List.

The information contained in a Theatre List is comprehensive so that it may be used by both Theatre Staff, and the Anaesthetist.

Theatre Lists may be prepared for any date at any time, and as a list is finalised, it may be printed and faxed to both Theatre, and the Anaesthetist. If a modem is connected to the computer, Theatre Lists may be faxed directly from the screen.

Inserting a Theatre List

1. To enable you to construct a Theatre List for a Practitioner, choose **Theatre List** from the Schedules menu (or press Control/Command+T).
2. The following window enabling you to create or maintain a Theatre List will be displayed. To insert a new Theatre List, choose **Insert** from the Theatre List Commands Menu (or press Control/Command+I).



3. Type the **Hospital** for which the Theatre List is required. Press **Tab**.

4. Enter the **Date** of the Theatre List. Press **Tab**.
5. Enter the **Start Time** of the Theatre List ..(24 hour clock is to be used. i.e. 1pm = 13.00). Press **Tab**.
6. .. Enter the **Surgeon** code (Practitioner Code). Press **Tab**
7. Enter the name of the **Anaesthetist**. Press **Tab**
8. If an **Assistant** is also attending, click the radio button to indicate this and enter the *Name of the Assistant*.
9. Enter the **Order Number** of the Patient. Press **Tab**
10. Enter the **Patient Name** as follows:

If the patient is in the Patient Details File i.e. already in the computer, then press **Tab** to bring up the Patient List. Select the required Patient from the list and the details will be stored in the Theatre List, some of which are displayed on the window. The cursor will then be located at Admission Date.

If the patient is in the Patient Details File i.e. already in the computer, but the Patient Details List is **not** built or up date, click the check box to indicate that the Patient Details are being selected by entering the Patient Number, not selecting the Patient from the Patient List. The details will be stored in the Theatre List, some of which are displayed on the window. The cursor will then be located at Admission Date.

If the patient is a new patient, i.e. there are no details for the patient in the system, then type the Surname, press Tab, the Given Name, press Tab, and complete all the remaining information, tabbing between each field.
11. Enter the **Admission Date**. Press **Tab**.
12. Enter the **Admission Time**. Press **Tab**.
13. Enter the **Anaesthetic Type** (e.g. GA, LA). Press **Tab**.
14. Enter the **Procedure** to be carried out (3 lines of text is available). Press **Tab**.
15. Edit the **Address Details** if applicable. Press **Tab**.

16. Enter any **Special Requirements** if applicable. Press **Tab** to load the record into the List.

17. Repeat steps 8-16 for each patient to be included in the Theatre List.

18. At any time you may click or press **Enter/Return** to store the records entered so far.

Find from List (Total Practice)	Ctrl+L
Find from List (Practitioner)	Ctrl+Shift+L
Insert New List	Ctrl+I
Edit	Ctrl+E
Delete	Ctrl+D
Delete Multiple Lists	
Print Operating List	Ctrl+P
Print Typing List	Ctrl+Y
Print Letters	Ctrl+T
Find Patient in Lists	
Practitioner Operations	
Build patient list	
Clear patient list	
Export details to file	

Locating an Existing Theatre List

To locate an existing Theatre List, choose **Schedules** from the MxSolutions menu (or press Control/Command+S), choose **Theatre List** from the Schedules Menu (or press Control/Command+T). Choose **Find from List (Total Practice)** from the Theatre List Commands Menu (or press Control/Command+L), or choose **Find from List (Practitioner)** from the Theatre List Commands Menu (or press Control/Shift/Command+L) and select the required Theatre List for a given Practitioner having entered the Practitioner Code. The entries for the existing list will be displayed.

Editing a Theatre List

Having located the required Theatre List, if you require to edit the List, choose **Edit** from the Theatre List Commands Menu (or press Control/Command+E), and the cursor is positioned at first field on the Theatre List.

To insert a new Patient into the Theatre List, tab through to **Order No** ready for a new record to be entered, and complete the details from steps 8-16 above.

A record may be deleted from the list by clicking on it, and then clicking the **Delete Row** button.

You may amend any entries of an existing patient in the list by clicking on the required record, making the necessary changes, and loading the amended record back into the list by tabbing to the end of the record.

When you are finished, click (or Press **Enter/Return**). If you decide that you wish to *reject* the changes, then click and the Theatre List will remain in its previous state.

Printing a Theatre List

If you require to Print a Theatre List, click the button **Print Operating List**, (or press Control/Command+P), and either Print or Fax it accordingly.

Print a Typing List

If you require to Print a Typing List for each patient on the Theatre List, click the button **Typing List** and a report will be printed showing the Referring Doctor and Patient details for each patient in the Theatre List. This is useful when the dictation is being typed off site and can accompany the dictation tape.

Operating List Notes

If you require to Print at the end of the Operating List, a **Note** to be conveyed to the doctor, click the **Operating List Notes** button. A screen will be displayed enabling some text to be added at the bottom of the Operating List when it is printed. This text is stored with the theatre list. When notes exist against an Operating List, the Operating List Notes button is displayed in Pink.

Print Letters

If you require to print a letter for each patient on the Operating List, click the button **Print Letters**. A message is then displayed asking if the Patient's Procedure Date is to be included in the letter. A screen is then displayed allowing the required letter to be selected. The letter is then displayed on the screen so that it may be edited. When you are finished, click or press **Enter/Return** and an option to select the report destination is displayed. The letters may be printed to the screen and only those required may be printed from the screen, or all the letters may be printed to the printer. A letter will be printed for each patient in the Theatre List which has the Patient Number present, and the Theatre List window will be returned. If you decide that you wish to **reject** the entire entry, then click and the Theatre List window will be returned.

Find Patient in Lists

If you require to search for a Patient across Theatre Lists retained in the system, choose **Find Patient in Lists** from under the Theatre List Commands Menu, press Tab in the window displayed and select the required patient from the Patient List. MxSolutions will then search the existing Theatre Lists and display the following details:
Order, Name, DOB, Patient Number, Operation Date, Surgeon, and Hospital.

Practitioner Operations

If you require to determine operations scheduled for a particular Surgeon across Theatre Lists for a given period, choose **Practitioner Operations** from under the Theatre List Commands Menu, press Tab in the window displayed and select the required practitioner code, and enter the required period. MxSolutions will then search across the existing Theatre Lists and display the following details:

Date, Hospital, Start Time, Anaesthetist Name, and lists each Patient for that day together with details of their Procedure.

This report is useful in determining if additional procedures can be added to a particular Theatre List.

Export Details to File

If you require to export the details of a particular Theatre List to a file, with the given Theatre List displayed on the screen, select Export Details to File from under the Theatre List Commands menu. MxSolutions will then display a dialog box requesting the name the required file and where it is to be written. The format will be Tab delimited. The details of each record include the following:

Patient Number, First Name, Surname DOB, operation date. This may be subsequently opened in Excel.

Deleting a Theatre List

NOTE: Deleting a Theatre List can be carried out when only **one workstation** is in use.

Having located the required Theatre List, if you require to delete the List, choose **Delete** from the Theatre List Commands Menu (or press Control/Command+D), and MxSolutions will ask you to verify that you do wish to delete the Theatre List.

Provided you confirm that you do require the list to be deleted, MxSolutions will proceed to delete it from the database.

.....**Deleting Multiple Theatre Lists**

NOTE: Deleting Theatre Lists can be carried out when only **one workstation** is in use.

Choose **Delete Multiple Lists** from the Theatre List Commands and MxSolutions will ask you to enter the dates between which you wish to delete the Theatre Lists.

Provided you confirm that you do require the lists between the given dates to be deleted, MxSolutions will proceed to delete them from the database.

Waiting List

MxSolutions provides a facility to construct and print Waiting Lists for each Practitioner in the practice. Waiting Lists are stored until such time as they are deleted. They may be deleted individually, or multiple Waiting Lists may be deleted for a given period.

There is no limit to the number of Waiting Lists that may be stored. Most commonly, however one Waiting List is retained for each Practitioner.

Once a Waiting List is inserted, it may be **edited** to add further patients to it, delete patients from it, or change the information for any existing patients on the Waiting List.

Patients may be moved from a Waiting List to a Theatre List or Day List using a simple drag and drop facility.

The information contained in a Waiting List is comprehensive so that the information can be simply moved to a Theatre List and limited further information is necessary to complete the Theatre List. The move function eliminates the need for double data entry.

Inserting a Waiting List

1. To enable you to construct a Waiting List for a Practitioner, choose **Waiting List** from the Schedules menu (or press Control/Command+W).
2. The following window enabling you to create or maintain a Waiting List will be displayed. To insert a new Waiting List, choose **Insert** from the Waiting List Commands Menu (or press Control/Command+I).

3. Type the **Hospital** for which the Waiting List is required or select the Hospital from the list by pressing Tab when the Hospital field is blank. Press **Tab**.

4. Enter the **Surgeon** code (Practitioner Code). Press **Tab**. Enter the Date the Waiting List commenced. Press **Tab**.

5. Enter the **Patient Name** as follows:

Press **Tab** to bring up the Patient List. Select the required Patient from the list and the details will be stored in the Waiting List, some of which are displayed on the window. The cursor will then be located at Date Added to Waiting List.

6. Enter the **Date Added to the Waiting List**. Press **Tab**.

7. Enter the **Urgency** status by pressing Tab and selecting the required status from the list. Press **Tab**.

8. Enter the **Location of the Preadmission details** status by pressing Tab and selecting the required option from the list. Press **Tab**.

9. Enter the **Anaesthetic** type(e.g. GA, LA). Press **Tab**.

10. Enter the **Procedure** to be carried out (3 lines of text is available). Press **Tab**.

11. Enter any **Special Requirements** if applicable. Press **Tab** to load the record into the List.

12. Repeat steps 5-11 for each patient to be included in the Waiting List.

13. At any time you may click or press **Enter/Return** to store the records entered so far.

.....

Locating an Existing Waiting List

To locate an existing Waiting List, choose **Schedules** from the MxSolutions menu (or press Control/Command+S), choose **Waiting List** from the Schedules Menu (or press Control/Command+W). Choose **Find from List** from the Waiting List Commands Menu (or press Control/Command+L), and select the required Waiting List. The entries for the existing list will be displayed.

Editing a Waiting List

Having located the required Waiting List, if you require to edit the List, choose **Edit** from the Waiting List Commands Menu (or press Control/Command+E), and the cursor is positioned at first field on the Waiting List.

To insert a new Patient into the Waiting List, tab through to **Surname** ready for a new record to be entered, and complete the details from steps 5-11 above.

A record may be deleted from the list by clicking on it, and then clicking the **Delete Row** button.

You may amend any entries of an existing patient in the list by clicking on the required record, making the necessary changes, and loading the amended record back into the list by tabbing to the end of the record.

When you are finished, click  (or Press **Enter/Return**). If you decide that you wish to *reject* the changes, then click  and the Waiting List will remain in its previous state.

Printing a Waiting List

If you require to Print a Waiting List, click the button **Print Waiting List**, (or press Control/Command+P), and either Print or Fax it accordingly.

Waiting List Notes

If you require to Print at the end of the Waiting List, a **Note** to be conveyed to the doctor, click the **Waiting List Notes** button. A screen will be displayed enabling some text to be added at the bottom of the Waiting List when it is printed. This text is stored with the Waiting list. When notes exist against an Waiting List, the Waiting List Notes button is displayed in Pink.

Find Patient in Lists

If you require to search for a Patient across Waiting Lists retained in the system, choose **Find Patient in Lists** from under the Waiting List Commands Menu, press Tab in the window displayed and select the required patient from the Patient List. MxSolutions will then search the existing Waiting Lists and display the following details:

Surname, Given Name, Patient Number, Surgeon, Waitlist Date and Hospital.

Deleting a Waiting List

NOTE: Deleting a Waiting List can be carried out when only **one workstation** is in use.

Having located the required Waiting List, if you require to delete the List, choose **Delete** from the Waiting List Commands Menu (*or press Control/Command+D*), and MxSolutions will ask you to verify that you do wish to delete the Waiting List.

Provided you confirm that you do require the list to be deleted, MxSolutions will proceed to delete it from the database.

.....Deleting Multiple Waiting Lists

NOTE: Deleting Waiting Lists can be carried out when only **one workstation** is in use.

Choose **Delete Multiple Lists** from the Waiting List Commands and MxSolutions will ask you to enter the dates between which you wish to delete the Waiting Lists.

Provided you confirm that you do require the lists between the given dates to be deleted, MxSolutions will proceed to delete them from the database.

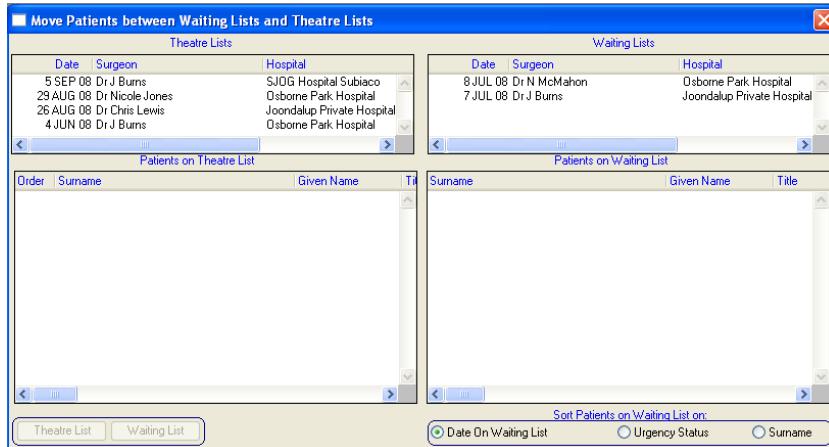
Move Patients: Waiting...Theatre Lists

To enable you to move patients from either a Waiting List to Theatre List or Day List choose **Schedules** from the MxSolutions menu (or press Control/Command+S). Another menu will be added to the menu bar titled **Schedules**.

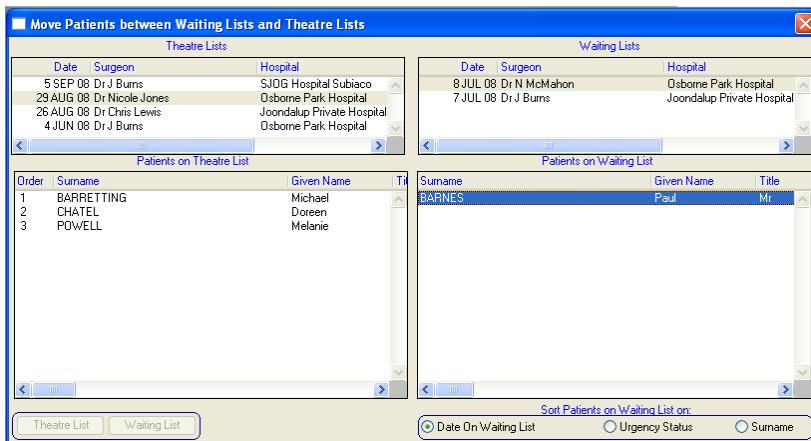


Having created one or more Waiting Lists for a Hospital(s), it is now possible to transfer patients from a Waiting List to a Theatre List by a drag and drop facility. A patient can also be transferred back to a Waiting List and then transferred to another Theatre List using the 'drag ' and 'drop' facility.

If you need to move a patient, or patients, from a Waiting List to a Theatre List, select **Move Patients: Waiting <...>Theatre Lists** from the **Schedules** menu. The window, shown below, enabling you to move patients between a Waiting List and Theatre List, or vice versa, will then be displayed:



1. To move a patient, or patients, from a Waiting List to a Theatre List, click on the required Waiting List then the required Theatre List onto which you wish to transfer the patient(s). The Patients on each list will be displayed so that you can select those required and drag them from one list to the other.

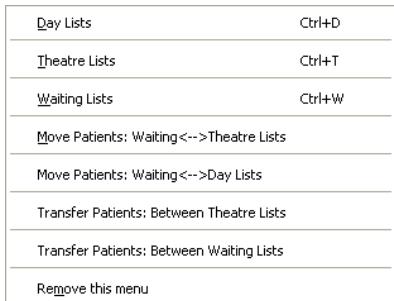


2. You may sort the Patients on the Waiting List in the order as defined in the sort sequence selected.
3. When a patient is required to be transferred from the Waiting List to the displayed Theatre List, click once on the required patient, then click once again (not double-click) and you will note that an outline of a hand will appear on the line selected. Provided the hand is present, then while holding the mouse button down, you can drag the record sideways to the left and let the mouse button go when you have dragged the record across to the Theatre List.
4. You will note that the record no longer shows on the Waiting List but now appears on the Theatre List.
5. If you make a mistake, you can reverse the process by dragging from the Theatre List to the Waiting List.
6. If you wish to transfer more than one patient in one drag and drop function, click on the first patient required to be transferred, hold down the command-key (Mac), or control-key (PC,) then click on the other patients required to be transferred. When all the required Patients have been selected, let go the command-key (Mac), or control-key (PC,) then click once on one of the selected lines, the outline of the hand will appear, and you can drag the group in one movement.

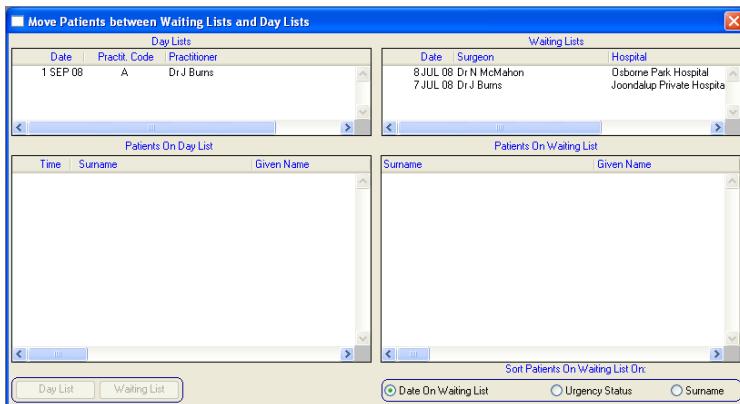
7. When you have completed the transfer of patients between the Waiting List and Theatre List, you will see that the Theatre List button at the bottom left of the window is now active. By clicking the Theatre List button, the new Theatre List will be displayed so that you can edit it, assign the Order as required and fill in the other fields as necessary. Click to store the new Theatre List details.
8. If you transfer patients from the Theatre List to the Waiting List then you will see that the Waiting List button at the bottom left of the window is now active. By clicking the Waiting List button, the new Waiting List will be displayed so that you can edit any details as required. Click to store the new Waiting List details.

Move Patients: Waiting... Day Lists

Having created one or more Waiting Lists for a Hospital(s), it is now possible to transfer patients from a Waiting List to a Day List by a drag and drop facility. A patient can also be transferred back to a Waiting List and then transferred to another Day List using the 'drag' and 'drop' facility.

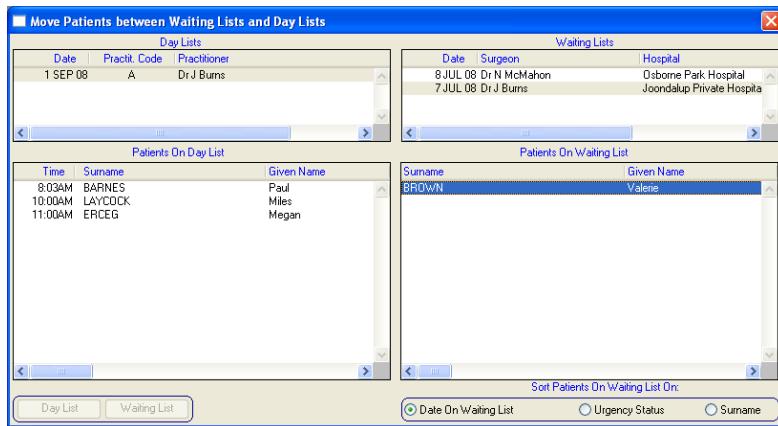


If you need to move a patient, or patients, from a Waiting List to a Day List, select **Move Patients: Waiting <...> Day Lists** from the **Schedules** menu. The window, shown below, enabling you to move patients between a Waiting List and Theatre List, or vice versa, will then be displayed:



Having created one or more Waiting Lists for a Hospital(s), it is now possible to transfer patients from a Waiting List to a Day List by a drag and drop facility. A patient can also be transferred back to a Waiting List and then transferred to another Day List using the 'drag' and 'drop' facility.

1. To move a patient, or patients, from a Waiting List to Day List, click on the required Waiting List then the required Day List onto which you wish to transfer the patient(s). The Patients on each list will be displayed so that you can select those required and drag them from one list to the other.



2. You may sort the Patients on the Waiting List in the order as defined in the sort sequence selected.
3. When a patient is required to be transferred from the Waiting List to the displayed Day List, click once on the required patient, then click once again (not double-click) and you will note that an outline of a hand will appear on the line selected. Provided the hand is present, then while holding the mouse button down, you can drag the record sideways to the left and let the mouse button go when you have dragged the record across to the Day List.
4. You will note that the record no longer shows on the Waiting List but now appears on the Day List.
5. If you make a mistake, you can reverse the process by dragging from the Day List to the Waiting List.
6. If you wish to transfer more than one patient in one drag and drop function, click on the first patient required to be transferred, hold down the command-key (Mac), or control-key (PC,) then click on the other patients required to be transferred. When all the required Patients have been selected, let go the command-key (Mac), or control-key (PC,) then click once on one of the selected lines, the outline of the hand will appear, and you can drag the group in one movement.

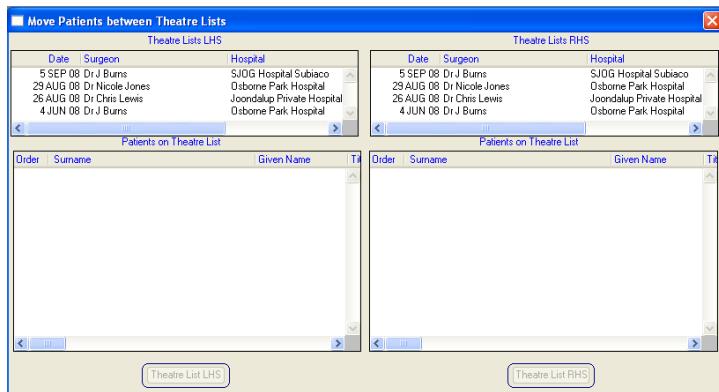
7. When you have completed the transfer of patients between the Waiting List and Day List, you will see that the Day List button at the bottom left of the window is now active. By clicking the Day List button, the new Day List will be displayed so that you can edit it, assign the Order as required and fill in the other fields as necessary. Click to store the new Day List details.
8. If you transfer patients from the Day List to the Waiting List then you will see that the Waiting List button at the bottom left of the window is now active. By clicking the Waiting List button, the new Waiting List will be displayed so that you can edit any details as required. Click to store the new Waiting List details.

Transfer Patients Between Theatre Lists

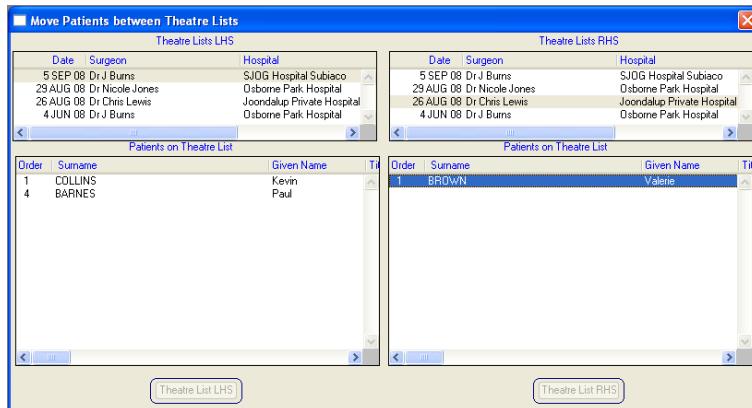
Having created one or more Theatre Lists, it is now possible to transfer patients between Theatre Lists by a drag and drop facility.



If a patient requires their operation to be moved to another day you can transfer a patient, between Theatre Lists to save on data entry. Select **Transfer Patients Between Theatre Lists** from the **Schedules** menu. The window, shown below, enabling you to move patients between Theatre Lists will then be displayed:



9. To move a patient between Theatre Lists, click on the required Theatre List from which the Patient is to be transferred from, then the click on the required Theatre List onto which you wish to transfer the patient to. The Patients on each list will be displayed so that you can select those required and drag them from one list to the other.

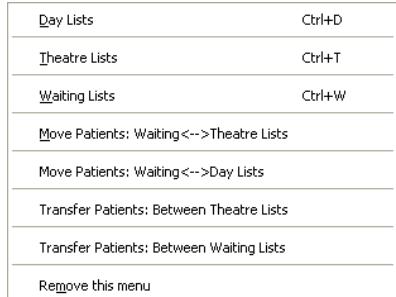


10. When a patient is required to be transferred from one Theatre List to the other Theatre List, click once on the required patient, then click once again (not double-click) and you will note that an outline of a hand will appear on the line selected. Provided the hand is present, then while holding the mouse button down, you can drag the record sideways to the left and let the mouse button go when you have dragged the record across to the required Theatre List.

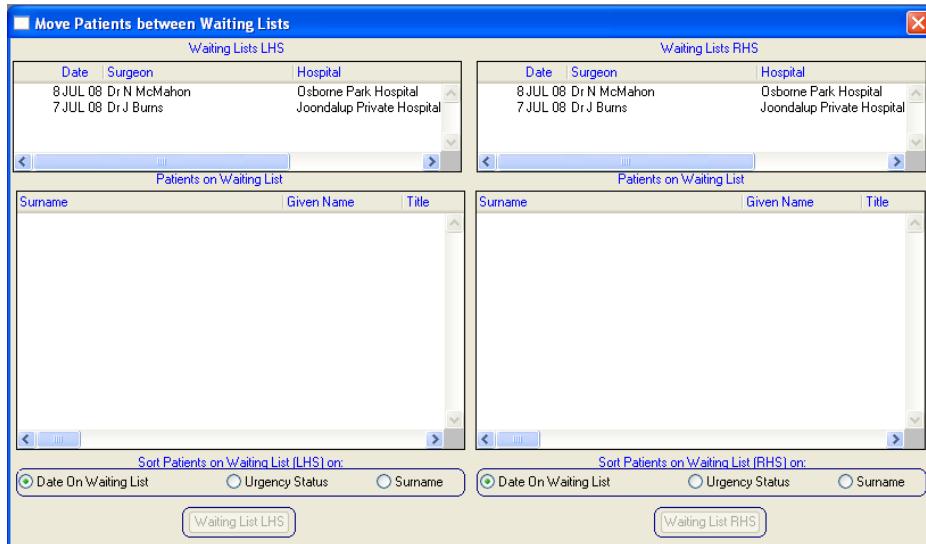
11. You will note that the record no longer shows on the original Theatre List but now appears on the new Theatre List.
12. If you make a mistake, you can reverse the process by dragging back to the original Theatre List .
13. If you wish to transfer more than one patient in one drag and drop function, click on the first patient required to be transferred, hold down the command-key (Mac), or control-key (PC,) then click on the other patients required to be transferred. When all the required Patients have been selected, let go the command-key (Mac), or control-key (PC,) then click once on one of the selected lines, the outline of the hand will appear, and you can drag the group in one movement.
14. When you have completed the transfer of patients between Theatre Lists, you will see that the Theatre List button at the bottom left of the window is now active. By clicking the Theatre List button, the new Theatre List will be displayed so that you can edit it, assign the Order as required and fill in the other fields as necessary. Click to store the new Theatre List details.

Transfer Patients Between Waiting Lists

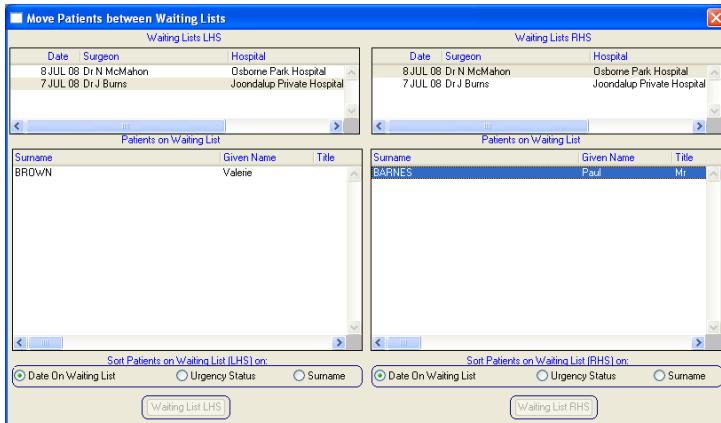
Having created one or more Waiting Lists, it is now possible to transfer patients between Waiting Lists by a drag and drop facility.



If a patient is required to be moved to a different Waiting List you can transfer a patient, between Waiting Lists to save on data entry. Select **Transfer Patients Between Waiting Lists** from the **Schedules** menu. The window, shown below, enabling you to move patients between Waiting Lists will then be displayed:



15. To move a patient between Waiting Lists, click on the required Waiting List from which the Patient is to be transferred from, then click on the required Waiting List onto which you wish to transfer the patient to. The Patients on each list will be displayed so that you can select those required and drag them from one list to the other.



16. When a patient is required to be transferred from one Waiting List to the other Waiting List, click once on the required patient, then click once again (not double-click) and you will note that an outline of a hand will appear on the line selected.

Provided the hand is present, then while holding the mouse button down, you can drag the record sideways to the left and let the mouse button go when you have dragged the record across to the required Waiting List.

17. You will note that the record no longer shows on the original Waiting List but now appears on the new Waiting List.

18. If you make a mistake, you can reverse the process by dragging back to the original Waiting List .

19. If you wish to transfer more than one patient in one drag and drop function, click on the first patient required to be transferred, hold down the command-key (Mac), or control-key (PC,) then click on the other patients required to be transferred. When all the required Patients have been selected, let go the command-key (Mac), or control-key (PC,) then click once on one of the selected lines, the outline of the hand will appear, and you can drag the group in one movement.

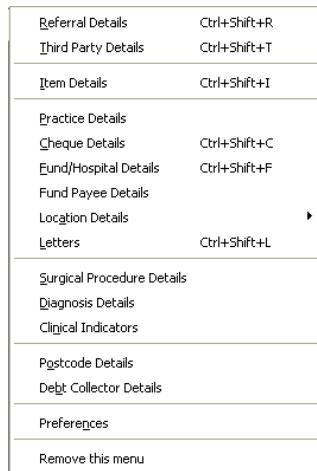
20. When you have completed the transfer of patients between Waiting Lists, you will see that the Waiting List button at the bottom left of the window is now active. By clicking the Waiting List button, the new Waiting List will be displayed so that you can edit it, and fill in the other fields as necessary. Click to store the new Waiting List details.

REFERENCE FILES

This chapter describes the facilities to setup and maintain the referring practitioner details, item details, practice details, letters, diagnosis details, and debt collector details.

To maintain any of the reference files used by MxSolutions, choose **Reference Files** from the MxSolutions menu.

The menu titled **Reference Files** is added to the menu bar.



Referral Details

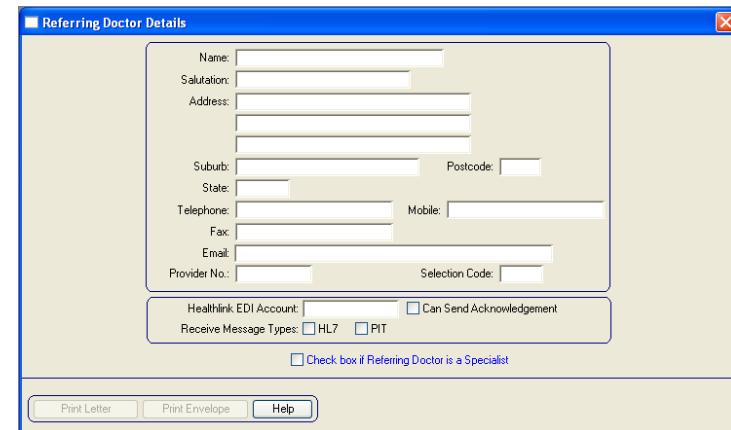
SETTING UP REFERRAL DETAILS

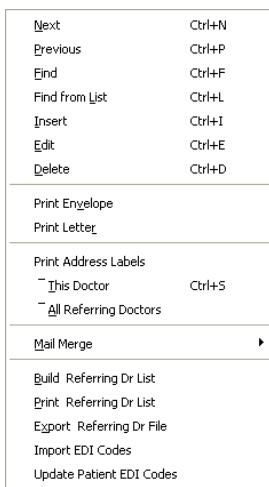
MxSolutions provides a facility to maintain a table of Referring Doctors. This has several uses. It ensures that Referral information entered into Patient Details is consistent, and therefore able to be analysed. Letters are able to be merged against a single Referring Doctor, or a single Referring Doctor re: a patient, a group of Referring Doctors, or all Referring Doctors. Labels are able to be printed for a single Referring Doctor, a group of Referring Doctors, or all Referring Doctors. The table may be used to lookup the Telephone number or Fax number of a particular Referring Doctor.

Once a MxSolutions system is fully operational and the table contains most of the Referring Doctors, entering a Referring Doctor for a patient is simply a matter of keying the name exactly as it has been entered in the table and the details will be displayed on the patient details window. To achieve this, a consistent format should be followed to avoid duplicates in the table.

If a format such as Dr N Bloggs (i.e. **Dr** space **1 Initial space Surname**) is adopted then it will always be easy to get an exact match from the table and the associated data will be displayed directly onto the Patient Details window. It is recommended that punctuation be avoided throughout the Table.

Choose **Referral Details** from the Reference Files menu and the following window is displayed.





Inserting a Referring Practitioner

1. To insert or add a record select **Insert** from the commands menu (or press Control/Command+I). When the cursor appears in the box opposite 'Name', type the **Referring Doctor** name in the format as described above, (i.e. **Dr** space **1 Initial** space **Surname**) and press **Tab**. (Mandatory)
2. Type the **Salutation** (name used in letter if writing to the doctor e.g. Joe or Dr Bloggs) of the doctor and press **Tab**. (NOTE: **Do not** include the word Dear)
3. Type the **Address** of the Referring Doctor, pressing **Tab** after each address line.
4. Type the **Suburb** of the Referring Doctor, press **Tab**. (This is automatically Upper Case). (Mandatory)
5. Type the **State**, **Postcode**, **Telephone**, **Fax Number**, and **Email address** of the Referring Doctor, pressing **Tab** after each field. **Provider Number** if entered will be included on the account.
6. **Selection Code** provides a facility to mail-merge or produce labels to a selected group of doctors on the table. To indicate that a doctor is to be included in the group, enter an appropriate code.
7. **Specialist** indicator - Check box if the Referring Practitioner is a Specialist. This is necessary so that when the Referring Doctor is used from Patient Details then the Referral Period defaults automatically to 3 months instead of 12 months.

8. Healthlink EDI Account code. If the Messaging facility is being used for Outbound Messages, the Healthlink EDI Account code for the Referring Doctor may be entered here, ensuring the if the format is to be HL7, then the 'HL7' checkbox is checked together with the 'Can Send Acknowledgement' checkbox checked. If the message is to be sent in a PIT format then the 'PIT' checkbox must be checked, but **not** the 'Can Send Acknowledgement' checkbox. The format type to be checked depends on the PMS Software being used by the Referring Doctor practice.

NOTE: This information is able to be obtained from HealthLink.

9. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

10. You can check whether your new record is now in the database. To do this, select **Find** from the commands menu (press Control/Command+F), type the **Name** of the Referring Doctor required, and press Enter/Return. Your will find your new record will be displayed in the window. To view other records that have been inserted, select **Next** from the commands menu (press Control/Command+N) and the next record will be displayed. Provided the Referring Doctor list has been built, you can view and select doctors from the list by selecting **Find from List** from the commands menu (press Control/Command+L).

11. Repeat steps 1-9, above, for each new Referring Doctor to be added to the data base.

Amending a Referral entry.

1. If an entry is found to be incorrect or needs updating e.g. requires an address to be changed, locate the required record using any of the techniques described in step 9 above.

2. Select **Edit** from the commands menu (press Control/Command+E).

3. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.

4. When you are finished, click or press **Enter/Return**.

5. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

6. Repeat steps 1-4 for each Referring Doctor record to be amended.

Deleting a Referral entry.

1. Locate the required record by selecting **Find** from the commands menu (or press Control/Command+F), type the **Referring Doctor** name, and press Enter/Return. Your will find that your required record will be displayed in the window. Alternatively, provided the Referring Doctor list is built, you can view and select the required record from the list by selecting **Find from List** from the commands menu (or press Control/Command+L). Click the required record from the Referring Doctor list and your required record will be displayed in the window.

2. Select **Delete** from the commands menu (press Control/Command+D).

3. When the **Delete** command is selected the system displays a message box which asks you:

Delete this record. Are you sure?

4. Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing Enter/Return will have the same result as clicking **NO** and the deletion process will be cancelled.

Print Envelope

A single envelope may be printed with the address of the Referring Doctor. To do this, place an envelope in the printer and click the **Envelope** button or select **Print Envelope** from the commands menu. A window showing the type of printer/feed option is then displayed. Make the appropriate selection, and the envelope will be printed.

Print Letter

A letter may be printed to the Referring Doctor. Click the **Letter** button and select whether the letter is for 'the Doctor' or 'the Doctor re: a patient'. A window is then displayed enabling the letter required to be selected from the letter file. It may be edited if necessary. Press **Enter/Return**.

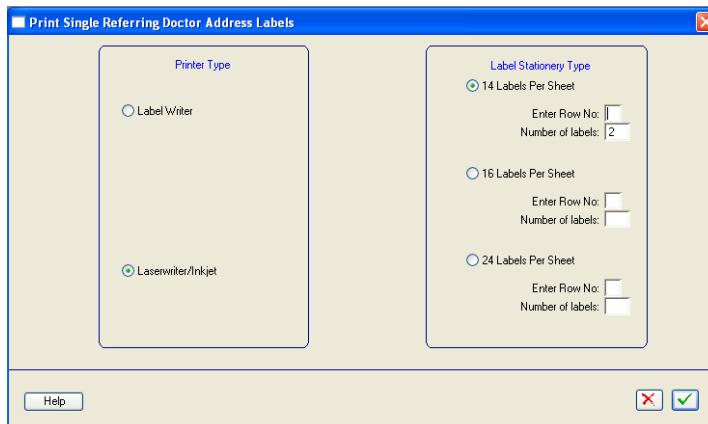
Choose the output destination, click OK, and the letter will be printed.

Print Address Labels

Mailing Labels may be produced for either a single Referring Doctor or a group of Referring Doctors.

Depending on the printer selected, label quantities are as follows:

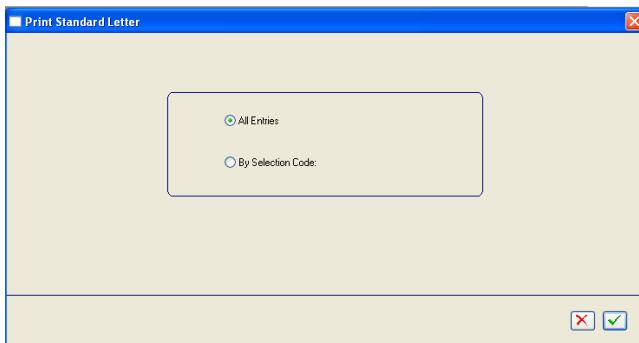
LabelWriter - multiples as defined
in the LabelWriter software
LaserWriter/Inkjet - as selected



Mail Merge

Enables a letter to be printed for a group of Referring Doctors. Select **Mail Merge** from the commands menu, and a window is then displayed enabling the letter required to be selected from the letter file or a mail merge using a comma delimited file of Referring Doctors.

Click on the required letter and a window is then displayed enabling you to choose the group of Referring Doctors for which the letter is to be printed.



Make the appropriate selection, then choose the output destination and the letter will be printed to either All Referring Doctors, or all those Referring Doctors in the Selection Group chosen.

Build Referring Dr List

Select **Build Referring Dr List** from the commands menu to refresh the List of Referring Doctors.

Print Referring Dr List

Select **Print Referring Dr List** from the commands menu. This may be printed, or displayed to the screen.

Export Referring Dr File

Select **Export Referring Dr File** from the commands menu. Click **File** as the Output Destination. You will be asked to enter the name of the file. Click **OK** and the records will be written to the file in Tab delimited format.

Import EDI Codes

Select **Import EDI Codes** from the commands menu to import the file of EDI Codes which may be used to update the EDI Codes for each Referring Doctor on file together with the format type being used by the receiving practice. This facility is only available to users in WA as Healthlink provide a file of EDI Codes based on Provider Numbers. This file is in a comma delimited format.

Update Patient Provider Nos and EDI Codes

Select **Update Patient Provider Numbers and EDI Codes** from the commands menu to update the EDI Codes on Patient Details for each Referring Doctor whose Referral information has an EDI Code associated with it. This is useful so that a Referring Practitioner is able to be easily identified as being able to receive encrypted reports through the Messaging Facility of MxSolutions.

This process also updates provider numbers on Patient Details if these have been entered on the Referring Doctor records.

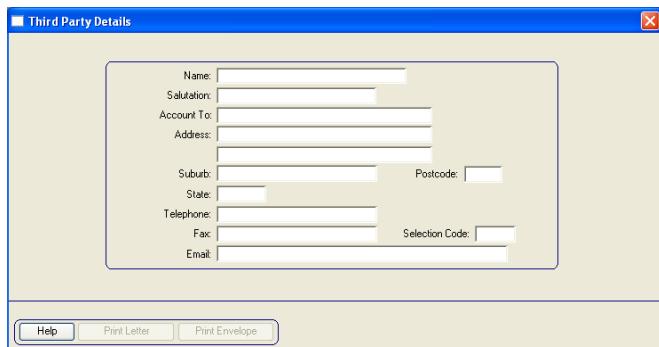
Third Party Details

SETTING UP THIRD PARTY DETAILS

MxSolutions provides a facility to maintain a table of Third Party organisations. This has several uses. It ensures that Third Party information entered into Patient Details is consistent, and negates the need for repetitive typing each time a Third Party is used. Letters are able to be merged against a single Third Party member, a single Third Party member re: a patient, a group of Third Party members, or all Third Party members. Labels are able to be printed for a single Third Party member, a group of Third Party members, or all Third Party members. The table may be used to lookup the Telephone number or Fax number of a particular Third Party member.

Once a MxSolutions system is fully operational and the table contains most of the Third Party members, entering a Third Party member for a patient is simply a matter of pressing Tab at the 'Account To' field and selecting the required record from the table and the details will be displayed on the patient details window.

Choose **Third Party** from the Reference Files menu and the following window is displayed.



Inserting a Third Party record

1. To insert or add a record select **Insert** from the commands menu (or press Control/Command+I). When the cursor appears in the box opposite 'Name', type the name of the Third Party appropriate to display in the list, and press **Tab**. (Mandatory)
2. Type the **Salutation** (name used in a letter if writing to the Third Party member e.g. Sir) and press **Tab**. (NOTE: **Do not** include the word **Dear**)
3. Type the **Account To** of the Third Party member (e.g. The Claims Manager) press **Tab**.

- 4.Type the Third Party **Address**, pressing **Tab** after each address line.
- 5.Type the **Suburb**, press **Tab**. (This is automatically Upper Case). (Mandatory)
- 6.Type the **State, Postcode, Telephone, Fax Number, and Email address** of the Third Party member, pressing **Tab** after each field.
- 7.**Selection Code** provides a facility to mail-merge or produce labels to a selected group of doctors on the table. To indicate that a Third Party member is to be included in the group, enter an appropriate code.
- 8.You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.
- 9.You can check whether your new record is now in the database. To do this, select **Find** from the commands menu (press Control/Command+F), type the **Name** of the Third Party member required, and press Enter/Return. Your will find your new record will be displayed in the window. To view other records that have been inserted, select **Next** from the commands menu (press Control/Command+N) and the next record will be displayed. Provided the Third Party list has been built, you can view and select Third Party members from the list by selecting **Find from List** from the commands menu (press Control/Command+L).
- 10.Repeat steps 1-8, above, for each new Third Party member to be added to the data base.

Amending a Third Party entry.

- 1.If an entry is found to be incorrect or needs updating e.g. requires an address to be changed, locate the required record using any of the techniques described in step 9 above.
- 2.Select **Edit** from the commands menu (press Control/Command+E).
- 3.You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.
- 4..... When you are finished, click or press **Enter/Return**

5.If you decide that you wish to **reject** the entire entry, then click  and the record will remain in its previous state.

6.Repeat steps 1-4 for each Third Party record to be amended.

Deleting a Third Party entry.

1.Locate the required record by selecting **Find** from the commands menu (or pressing Control/Command+F), type the **Third Party** name, and press Enter/Return. Your will find that your required record will be displayed in the window. Alternatively, provided the Third Party list is built, you can view and select the required record from the list by selecting **Find from List** from the commands menu (or press Control/Command+L). Click the required record from the Third Party list and your required record will be displayed in the window.

2.Select **Delete** from the commands menu (press Control/Command+D).

3.When the **Delete** command is selected the system displays a message box which asks you:

Delete this record. Are you sure?

4. Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing Enter/Return will have the same result as clicking **NO** and the deletion process will be cancelled.

Print Envelope

Enables a single envelope to be printed with the address of the Third Party member. To do this, place an envelope in the printer and click the **Envelope** button or select **Print Envelope** from the commands menu. A window showing the type of printer/feed option is then displayed. Make the appropriate selection, and the envelope will be printed.

Print Letter

Enables a letter to be printed to the Third Party member. Click the **Letter** button or select whether a letter is for 'the Third Party' or 'the Third Party re: a patient'. A window is then displayed enabling the letter required to be selected from the letter file. It may be edited if necessary. Click or press **Enter/Return**.



Choose the output destination, click OK, and the letter will be printed.

Print Address Labels

Mailing Labels may be produced for either a single Third Party member or a group of Third Party members.

Depending on the printer selected, label quantities are as follows:

LabelWriter.....	-	multiples as defined in the LabelWriter software
LaserWriter/Inkjet	-	1/2 sheet of 24-up A4 labels (i.e. 12 labels)

Make the appropriate selection, and the labels will then be printed.

Mail Merge

Enables a letter to be printed for a group of Third Party members. Select **Mail Merge** from the commands menu, and a window is then displayed enabling the letter required to be selected from the letter file.

Make the appropriate selection, then choose the output destination and the letter will be printed to either All Third Parties, or all those Third Parties in the Selection Group chosen.

Print Third Party List

Select **Print Third Party List** from the commands menu. This may be printed, or displayed to the window.

Item Details

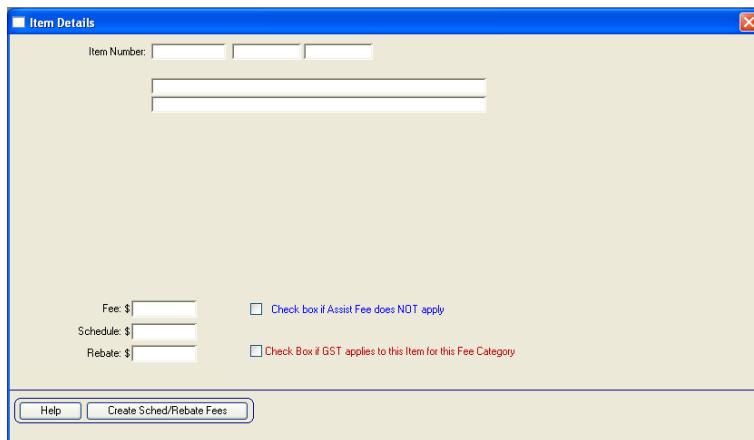
Before debit transactions may be entered into the system, you must first setup an Item file which contains all the types of debits that are raised by your practice. Each type of debit is identified by a number, i.e. the item number.

To enable you to enter the Item Details, choose **Reference Files** from the MxSolutions menu. Another menu will be added to the menu bar titled Reference Files.

Creating a New Item

See also 'Notes on the Item File'.

1. Choose **Item Details** from the Reference Files menu and the window enabling you to enter item details will be displayed.



2. To insert or add a record select **Insert** from the commands menu (or press Control/Command+I). When the cursor appears in the box opposite 'Item Number', type the **Item Number** of your first Item record and press **Tab**.

In its simplest form the Item Number to be entered comprises 3-5 digit number, immediately followed by a slash and an alpha character A-E which will correspond to the insurance/fee category to which the associated fee will apply. For example, if 'A' denotes the fee category 'Private Patients,' then 104/A will be the Item Number which will have associated with it the fee for Private Patients receiving Item Number 104.

3.If you are inserting an item and you have indicated fee category A, e.g. 104/A, then when you Tab out of the Item Number field the window will display a series of boxes for each fee category so that you can enter each of the fee amounts for this description.

4.Type the **Description** of your new item record and press **Tab**.

5.Type the **Fee Amount** which applies to each of the item fee categories. If a particular fee category is not being used, then click in the appropriate box so that it is **not** checked (take out the X from the unwanted fee categories).

If you are inserting a record for a fee category other than 'A', then you are able to enter the details and fee amount for only that one category per window.

6.Schedule and Rebate amounts may be entered for each item/fee category if required, or left blank. They are used in' Estimates' advising the out of pocket costs, and also on the 'Mult Item' and 'Mult Date Item' windows to show the gap amount required.

7. Provided you have indicated that item numbers are to be printed on accounts, if you require to have printed on an account an AMA number or Fund number in addition to a Medicare number, then continue to Tab beyond the Rebate amounts until the cursor is located to the right of the original item number and enter the AMA or Fund Number. If you Tab once more, a third number may be entered.

8. If the Item being entered is not eligible to be included in Assist fee calculations, then click in the check-box to mark with an X. If GST applies then check the box to indicate that GST applies.

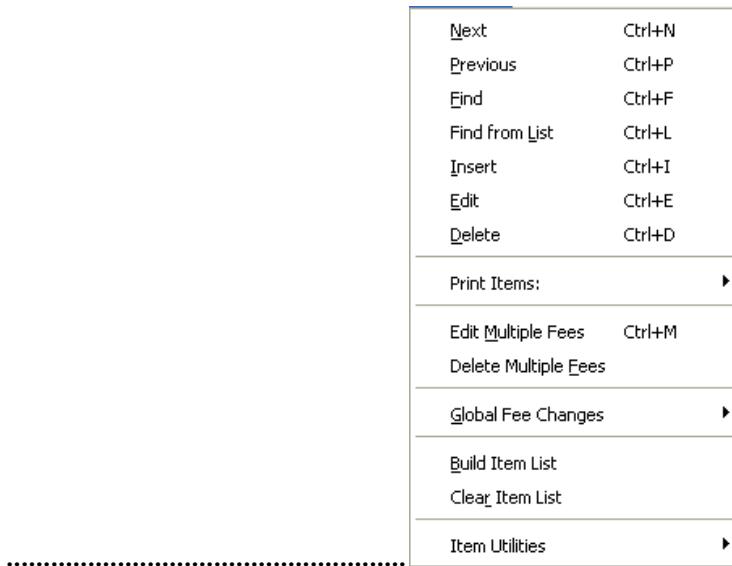
9.You may correct any entries by tabbing to a field or selecting it with the mouse and typing the correct information. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

10.You can check whether your new record is now in the database. To do this, select **Find** from the commands menu (or press Control/Command+F), type the **Item Number** required, and press Enter/Return. Your will find your new record will be displayed in the window. To view other records that have been inserted, select **Next** from the commands menu (or press Control/Command+N) and the next record will be displayed. Provided the Item list has been built, you can view and select items from the Item list by selecting **Find from List** from the commands menu (or press Control/Command+L).

11.Repeat steps 2-9 for each new Item record to be added to the data base.

Amending a Single Item entry.

1. If an entry is found to be incorrect or needs updating, e.g. the fee needs to be changed, locate the required record using any of the techniques described in step 10 above.



2. Select **Edit** from the commands menu (or press Control/Command+E).

3. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.

4. When you are finished, click or press **Enter/Return**.

5. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

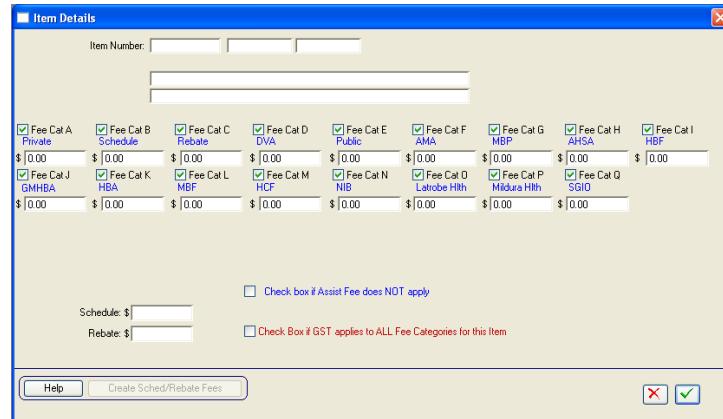
6. Repeat steps 1-4 for each Item record to be amended.

Amending ALL fee categories associated with an Item entry.

1. If an entry is found to have an incorrect description or the fees need updating, locate the required record using any of the techniques described above.

2. Select **Edit-Multiple-Fees** from the commands menu (or press Control/Command+M).

All fee categories for that one item will be displayed and the window is in an edit mode so that you can amend all records using the one window.



3. You may correct any field by tabbing to it, or selecting it with the mouse, and typing the correct information.

4.... When you are finished, click or press **Enter/Return**.

5. If you decide that you wish to *reject* the entire entry, then click and the record will remain in its previous state.

6. Repeat steps 1-4 for each Item record to be amended.

Deleting an Item entry.

1. Locate the required record by selecting **Find** from the commands menu (or pressing Control/Command+F), type the **Item** number, and press Enter/Return. Your will find that your required record will be displayed in the window. Alternatively, you can view and select the required record from the Item list by selecting **Find from List** from the commands menu (or press Control/Command+L). Click the required record from the Item list and your required record will be displayed in the window.

2. Select **Delete** from the commands menu (or press Control/Command+D).

3. When the **Delete** command is selected the system displays a message box which ask

you:

Delete this record. Are you sure?

4. Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the **Return** key will have the same result as clicking **NO** and the deletion process will be cancelled.

Deleting Multiple Fees.

1. Locate one of the required records by selecting **Find** from the commands menu (or pressing Control/Command+F), type the **Item** number, and press Enter/Return. You will find that your required record will be displayed in the window. Alternatively, you can view and select one of the required records from the Item list by selecting **Find from List** from the commands menu (or press Control/Command+L). Click the required record from the Item list and your required record will be displayed in the window.

2.. Select **Delete Multiple Fees** from the commands menu.

3. When the **Delete Multiple Fees** command is selected the system displays a message box which ask you:

Delete all fee categories for Item nnnn?

4. Provided you have answered **YES** then MxSolutions will delete the records displayed. Pressing the **Return** key will have the same result as clicking **NO** and the deletion process will be cancelled.

Print Items Comprehensive

Select **Print Items Comprehensive** from the commands menu. This option lists the contents of the entire Item File, each fee category for each item per line.

MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer. Select the required option and click **OK** or press **Return**. The report will now be produced.

Print Items Concise

Select **Print Items Concise** from the commands menu. This option lists the contents of the entire Item File, all fee categories for each item per line. This may be printed or displayed on the screen. If using more than 8 fee categories then this is output in Landscape format.

Print Items Common Fees

Select **Print Items Common Fees** from the commands menu. This option lists the contents of the entire Common Fees File when purchased from MxSolutions providing the Gap Cover Fees for the commonly used Health Funds in your State. This is displayed on the screen only. It contains the entire MBS list of Item numbers with the MBS and Rebate Fees and the other Health Fund Fees provided. If a particular page of information is required to be printed, scroll down the report so that the required page is displayed on the screen, then highlight the 'P' at the top of the scroll bar and select Print Page. The required page will be printed.

Global Fee Changes

Select **Global Fee Changes** from the commands menu and a Hierarchical Menu will display whereby the following options may be selected:

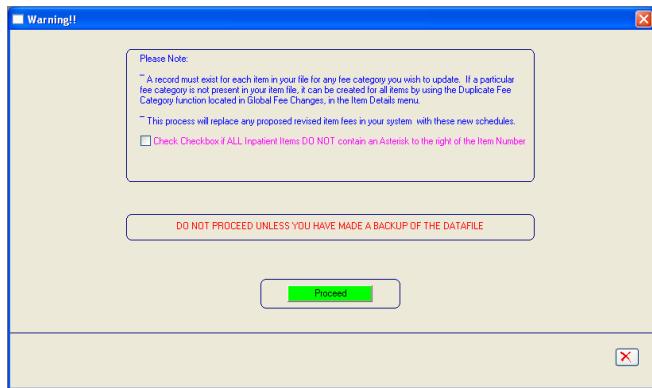


Load and Install New Health Fund Fees

Load and Install New Health Fund Fees enables the import of the Common Fees File purchased from MxSolutions giving the Gap Cover Fees for the Commonly used Health Funds together with the MBS Schedule and Rebate Fees. Selecting this facility will firstly delete the existing Common Fees File, then a dialog box will be displayed asking for the location of the new Common Fees File to be imported. Having selected the file, the function will Import the file into the MxSolutions Data File.

This facility will at the same time perform the Update Fees process which provides the facility to update the particular Fee Categories in your Item File with the Fees provided on the File supplied.

A window is displayed enabling you to check that Inpatient Items DO in fact include an asterisk with the Item Number. If this is so then 'Outpatient Item' records are not updated with the Health Fund (Inpatient) fees.

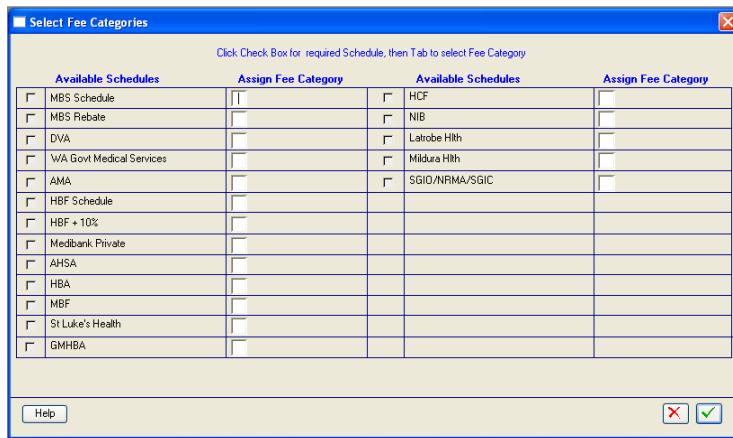


If Inpatient Items **do not** contain asterisks, then **Check the Box** to indicate this is the case and all records will be updated with the Health Fund Fees.

At the end of this process the Item File List is rebuilt.

Update Fees

Selecting **Update Fees** from the Menu displays the following window which provides the facility to update and install the particular Fee Categories in your Item File with the Fees already in the Common Fees file in your system.

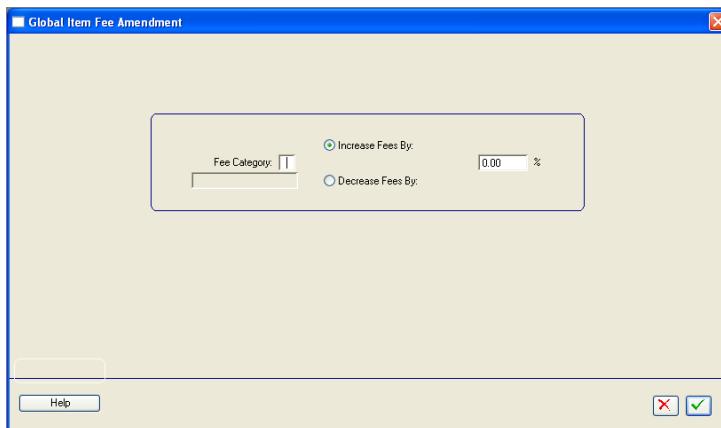


Tick the check box on the left of the fee that you require, then press Tab to display the fee category list and select the corresponding category for that fee.
Repeat the above step for each fee category that you wish to update.

When you have selected all the fee categories that you require, click or press **Enter/Return** to load the fees. You will be asked if you wish to proceed in case you have made a mistake. If you click the **PROCEED** button, at this point the new fees are loaded into your system.

Global Fee Amendment

Select **Global Fee Amendment** from the commands menu to enable the fees of Items for a given fee category to be increased or decreased by a given percentage.



For each Item in the given fee category, the new fee is calculated as a percentage of the existing fee amount, and stored in the **Proposed Revised Fee** field for that Item. They are then able to be reviewed and edited, each in turn. When the Proposed Revised Fee for each Item is as required, they can all be installed into the **Fee** field using the function **Install Amended Fees**.

Print Items Proposed Fees

Select **Print Items Proposed** from the commands menu. This option lists the contents of the entire Item File, all fee categories for which proposed revised fees exist for each item per line. This may be printed or displayed on the screen.

Install Amended Fees

Select **Install Amended Fees** from the commands menu to enable each record that contains a **Proposed Revised Fee** amount to replace the existing **Fee** amount.

Duplicate Fee Category

Select **Duplicate Fee Category** from the commands menu to enable a new column of fees to be created from an existing Fee Category.

This is useful to create a new fee category column when it does not currently exist.

Firstly under Reference File, **Practice Details** and under the screen headed **Configure Insurance Categories**, enter the title of the new Fee Category that you wish to create.

Set GST for Fee Category

Select **Set GST for Fee Category** from the commands menu to enable the GST flag to be Set/Unset for a particular Fee Category. This is useful for ensuring that the GST flag is set for a particular column of fees, e.g. Public Hospital Fees where GST is to be included when the Item is billed.

Set Fees for Category to 0

Select **Set Fees for Category to 0** from the commands menu to enable the fees for a particular Fee Category to zero.

This is useful for clearing a column of fees to zero fee amounts when it has been created from an existing column of fees. This should be carried out *before* **Update Fees**.

Set Proposed Fees for Category to 0

Select **Set Proposed Fees for Category to 0** from the commands menu to enable the proposed fees for a particular Fee Category to zero.

This is useful for clearing a column of proposed fees to zero fee amounts when it has had a global fee amendment executed and it is no longer required. This should be carried out *before* **Update Fees** has been selected and new fees installed i.e. the fee category column should be cleared before new fees installed, or **Global Fee Amendment** selected and no longer required.

Item Utilities

Export Item Records

Import Item Records

Replace Item Records

Set File Mode

Export Item Records

Select Export Item Records to export the records contained in the Item File to a Tab delimited File.

Import Item Records

Select Import Item Records to import the records into an existing Item File from a Tab delimited File.

Replace Item Records

Select Replace Item Records to delete the records from an existing Item File and import new records into an the system from a Tab delimited File.

Set File Mode

Select **Set File Mode** from the commands menu enables the user to set the file mode to **Read/Write** if importing fees from a file.

Notes on the Item File.

Care in designing the Item File will enable you to have an easy-to-use debit entry interface. It is important to ensure that all debits used by your practice are included in the Item File. A number of configurations for entering Item Numbers have been designed to assist you and these are described below.

. The format of an Item record on the Item File is as follows:

Fields	Validation Criteria
--------	---------------------

Item Number/Fee Category	Non blank format=nnn/y
--------------------------------	------------------------

Item Description	Non blank (this may be altered for a debit during the debit entry)
Fee Amount	Numeric (this may be altered for a debit during the debit entry)
Rebate Amounts	None
Second Item No. in group.....	None
Third Item No. in group	None

Data for the Item Number/Fee Category field can be entered in any of the following forms:

Form A (most common form): where

nnn=.....3 to 5-digit item number
 / (slash separates item number from fee category)
 y =A or B or C or D or E (according to the fee category).

e.g. if 'A' denotes the fee category for 'Private Patients' then 104/A will be the Item Number which will have associated with it the fee for Private Patients receiving Item Number 104.

Form B (subgroup categories): where

nnn= 3 to 5 digit item number which may or may not be followed by an alpha character - distinguishing different fee amounts for a particular item/fee category;
 e.g. minimum, moderate, maximum;
 / (slash separates item number from fee category)
 y =A or B or C or D or E indicating the fee category.

e.g. if 'A' denotes the fee category 'Private Patients' then 112A/A will be the Item Number which will have associated with it the minimum fee for Private Patients receiving Item Number 112; 112B/A will be the Item Number which will have associated with it the moderate fee for Private Patients receiving Item Number 112; and 112C/A will be the Item Number which will have associated with it the maximum fee for Private Patients receiving Item Number 112.

Form C (inpatient identification): where

nnn= 3 to 5 digit item number which may be followed by an asterisk which denotes inpatient fee amounts, distinguishing them from outpatient fee amounts for that item/fee category;
 /..(slash separates item number from fee category)
 y = . A or B or C or D indicating the fee category.

e.g. if 'A' denotes the fee category 'Private Patients' then 104/A will be the Item Number which will have associated with it the outpatient fee for Private Patients receiving Item Number 104; 104*/A will be the Item Number which will have

associated with it the inpatient fee for Private Patients receiving Item Number 104.

Form D: (Combination of Form B and Form C): where

nnn = 3 to 5 digit item number which may or may not be followed by an asterisk distinguishing inpatient fee amounts from outpatient fee amounts. This in turn, may be followed by an alpha character distinguishing subgroup categories of fee amounts for that item/fee category.

NOTE: Max. 7 Characters

/..(slash separates item number from fee category)
y = . A or B or C or D indicating the fee category.

e.g. if 'A' denotes the fee category 'Private Patients' then 104*A/A may be setup as the Item Number which will have associated with it the minimum fee for Private Inpatients receiving Item Number 104; 104*B/A may be setup as the Item Number which will have associated with it the moderate fee for Private Inpatients receiving Item Number 104; and 104*C/A may be setup as the Item Number which will have associated with it the maximum fee for Private Inpatients receiving Item Number 104.

104A/A may be setup as the Item Number which will have associated with it the minimum fee for Private Outpatients receiving Item Number 104. 104B/A may be setup as the Item Number which will have associated with it the moderate fee for Private Outpatients receiving Item Number 104; and 104C/A may be setup as the Item Number which will have associated with it the maximum fee for Private Outpatients receiving Item Number 104.

Form E (Grouping Item Numbers):

Second and third item numbers in group - provide a facility whereby you can have a group of up to three item numbers against one description and fee on the account; 5 digit(max) item numbers are printed in the second and third positions.

Some Medical Practitioners may setup the Item File with Commonwealth Benefit Schedule Numbers as the key, and put in brackets the AMA Item Number in the Second Item Number field. This will show both on the Account, the AMA number in brackets.

In each of the above Forms, when entering the debits that correspond to the required item, enter only the part of the item number before the slash, including the asterisk or alpha character before the slash if applicable. This is to ensure the correct item record is selected.

So that you are able to check the actual configuration of the Item number used in a transaction, all characters prior to the slash are actually stored in the transaction, and only the relevant characters are printed, i.e. the alpha character denoting a subgroup category is not printed. Up to 6 characters only are printed. The alpha character, if present, is moved to

character position 7.

Practice Details

If you have omitted to enter all the practice details as part of the initial start up procedure, or details need to be amended because of a change in the practice environment, then you may edit them using this function. If these details are incorrect or incomplete then you will find that the Accounts, Receipts, and Bank Deposits produced from the system will be erroneous.

To enable you to edit the Practice Details, choose **Reference Files** from the MxSolutions menu. Another menu will be added to the menu bar titled **Reference Files**.



Choose **Practice Details** from the Reference Files menu and a series of windows enabling you to amend the Practice Details will be displayed consecutively depending on the options chosen.

Business Name and Letterhead Type

The first window enables the Business Name to be entered, the type of speciality, the number of bank accounts, e.g. one combined practice bank account regardless of the number of practitioners, or multiple bank accounts - one for each practitioner, stationery letterhead type, printer type, and the provider numbers and names of each practitioner in the practice.

Business Name: <input type="text"/>	Specialty: <input type="text"/>				
No of Bank Accounts to which Receipts are allocated: <input type="text" value="1"/>					
Letterhead Type					
<input type="radio"/> Preprinted <input type="radio"/> System Generated <input checked="" type="radio"/> Graphic					
Provider Details to be Printed on Accounts					
Number	Name	EDI	Number	Name	EDI
A = <input type="text"/>	<input type="text"/>	<input type="text"/>	G = <input type="text"/>	<input type="text"/>	<input type="text"/>
B = <input type="text"/>	<input type="text"/>	<input type="text"/>	H = <input type="text"/>	<input type="text"/>	<input type="text"/>
C = <input type="text"/>	<input type="text"/>	<input type="text"/>	I = <input type="text"/>	<input type="text"/>	<input type="text"/>
D = <input type="text"/>	<input type="text"/>	<input type="text"/>	J = <input type="text"/>	<input type="text"/>	<input type="text"/>
E = <input type="text"/>	<input type="text"/>	<input type="text"/>	K = <input type="text"/>	<input type="text"/>	<input type="text"/>
F = <input type="text"/>	<input type="text"/>	<input type="text"/>	L = <input type="text"/>	<input type="text"/>	<input type="text"/>
Check box if number of practitioners is greater than 12 <input type="checkbox"/> GST Rate (%): <input type="text" value="10.00"/> <input checked="" type="checkbox"/>					

.... The provider number or name fields cannot be left blank.

You can add or amend any details that are required to be changed. Click or press **Enter/Return**.

The next window displayed provides the facility to enter the Practice Address which is used on the Remittance Account providing the return address for the payment.

Practice Address	
Address: <input type="text"/> <input type="text"/> Suburb: <input type="text"/> State: <input type="text"/> Postcode: <input type="text"/>	
Automatic Patient Number Assignment	
Check box for automatic assignment <input type="checkbox"/>	
AMA Medform Stationery	
Check box if using Medform Sheets <input type="checkbox"/>	
<input checked="" type="checkbox"/>	

Provision is also made to indicate whether the Automatic Number Generator is to be utilised and if so the start number is specified. An option to indicate whether Medform stationery is to be used is also provided. Note: This is not visible if Online Claiming is active.

If a single bank account has been indicated, the following window will be displayed enabling the bank details to be entered or altered. Provision has been made to choose if

item numbers are to be printed on accounts and if a Receipt Required message is to be included. Click or press **Enter/Return**.

Bank Details - Single Bank Account

Account Name:	<input type="text"/>
Bank Name:	<input type="text"/>
Branch:	<input type="text"/>
Bank Account No.:	<input type="text"/>
Cheque Payable Details:	
<input type="text"/>	
Australian Business No. (ABN): <input type="text"/>	
<input type="checkbox"/> Produce Tax Invoices Only. <input type="checkbox"/> Item Numbers Not Printed <div style="border: 1px solid blue; padding: 2px; display: inline-block;">Only CHECK box if Item Numbers are not to be printed on accounts</div>	
<input type="checkbox"/> Print 'Receipt Req' Message. <div style="border: 1px solid blue; padding: 2px; display: inline-block;">Only CHECK box if 'Receipt Required' message is to be printed on Accounts and Overdue Notices</div>	
<input checked="" type="checkbox"/>	

If a multiple bank account has been indicated, the following window will be displayed enabling the bank details to be entered or altered for each practitioner. Provision has been made to choose, by bank account, if item numbers are to be printed on accounts and if a Receipt Required message is to be included. Click or press **Enter/Return**.

Banking Details

Practitioner A:	<input type="text"/> 2102091X	<input type="text"/> Dr N McMahon	<input type="checkbox"/> Item Numbers Not Printed
Account Name:	<input type="text"/> MxSolutions Pty Ltd		<input checked="" type="checkbox"/> Print 'Receipt Req' message
Bank:	<input type="text"/> MOONLIGHT INC.	Branch: <input type="text"/> PERTH	
A/C No.:	<input type="text"/> 001 002 0034	Cheq Payable: <input type="text"/> MxSolutions Pty Ltd	
Practitioner B:	<input type="text"/> 2102101K	<input type="text"/> Dr T Onion	<input type="checkbox"/> Item Numbers Not Printed
Account Name:	<input type="text"/>		<input type="checkbox"/> Print 'Receipt Req' message
Bank:	<input type="text"/>	Branch: <input type="text"/>	
A/C No.:	<input type="text"/>	Cheq Payable: <input type="text"/>	
Practitioner C:			
Account Name:			
Bank:			
A/C No.:			
Practitioner D:			
Account Name:			
Bank:			
A/C No.:			

The next window to be displayed allows the entry of the ABNs one per Practitioner.

AUSTRALIAN BUSINESS NUMBER

Bank A/C for Practitioner	Australian Business No. (ABN)
A <input type="text" value="Dr N McMahon"/>	<input type="text" value="45 652 167 891"/>
B <input type="text" value="Dr T Onion"/>	<input type="checkbox"/> Produce Tax Invoices Only
	<input type="checkbox"/> Produce Tax Invoices Only

If a system generated letterhead has been selected, then a window is displayed allowing the left-hand-side and right-hand-side letterhead information to be entered. Note that this option allows only one letterhead for the Practice and no provision has been made for separate letterheads for each bank account. It has been provided as an alternative to pre-printed letterhead if an ImageWriter II printer is being used.

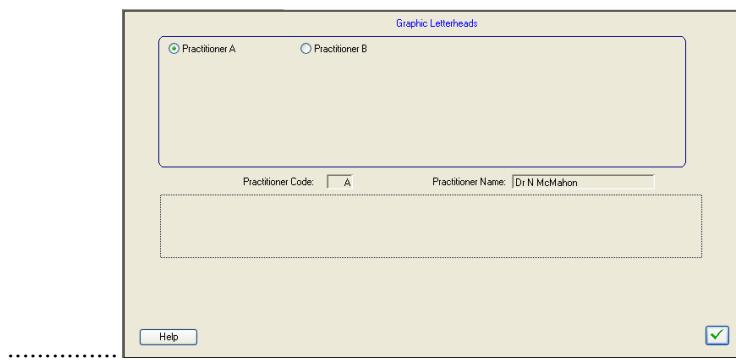
If a single bank account has been indicated and a graphic letterhead chosen, the following window will be displayed enabling a graphic letterhead to be entered or replaced. NOTE: Graphic letterheads are Files constructed in an application such as Microsoft Word Drawing mode using Text boxes (Macintosh or PC), and pasted via the clipboard into MxSolutions. The width of the MxSolutions graphic letterhead window should be maintained and the depth of the graphic should be within 3 cms. If it is truncated, then it should be amended and then re-pasted into MxSolutions. Ensure that you test it out on a report such as a copy account or statement so that it can be checked. The result is *not* always WYSIWYG.

Graphic

MxSolutions Pty Ltd The Best Healthcare Practice	PO Box DALKEITH WA Tel. 0419 44
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..... Click or press **Enter/Return**.

If a multiple bank account has been indicated and a graphic letterhead chosen, the following window will be displayed enabling a graphic letterhead to be entered or replaced for each practitioner. NOTE: Only one graphic may be pasted for each pass. Graphic letterheads are Files constructed in an application such as Microsoft Word Drawing mode using Text boxes (Macintosh or PC), and pasted via the clipboard into MxSolutions. The width of the MxSolutions graphic letterhead window should be maintained and the depth of the graphic should be within 3 cms. If it is truncated, then it should be amended and then re-pasted into MxSolutions. Ensure that you test it out on a report such as a copy account or statement so that it can be checked. The result is *not* always WYSIWYG.



Click or press **Enter/Return**.

.....

The next window displayed allows the fee categories to be defined, and also allows you to define text which is common to all accounts printed.

Fee Category	Fee Description	Insurance Type	Fee Category	Fee Description	Insurance Type	Fee Category	Fee Description	Insurance Type
A	Private	N	J	GMHBA	N	S		
B	Schedule	N	K	HBA	N	T		
C	Rebate	N	L	MBF	I	U		
D	DVA	N	M	HCF	N	V		
E	Public	N	N	NIB	N	W		
F	AMA	I	O	Letrobe Hlth	N	X		
G	MBP	N	P	Mildura Hlth	N	Y		
H	AHSA	N	Q	SGIO	N	Z		
I	HBF	N	R					

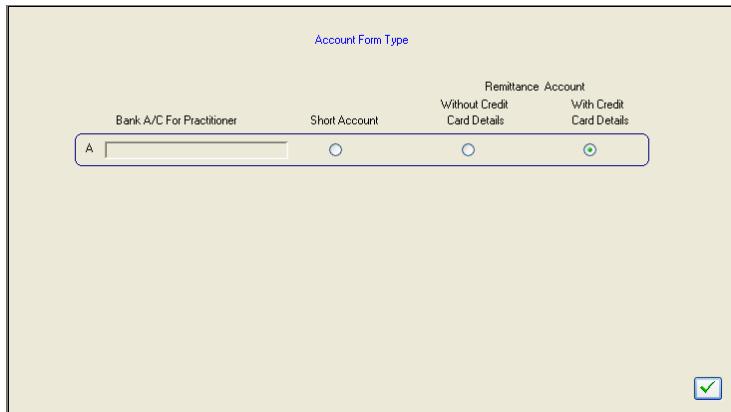
The fee categories have been preset as shown but they may be altered to suit the requirements of your practice. You will note that Fee Category A, Fee Category B, and Fee Category C have been preset to Non-Insurance (indicated by 'N'). The Non-Insurance groups have been defaulted to have reminder notices produced each 30 days and the Insurance groups each 30 days.

If you wish to change this setup, TAB to the field to be altered, highlight it and enter the required configuration.

The Account Message Text enables you to define the message that is to go at the bottom of the current accounts and outstanding accounts. You will note that there is default text already defined which you may delete, alter, or add to.

When the details are as required, click or press **Enter/Return**.

The next window displayed provides a facility to indicate the Account Form Type being used. Provision is made to indicate a different type for each Bank Account as specified. This is so that if one Bank Account has EFTPOS facilities, and another does not, then the accounts so produced reflect this accordingly.



..... Click or press **Enter/Return**.

The next window displayed in this setup series enables the Practitioner list to be defined for window display purposes. It is desirable that the practitioner names are entered here (irrespective of whether they are to be included on accounts, as specified in the first window of this setup series) to ensure that the correct practitioner code is entered for patient details and hence billing, and also for use on the Theatre List.

Practitioner List for Screen Display

Practitioner	Provider Number	Practitioner Name
Practitioner A	<input type="text"/>	<input type="text"/>
Practitioner B	<input type="text"/>	<input type="text"/>
Practitioner C	<input type="text"/>	<input type="text"/>
Practitioner D	<input type="text"/>	<input type="text"/>
Practitioner E	<input type="text"/>	<input type="text"/>
Practitioner F	<input type="text"/>	<input type="text"/>
Practitioner G	<input type="text"/>	<input type="text"/>
Practitioner H	<input type="text"/>	<input type="text"/>
Practitioner I	<input type="text"/>	<input type="text"/>
Practitioner J	<input type="text"/>	<input type="text"/>
Practitioner K	<input type="text"/>	<input type="text"/>
Practitioner L	<input type="text"/>	<input type="text"/>

Practice Address for Request Labels

.....
.....
When the details are entered as required, click or press **Enter/Return**.

The next window to be displayed in this setup series provides a facility to indicate if MxSolutions is being interfaced with Medical Director. If the Box is checked then details of the Pathname to the Directory where Medical Director is residing on the network is entered.

Medical Director
Prescription Writing Software for General Practice

Medical Director (Check Box if using Medical Director)

Link Files to Patients

Create Mxlinkedfiles Folder (Check Box if Using Mxlinkedfiles)

Mxlinkedfiles (Check Box if Using Mxlinkedfiles)

Help

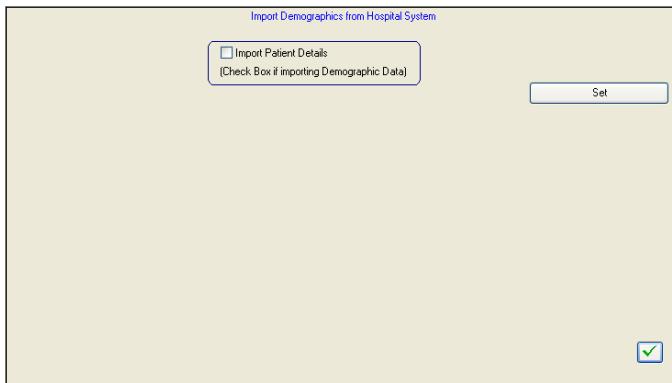
.....
.....
Provision is also available on this window for enabling the MxLinkFiles facility, and indicating whether or not it is Cross-Platform. If the Data Bridge is being used then a facility to indicate a Cross Platform network is being used and the Mac and Windows Paths to the MxLinkedFiles is able to be Set.

.....
.....
When the details are entered as required, click or press **Enter/Return**.



The next window to be displayed in this setup series provides a facility to indicate if MxSolutions is being used with Medicare Online Claiming. If this is the case, then when the checkbox is checked then fields are displayed so that the Online Claiming details may be entered. Please refer to the section describing the use of Medicare Online Claiming with MxSolutions.

When the details are entered as required, click or press **Enter/Return**.



The next window to be displayed in this setup series provides a facility to indicate if MxSolutions is interfacing with a Hospital Administration system whereby the demographics are transferred from the Hospital Administration system to MxSolutions. If this is the case then the path indicating where the transfer file is to reside is set here.

When the details are entered as required, click or press **Enter/Return**.

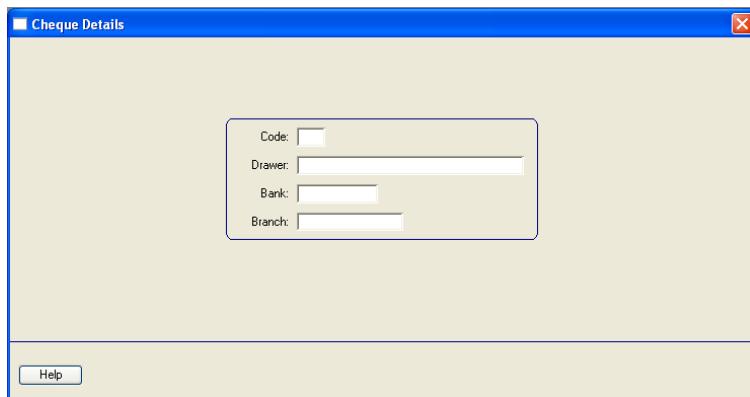
Cheque Details

MxSolutions provides a facility to maintain a number of common cheque details that can be applied to a Receipt.

These cheque details are stored in a table which can be added to, edited, or deleted.

To enable you to add, edit, or delete letters, choose **Cheque Details** from the Reference Files menu.

The following window is displayed to enable you to maintain the table of cheque details.



Inserting a Cheque

To enter the details of a common cheque, or form of money e.g. EFTPOS or DC for Direct Credit) into the list, select **Insert** from the Commands menu (or press Control/Command+I).

..... Enter the **Cheque Number**.

Enter the **Drawer, Bank, and Branch details** which details the cheque or form of money.

..... When the details are as required, click or press **Enter/Return**.

Locating an Cheque

To locate existing cheque details, it must be obtained from the List. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required record in the list displayed.

Editing an Existing Cheque

To edit the cheque or money information obtained, select **Edit** from the commands menu (or press Control/Command+E). Alter the text required. When the details are as required, click or press **Enter/Return**.

Deleting an Existing Cheque

To delete the cheque or money information obtained, select **Delete** from the commands menu (or press Control/Command+D).

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the **Enter/Return** key will have the same result as clicking **NO** and the deletion process will be cancelled.

Fund/Hospital Details

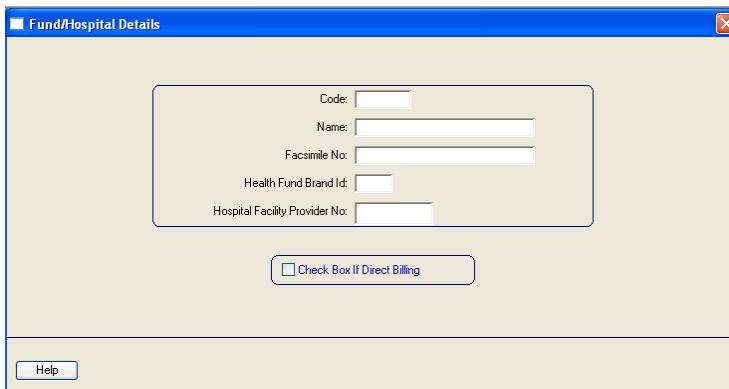
MxSolutions provides a facility to maintain a table of Fund/Hospital details that can be used in ensuring consistency in the coding of Fund and also Hospital if billing a Hospital for 'Fee for Service'.

These Fund/Hospital details are stored in a table which can be added to, edited, or deleted.

Any Hospital, or Organisation (e.g. DVA) that is being Direct Billed must have the check box marked with an X to indicate that Direct Billing is being applied to ledgers with this code in the Fund field on Patient Details.

To enable you to add, edit, or delete letters, choose **Fund/Hospital Details** from the Reference Files menu.

The following window is displayed to enable you to maintain the table of Fund/Hospital details.



Inserting a Fund/Hospital code

To enter the details of Fund/Hospital code into the list, select **Insert** from the Commands menu (or press Control/Command+I).

.....Enter the **Fund/Hospital code**.

Enter the **Fund/Hospital** name that describes the Fund or Hospital. Enter the Facsimile Number of the Hospital if the record is for a Hospital. Enter the Health Fund Brand Id if the record is for a Health Fund. This is obtained from the Health Fund from the get Participants Report from the Medicare Online Menu. If the record

is for a Hospital, enter the Hospital Provider Number from the Provider Details supplied by the MxSolutions Software Vendor. If the record Is required to indicate a Direct Bill ledger, check the box titled Check box if Direct Bill. e.g. Public Hospital Fee for Service record. Click the or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Locating a Fund/Hospital code

To locate existing Fund/Hospital, it must be obtained from the List. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required record in the list displayed.

Editing a Fund/Hospital code

To edit the Fund/Hospital details, select **Edit** from the commands menu (or press Control/Command+E). Alter the text required. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Deleting a Fund/Hospital code

To delete the Fund/Hospital details, select **Delete** from the commands menu (or press Control/Command+D).

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the **Enter/Return** key will have the same result as clicking **NO** and the deletion process will be cancelled.

Fund Payee Details

MxSolutions provides a facility for Fund Payee Details to be entered. This is required for Medicare Online Claiming.

Before either of these functions can be carried out, the Fund Payee Details must first be entered.

To enter or amend Fund Payee Details, choose **Fund Payee Details** from the Reference Files menu.

The following window is displayed to enable you to maintain the Fund Payee details.



Inserting Fund Payee details

To enter the details of Fund Payee details into the list, select **Insert** from the Commands menu (or press Control/Command+I).

Enter the **Practitioner Code** for the Fund Payee Details being setup.

..... Enter the **Fund Code** that describes the Fund.

Enter the **Fund Payee Id** of the Fund for the particular Practitioner.

Check the box if the Practitioner is a **Gap Cover Provider** for that Particular Fund.

Click the or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Locating a Fund Payee record

To locate existing Fund Payee record, it must be obtained from the List. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required record in the list displayed.

Editing a Fund Payee code

To edit the Fund Payee details, select **Edit** from the commands menu (or press Control/Command+E). Alter the text required. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Deleting a Fund Payee code

To delete the Fund Payee details for a particular record, select **Delete** from the commands menu (or press Control/Command+D).

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the **Enter/Return** key will have the same result as clicking **NO** and the deletion process will be cancelled.

Location Details

MxSolutions provides a facility for Location Details to be entered for VMP, Providers and LSPN records. These are required for Medicare Online Claiming and Fee for Service Billing.

The Location Details must first be entered for any of the following:

Fee for Service Billing (VMP) details are required.

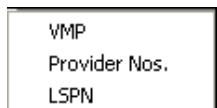
Different Provider Numbers are required where a practitioner is operating from multiple locations for the purpose of Online Claiming.

Also, if an Assistant account is to be transmitted to Medicare for Eclipse Online Claiming, the Provider Number for the Assistant/s are to be entered here. The Practitioner Code for each assistant has to be aligned with the Practitioner Code of the Servicing Surgeon (Payee Provider).

LSPN details are required where a piece of Diagnostic Imaging equipment is being utilised and Online Claiming is being used. One LSPN is required per Item of Equipment.

To enter or amend Location Details, choose **Location Details** from the Reference Files menu and select the required hierarchical menu, VMP, Provider No, or LSPN.

Inserting Location details



Choose either VMP, Provider Number or LSPN from the menu.

To enter the details of VPN, Provider Number or LSPN, select **Insert** from the Commands menu for that location Type (or press Control/Command+I).

Enter the **VPN, Provider No., or LSPN** details of the Location Details list displayed.

Multiple Location details may be entered for a particular Practitioner or LSPN.

Click the or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Locating a Location details record.

To locate existing **VMP**, **Provider No.** or **LSPN** details record, it must be obtained from the List. Select **Find from List** from the appropriate commands menu for the option required, **VMP**, **Provider Nos**, **LSPN** details, (or press Control/Command+L). Click on the required record in the list displayed.

Editing a Location details record.

To edit the Location details, having obtained the required record, select **Edit** from the commands menu (or press Control/Command+E). Alter the fields as required. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Deleting a Location details code.

To delete the Location details for a particular record, select **Delete** from the commands menu (or press Control/Command+D).

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the **Enter/Return** key will have the same result as clicking **NO** and the deletion process will be cancelled.

Letters

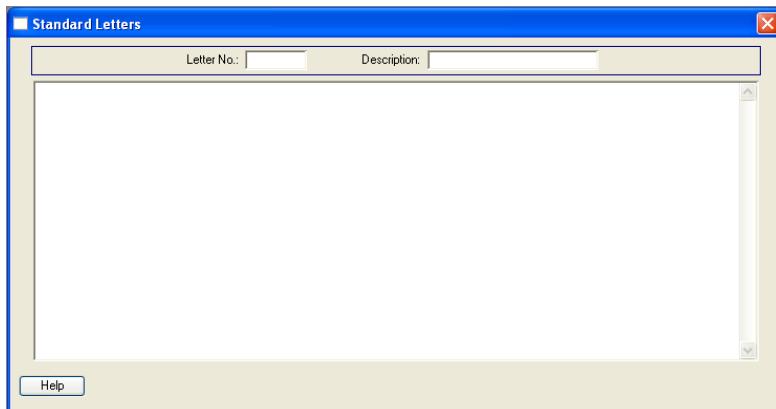
MxSolutions provides a facility to maintain a number of standard letters that can be applied to a Patient, or a Referring Doctor, on either a single basis or a mailmerge. User-defined Recall Letters can be setup if the system generated Recall Letters are not suitable. Information used in Estimates can also be stored here.

These letters are stored in a table which can be added to, edited, or deleted. To enable you to add, edit, or delete letters, choose **Letters** from the Reference Files menu.

NOTE: Letters used using this facility are NOT stored against the Patient Record.

If letters are to be stored against the patient record please see the section on Templates.

The following window is displayed to enable you to maintain the table of letters.



Inserting a Letter

To enter a new letter into the list, select **Insert** from the Commands menu (or press Control/Command+I).

..... Enter the **Letter Number or Code**, and **Description**.

Enter the **text** which comprises the body of the letter and include whatever salutation is required at the end of the letter. When the text required is complete, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Locating an Existing Letter

To locate an existing letter, it must be obtained from the List of Letters. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required letter in the list displayed.

Editing an Existing Letter

To edit the letter obtained, select **Edit** from the commands menu (or press Control/Command+E). Alter the text required. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Deleting an Existing Letter

To delete the letter obtained, select **Delete** from the commands menu (or press Control/Command+D).

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the **Return** key will have the same result as clicking **NO** and the deletion process will be cancelled.

Checking an Existing Letter

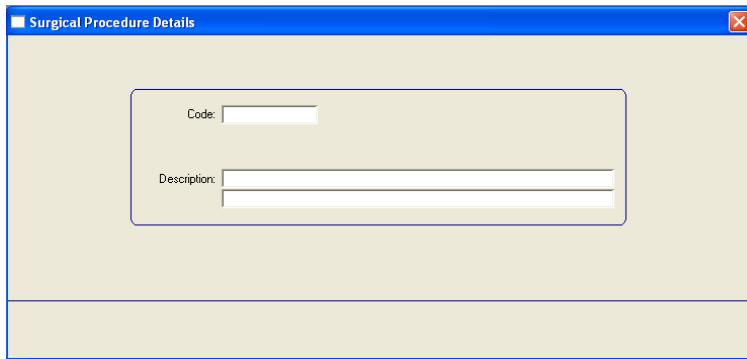
Ensure that each letter entered is tested on your printer before you put it to use. The layout may need to be altered slightly as the screen format is not necessarily WYSIWYG.

Surgical Procedure Details

MxSolutions enables a table of Surgical Procedure Codes and Descriptions to be maintained for use in the Surgical Audit.

To enable you to add, edit, or delete Surgical Procedure records, choose **Surgical Procedures** from the Reference Files menu.

The following window is displayed to enable you to maintain the table of Surgical Procedure records.



Inserting a Surgical Procedure entry

To enter a new Surgical Procedure into the list, select **Insert** from the Commands menu (or press Control/Command+I).

... Enter the **Surgical Procedure Code**, and **Description**.

..... When the entry is complete, press Enter/Return.

Locating an existing Surgical Procedure entry

To locate an existing Surgical Procedure record, it must be obtained from the Surgical Procedure List, provided that it is 'built'. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required record in the list displayed.

Editing a Surgical Procedure entry

To edit the Surgical Procedure record obtained, select **Edit** from the commands menu (or press Control/Command+E). Alter the record as required. When you are finished,

click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Deleting a Surgical Procedure entry

To delete the Surgical Procedure record obtained, select **Delete** from the commands menu (or press Control/Command+D).

.....

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the Enter/Return key will have the same result as clicking **NO** and the deletion process will be cancelled.

Printing the Surgical Procedures File

Select **Print Surgical Procedures File** from the commands menu to print the Surgical Procedures File to either the printer or the screen.

Build the Surgical Procedures List

Select **Build Surgical Procedure List** from the commands menu to build the Surgical Procedures List.

Create Procedures from Items

Rather than manually key in all of the Surgical Procedures that are required, it is possible to create the file electronically from the Item File. Any records that are created, which are not surgical procedures, should be deleted e.g. Initial Consultation. Any procedure codes required in addition to those in the Item File can be added afterwards. Additional codes might be required in the Audit to give a more detailed breakdown of a particular procedure.

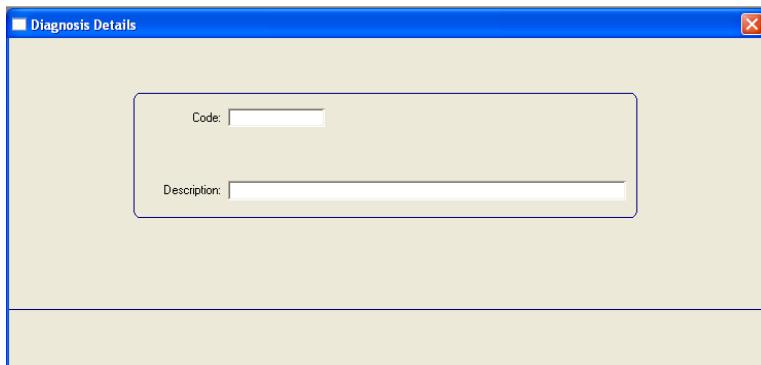
Diagnosis Details

MxSolutions provides a facility for a table of Diagnosis Codes and Descriptions to be maintained for the purpose being able to monitor particular patients in research, and also for use in the Surgical Audit.

As well as diagnosis, other activities may also be recorded and monitored in the system, e.g. use of a new drug; use of a specific procedure; the existence of slides or a video of a specific procedure; use of a treatment.

To enable you to add, edit, or delete Diagnosis records, choose **Diagnosis** from the Reference Files menu.

The following window is displayed to enable you to maintain the table of Diagnosis records.



Inserting a Diagnosis entry

To enter a new Diagnosis into the list, select **Insert** from the Commands menu (or press Control/Command+I).

..... Enter the **Diagnosis Code**, and **Description**.

When the entry is complete, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Locating an existing Diagnosis entry

To locate an existing Diagnosis record, it must be obtained from the Diagnosis List, provided that it is 'built'. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required Diagnosis in the list displayed.

Editing a Diagnosis entry

To edit the Diagnosis record obtained, select **Edit** from the commands menu (or press Control/Command+E). Alter the record as required. When you are finished, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Deleting a Diagnosis entry

To delete the Diagnosis record obtained, select **Delete** from the commands menu (or press Control/Command+D).

.....
When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the Enter/Return key will have the same result as clicking **NO** and the deletion process will be cancelled.

Printing the Diagnosis File

Select **Print Diagnosis File** from the commands menu to print the Diagnosis File to either the printer or the screen.

Build the Diagnosis List

Select **Build Diagnosis List** from the commands menu to build the Diagnosis List.

Clear the Diagnosis List

Select **Clear Diagnosis List** from the commands menu to clear the existing Diagnosis List.

Export Diagnosis Transactions

Select **Export Diagnosis Transactions** from the commands menu to export the Diagnosis Transactions to a file. Ensure that the Output Destination is 'File' and enter the name of the File being created.

Diagnosis Utilities

Export Diagnosis Records

Import Diagnosis Records

Replace Diagnosis Records

These facilities allow for the Export, Import or Replacement of the Diagnosis Records in the Diagnosis File. Tab delimited files are employed with each of these options.

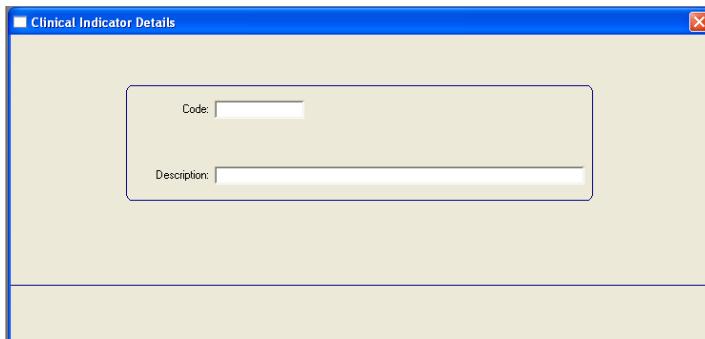
Importing or Replacing Diagnosis Records requires that the Diagnosis File is set to Read/Write. This is done from the selection 'Set File Mode' under the Commands menu of the Diagnosis Details screen.

Clinical Indicator Details

MxSolutions provides a facility to maintain a table of Clinical Indicator Codes and Descriptions for use in the Surgical Audit.

To enable you to add, edit, or delete Clinical Indicator records, choose **Clinical Indicators** from the Reference Files menu.

The following window is displayed to enable you to maintain the table of Clinical Indicator records.



Inserting a Clinical Indicator entry

To enter a new Clinical Indicator into the list, select **Insert** from the Commands menu (or press Control/Command+I).

..... Enter the **Clinical Indicator Code**, and **Description**.

When the entry is complete, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Locating an existing Clinical Indicator entry

To locate an existing Clinical Indicator record, it must be obtained from the Clinical Indicator List, provided that it is 'built'. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required record in the list displayed.

Editing a Clinical Indicator entry

To edit the Clinical Indicator record obtained, select **Edit** from the commands menu (or press Control/Command+E). Alter the record as required. When you are finished,

click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Deleting a Clinical Indicator entry

To delete the Clinical Indicator record obtained, select **Delete** from the commands menu (or press Control/Command+D).

.....

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the Enter/Return key will have the same result as clicking **NO** and the deletion process will be cancelled.

Printing the Clinical Indicator File

Select **Print Clinical Indicator File** from the commands menu to print the Clinical Indicator File to either the printer or the screen.

Build the Clinical Indicator List

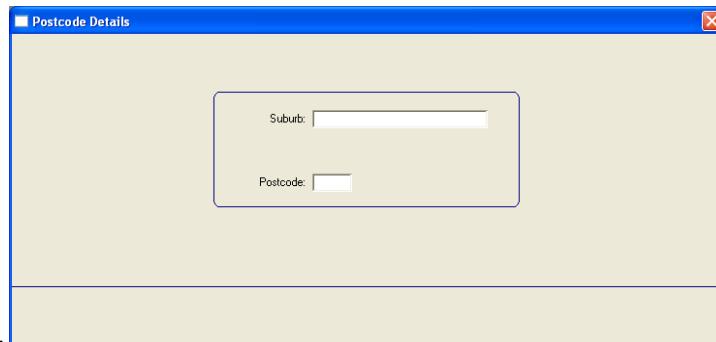
Select **Build Clinical Indicator List** from the commands menu to build the Clinical Indicator List.

Postcode Details

MxSolutions provides a facility to maintain a list of Postcodes. When MxSolutions is supplied, the datafile contains the Postcodes of the **State** where the system is being run. This facility enables Postcodes from other states to be added if required.

To enable you to add, edit, or delete Postcode records, choose **Postcode Details** from the Reference Files menu.

The following window is displayed to enable you to maintain the table of Postcode records.



Inserting a Postcode entry

To enter a new Postcode into the list, select **Insert** from the Commands menu (or press Control/Command+I).

..... Enter the **Postcode**, and **Suburb**.

When the entry is complete, click or press **Enter/Return**. If you decide that you wish to **reject** the entire entry, then click and the record will remain in its previous state.

Locating an existing Postcode entry

To locate an existing Postcode record, it must be obtained from Postcode List, provided that it is 'built'. Select **Find from List** from the commands menu (or press Control/Command+L). Click on the required record in the list displayed.

Editing a Postcode entry

To edit the Postcode record obtained, select **Edit** from the commands menu (or press Control/Command+E). Alter the record as required. When you are finished, click or

press **Enter/Return**. If you decide that you wish to *reject* the entire entry, then click  and the record will remain in its previous state.

Deleting a Postcode entry

To delete the Postcode record obtained, select **Delete** from the commands menu (or press Control/Command+D).

.....

When the **Delete** command is selected the system displays a message box which ask you:

Delete this record. Are you sure?

Provided you have answered **YES** then MxSolutions will delete the record displayed. Pressing the Enter/Return key will have the same result as clicking  and the deletion process will be cancelled.

Printing the Postcode File

Select **Print Postcodes** from the commands menu to print the Postcodes, in either Suburb order or Postcode order, to either the printer or the screen.

Build the Postcode List

Select **Build Postcode List** from the commands menu to build the Postcode List.

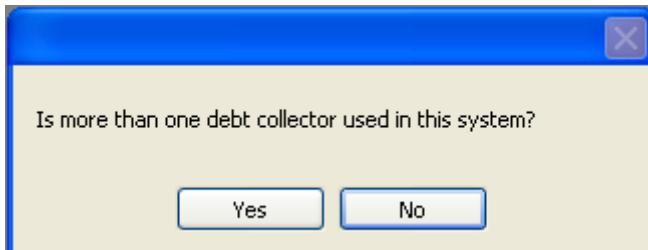
Debt Collection Details

MxSolutions provides a facility for 'Notification for Collection' letters to be generated for bad debtors.

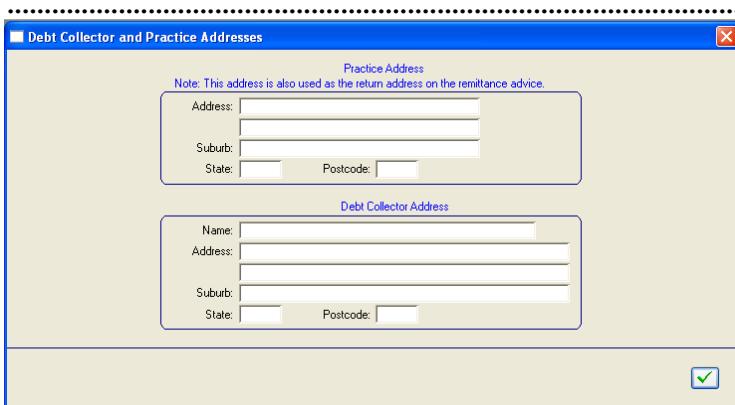
Letters to the Debt Collector giving full details of the outstanding debt can also be printed for bad debtors.

Before either of these functions can be carried out, the Debt Collector Details must first be entered.

To enter or amend Debt Collector Details, choose **Debt Collector Details** from the Reference Files menu.



The following window is displayed to enable you to maintain the Debt Collection details.



Enter the **Practice Address** and the **Debt Collector Name** and **Address Details**.

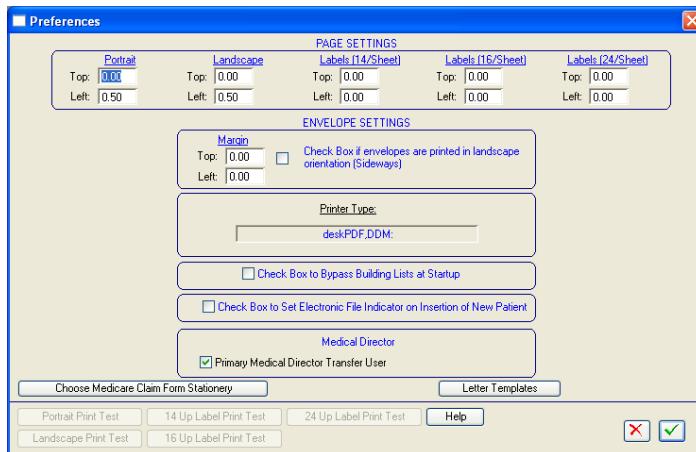
If more than one Debt Collector is used by the Practice then a screen Is provided where a Debt Collector may be entered for each Practitioner's Bank Account as setup in the Practice.

When you are finished, click  or press **Enter/Return**. If you decide that you wish to *reject* the entire entry, then click  and the record will remain in its previous state.

Preferences

MxSolutions provides a facility for 'Preferences' to be setup. These preferences are **local** to each machine on a network. To setup or amend the Preferences, choose **Preferences** from the Reference Files menu.

The following window is displayed to enable you to maintain the Preferences information.



A user can have different printer settings if a different printer is used from this workstation.

Different margin settings for various stationary types, including labels may be set.

A facility is available to prevent various lists from being built at startup for this workstation. This is useful to speed up launching MxSolutions when a VPN is being used.

A facility is available to enable the check box to be automatically checked to indicate 'Electronic File' on the entry of a new patient. This is useful for practices moving to a paperless office solution.

MD Transfer Machine

If the MxSolutions system has been set to utilise the interface to Medical Director, the Preferences of the Computer that is to be designated the 'Transfer Machine' have to be set. Check the box on the Preferences options of the Transfer Computer.

Enter the **Preference** settings as required. When you are finished, click or press **Enter/Return**.

Letter Templates

If the Letter Templates facility is being used in MxSolutions, it is necessary to create, store, and link the template within MxSolutions as follows:

1. Creating a Template

Open MS Word and after selecting your blank Letterhead Template (or blank document if you are using pre-printed stationery), proceed to type the text you require. Where you want specific data from MxSolutions to be included in the letter, you need to type the data element field enclosed in square ([]) brackets. (The key to the text for the data fields is provided in the **Help** window, which is available after you open the Letter Templates window in MxSolutions by choosing the **Reference Files** menu, then selecting the menu line **Preferences** and clicking on the button **Letter Templates**. This may be printed to obtain a copy for future reference.)

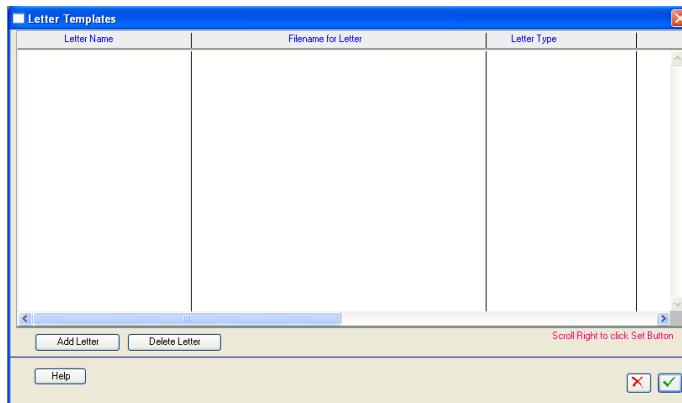
When typing is complete the template **must** be saved in Rich Text Format (RTF) in MS Word.

2. Placing the Template in MxSolutions

Templates should be stored in a folder named **LetterTemplates**. It is recommended that this folder be located in the same folder as the MxSolutions datafile.

3. Storing a Template for future use

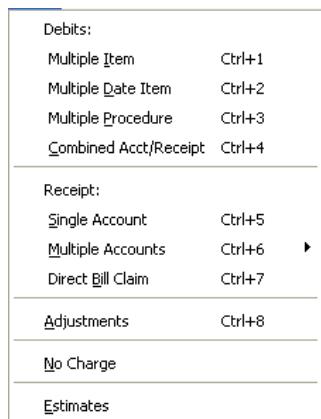
Select the **Reference Files** menu, then select **Preferences** and click the button **Letter Templates** from the Preferences window.



To add a letter, click on the button **Add Letter**, type in your name for the letter and then click the **Set** button. Locate the Letter Template from the **LetterTemplates** folder. Repeat this

process for the number of letters you wish to add, and then click the  button to update the Temporary Letter templates file.

BILLING



The MxSolutions **Billing** Menu is used for the billing processes required to raise debits, to receipt accounts, to make adjustments, to record no charge work and to produce estimates.

Account windows, and the Receipt Single Account window, may be opened from either Patient Details, or from the **Billing** Menu.

If an Account window is opened from Patient Details, the patient is already displayed.

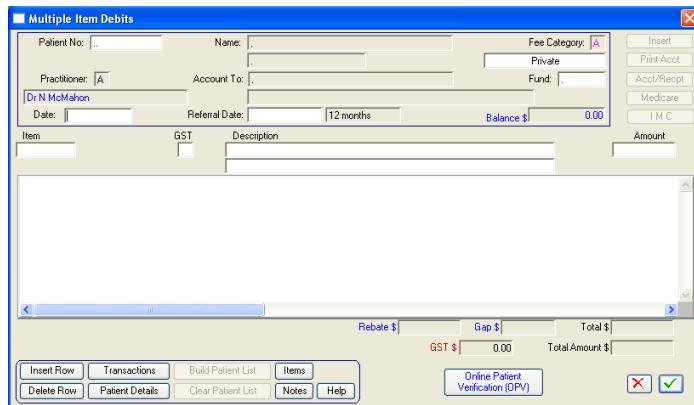
If the **Billing** menu is the path that the window is opened from, the patient is selected by either pressing **Tab** when the cursor is on the Patient No. field and the Patient is selected from the list, or by typing the Patient No. directly into the field and pressing Tab.

The different paths lead to quicker processing, depending on different circumstances.

For example, if you are Billing from a Day List or Theatre list, coming from the Billing menu is quicker. If you are entering the details of a new Patient into the system, and you need to then produce an account, it is quicker to produce the account coming from the Patient Details window which already has the Patient displayed.

Multiple Item Debits

This function provides for one or more Debit transactions to be raised for a patient, all for the same date of service.



Inserting an Account

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will then be displayed on the debit entry window.

NOTE: Expired Referrals are displayed in **red**. If a previous Account Balance is showing in **red**, this indicates that the patient has been sent to the debt collector. Any information in the Notes (Line 1) on the Patient Details window are displayed here also in **red**. If the Fee Category is highlighted in turquoise, the ledger has been set to Bulk Bill.

2. If the date of the transaction (date of service) is Today's Date then press **Tab**, otherwise enter the **Required Date** of the transaction and then press **Tab**.

3. Type the **Item Number** which applies to this debit. *Do not* include the slash or fee category as this is derived from the patient details record. The item *must* however exist on the Item File for this fee category. Press **Tab**.

If the Item Number is not known, then clicking the **Items** Button will display the Item List. This can be displayed in either number or description order. The required item number can be located and clicked on, then it will load onto the billing window. The item selected *must* be for the required fee category of the patient which can be seen in the top right hand corner of the window.

If the Item that is required is **not** on the Item File for the Patient's Fee Category, then it may be added to the Item File whilst entering the Account. Click the **Items** button and then click the **Add Items** button to obtain the window to enter a new set of Item Numbers. When finally pressing **Enter/Return** to store the new items, the window will return to where the item was being entered on the debit window.

4. The **Description** of the item will be displayed. It is highlighted so that you can change it or append further detail if required. Press **Tab**.

NOTE: If the item description on the Item File comprises two lines, then on the billing window the second line of the description is displayed so that this field, too, can be changed. The cursor will not pass through this field if only one line of description exists on the item file. If, on this debit, further description is required and only one line is displayed, data can be entered into the second line for this debit by clicking in the field with the mouse.

When data has been entered into the second description line, when finally the debit is loaded into the list below, the data contained in the second line is displayed to the far right of that debit. If you scroll to the right you can check the contents.

5. The **Fee Amount** for the item will be displayed. It is highlighted so that you can change it if required. The fee may be deleted so that there is a nil amount for this line. Press **Tab** to load the entry into the list. NOTE: The total amount of the account when finally entered must be greater than zero.

6. Repeat steps 3-5 for each item that is to be included on the account for this date of service.

If you wish to enter a **text only** line, then when the cursor is at item number, Tab to Description and type the required description. Tab to Amount and either enter a fee or leave blank and Tab to load the entry into the list.

If you decide that a line that you have entered needs amending, then click on it within the list and it will be displayed in the data entry area enabling you to edit it. Tab to load the corrected entry back into the list.

If you decide that a line that you have entered needs deleting, then click on it within the list and it will be displayed in the data entry area enabling you to delete it. Click the **Delete Row** button at the bottom left of the window.

If you decide that you require a line to be inserted in front of an existing entry, then click on the existing entry within the list and it will be displayed in the data entry area. Click the **Insert Row** button at the bottom left of the window. The cursor will

now be positioned for a new line to be entered. Tab to load the new entry into the list as required.

NOTE: The Medicare Rebate amount is totalled as debits are entered, and the gap calculated accordingly and displayed.

7. When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete account from being raised).

8..... To print these debits on an account, click the **Print** button. These and any existing unprinted debits for this patient will also be printed on the account.

The **Medicare** button is to be used if Online Claiming is being utilised. Please see the section on **Medicare Online Processing with MxSolutions**.

If you require a Medform account where the Medicare Claim form is printed together with the account details, then click the Medform button. *This button is only visible if Online Claiming is not being used.*

If you require a Combined Account/Receipt and need to allocate the payment to the correct debit line, then click the **Acct/Recpt** button. A window will be displayed to allow the payment to be entered and allocated against the required debit transaction/s.

9. When the account has printed, press **Enter/Return** to indicate that the Account *has* printed OK and those debits will be flagged so that they do not print on subsequent accounts for the patient.

10. If neither the Print button, nor the Acct/Recpt button, nor the Medicare button, nor the Medform button is pressed, then the debits will remain as 'unprinted'. They will be printed when a subsequent account is entered and finally printed, or they may be printed in a batch run of 'All Current Accounts', or they may be printed independent of the billing window using 'Print Single Account'. These transactions can be identified by a zero (0) in the A/c column under the Transactions button.

11. If, after printing the Account, it is **not** flagged, i.e. you have indicated that the Account *has not* printed OK, then the debits will remain as 'unprinted'. This is useful if there has been a 'paper-jam' or other printer malfunction, so that the Account can be reprinted.

However, it can be a problem if **No** is accidentally clicked, and the patient *has* received the Account and either the debits are printed again on a subsequent Account in error,

or the ledger is deemed to have unprinted debits remaining and therefore no Overdue Account can be generated. To avoid accidentally clicking *No* with the mouse in response to the question 'Has the Account printed OK', use the **Enter/Return** key in preference as this defaults to **Yes**.

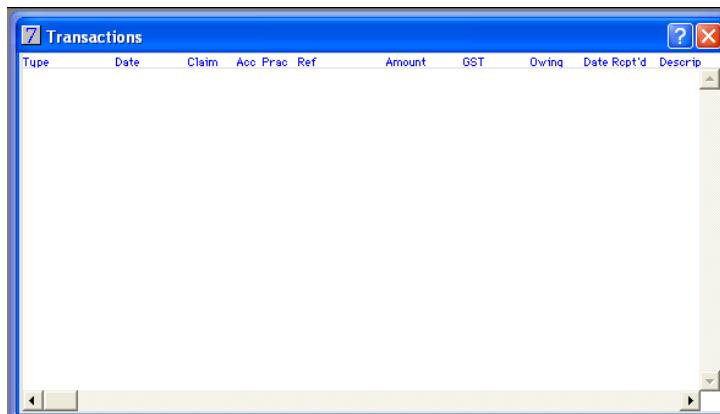
12.NOTE: If you have raised an incorrect debit which you have not noticed until after the Account is printed, *Do Not* click *NO* i.e. do not indicate that the Account has not printed OK. You *must* click *YES* so that the erroneous debit/s are cleared as being printed and thus prevented from being printed with the correct debits after the adjustment is made.

13.The entry of debit transactions affects several areas of the MxSolutions database. In addition to the record being written to the database, the account balance for that patient is updated, the practice debit total for the month is incremented, and the practitioner debit total for the month is incremented.

14.Debit transactions cannot be edited once they have been written to the database. If a debit transaction has been entered in error, a Debit adjustment transaction must be raised to correct the error. This procedure follows the standard accounting conventions which MxSolutions adheres to.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window and to the right.



Type	-	Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.
Date	-	Date of transaction.
Claim	-	Claim No that this entry was printed on (<i>Direct Bill Debit only</i>).
Acc.....	-	Account/Receipt

number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac..... - Practitioner to which the transaction is assigned.

Ref..... - The item number of debit transactions.

Amount - The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.

GST - GST

Owing..... - Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.

Date Recpt'd - Date of last receipt allocated against this item.

Description - Transaction description (viewed when screen is scrolled to the right).



Date Printed -The date that a transaction was printed is shown to the right of the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Patient Details

Either before the Account is entered, (i.e. items debited) or after the Account is printed, it is possible to return to Patient Details for this patient to make changes, e.g. amend an address, correct a name spelling, enter recall information.

Click on the Patient Details button. This Billing window is able to be returned to from Patient Details, however if transactions for the account are incomplete, then the information keyed so far will be lost.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

Items

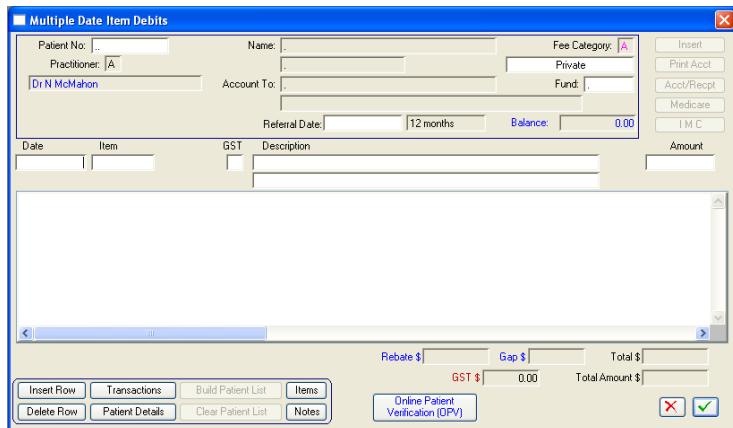
Clicking the **Items** button displays all items that exist in the Item File. This is useful to check if a particular item is present for a particular fee category. You can select an item from the list, provided the record selected is the same fee category as the Patient as shown on the top right hand corner of the window behind.

If the record required is not on the list, a new Item and set of fees may be added whilst in the middle of the billing process. Click the **Add Items** button at the bottom of the window, and a window will be displayed allowing a new Item to be added to the Item File. After all details have been entered and Enter/Return pressed, the billing window is returned.

To close the window after viewing the list only, press the **Close Box** (Macintosh), **Ctrl+F4** (PC) and the Billing window will return.

Multiple Date Item Debits

This function provides for one or more Debit transactions to be raised for a patient, for different dates of service.



Inserting an Account

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the debit entry window.

NOTE: Expired Referrals are displayed in **red**. If a previous Account Balance is showing in **red**, this indicates that the patient has been sent to the debt collector. Any information in the Notes (Line 1) on the Patient Details window are displayed here also in **red**. If the Fee Category is highlighted in turquoise, the ledger has been set to Bulk Bill.

2. Enter the **Required Date** of the transaction and then press **Tab**.

3. Type the **Item Number** which applies to this debit. *Do not* include the slash or fee category as this is derived from the patient details record. The item *must* however exist on the Item File for this fee category. Press **Tab**.

If the Item Number is not known, then clicking the **Items** Button will display the Item List. This can be displayed in either number or description order. The required item number can be located and clicked on, then it will load onto the billing window. The item selected *must* be for the required fee category of the patient which can be seen in

the top right hand corner of the window.

If the Item that is required is **not** on the Item File for the Patient's Fee Category, then it may be added to the Item File whilst entering the Account. Click the **Items** button and then click the **Add Items** button to obtain the window to enter a new set of Item Numbers. When finally pressing Enter/Return to store the new items, the window will return to where the item was being entered on the debit window.

4. The **Description** of the item will be displayed. It is highlighted so that you can change it or append further detail if required. Press **Tab**.

NOTE: If the item description on the Item File comprises two lines, then on the billing window the second line of the description is displayed so that this field, too, can be changed. The cursor will not pass through this field if only one line of description exists on the item file. If, on this debit, further description is required and only one line is displayed, data can be entered into the second line for this debit by clicking in the field with the mouse.

When data has been entered into the second description line, when finally the debit is loaded into the list below, the data contained in the second line is displayed to the far right of that debit. If you scroll to the right you can check the contents.

5. The **Fee Amount** of the item will be displayed. It is highlighted so that you can change it if required. The fee may be deleted so that there is a nil amount for this line. Press **Tab** to load the entry into the list. NOTE: The total of the account when finally entered must be greater than zero.

6. Repeat steps 2-5 for each item that is to be included on the account.

If you wish to enter a **text only** line, then when the cursor is at item number just Tab to Description and type the required description. Tab to amount and either enter a fee or leave blank and Tab to load the entry into the list. **Text only** lines need not include a date, although it is preferable to include the date.

If you decide that a line that you have entered needs amending, then click on it within the list and it will be displayed in the data entry area enabling you to edit it. Tab to load the corrected entry back into the list.

If you decide that a line that you have entered needs deleting, then click on it within the list and it will be displayed in the data entry area enabling you to delete it. Click the **Delete Row** button at the bottom left of the window.

If you decide that you require a line to be inserted in front of an existing entry, then click on the existing entry within the list and it will be displayed in the data entry

area. Click the **Insert Row** button at the bottom left of the window. The cursor will now be positioned for a new line to be entered. Tab to load the new entry into the list as required.

7. When you are finished, click If you decide that you wish to **reject** the entire entry, then click (Note: The Enter/Return key has been disabled to prevent an incomplete account from being raised).

8. To print these debits on an account, click the **Print** button. These and any existing unprinted debits for this patient will be printed on an account.

The **Medicare** button is to be used if Online Claiming is being utilised. Please see the section on **Medicare Online Processing with MxSolutions**.

If you require a Medform account where the Medicare Claim form is printed together with the account details, then click the Medform button. *This button is only visible if Online Claiming is not being used.*

9. When the account has printed, press **Enter/Return** to indicate that the Account *has* printed OK and those debits will be flagged so that they do not print on subsequent accounts for the patient.

10. If neither the Print button, nor the Acct/Recpt button, nor the Medicare button, nor the Medform button is pressed, then the debits will remain as 'unprinted'. They will be printed when a subsequent account is entered and finally printed, or they may be printed in a batch run of 'All Current Accounts', or they may be printed independent of the billing window using 'Print Single Account'. These transactions can be identified by a zero (0) in the A/c column under the Transactions button.

11. If, after printing the Account, it is **not** flagged i.e. indicated that the Account *has not* printed OK, then the debits will remain as 'unprinted'. This is useful if there has been a 'paper-jam' or other printer malfunction, so that the Account can be reprinted.

However, it can be a problem if **NO** is accidentally clicked, and the patient *has* in fact received the Account and either the debits are printed again on a subsequent Account in error, or the ledger is deemed to have unprinted debits remaining and therefore no Overdue Account can be generated. To avoid accidentally clicking *No* with the mouse in response to the question 'Has the Account printed OK', use the Enter/Return key in preference as this defaults to **Yes**.

12. **NOTE:** If you have raised an incorrect debit which you have not noticed until after the Account is printed, *Do Not* click **NO** i.e. do not indicate to MxSolutions that the Account has not printed OK. You *must* click **YES** so that the erroneous debit/s are cleared as being printed and thus prevented from being printed with the correct debits

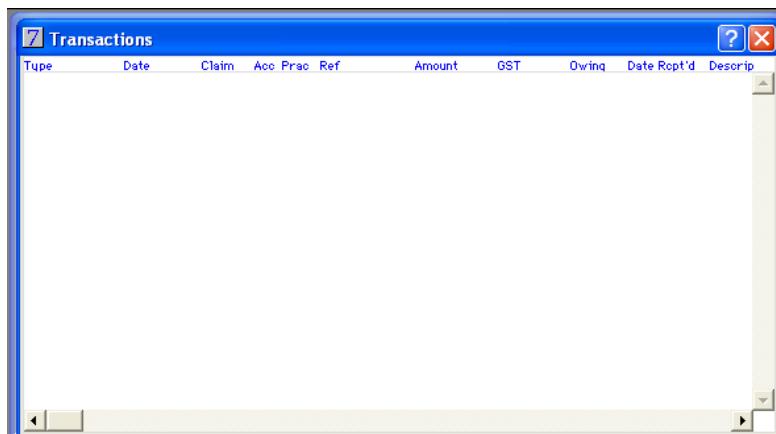
after the adjustment is made.

13.The entry of debit transactions affects several areas of the MxSolutions database. In addition to the record being written to the database, the account balance for that patient is updated, the practice debit total for the month is incremented, and the practitioner debit total for the month is incremented.

14.Debit transactions cannot be amended once they have been written to the database. If a debit transaction has been entered in error, an adjustment transaction must be raised to correct the error. This procedure follows the standard accounting conventions which MxSolutions adheres to.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window and to the right.



Type Transaction type,
e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.
Date Date of transaction.
Claim Claim No that this entry was printed on (*Direct Bill Debit only*).
Acc Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac	-	Practitioner to which the transaction is assigned.
Ref.....	-	The item number of debit transactions.
Amount	-	The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.
GST	-	GST
Owing.....	-	Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.
Date Recpt'd	-	Date of last receipt allocated against this item.
Description	-	Transaction description (viewed when screen is scrolled to the right).



Date Printed -The date that a transaction was printed is shown to the right of the description.

Assist Paid - P indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Patient Details

Either before the Account is entered, (i.e. items debited) or after the Account is printed, it is possible to return to Patient Details for this patient to make changes, e.g. amend an address, correct a name spelling, enter recall information.

Click on the Patient Details button. This Billing window is able to be returned to from Patient Details, however if transactions for the account are incomplete, then the information keyed so far will be lost.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

Items

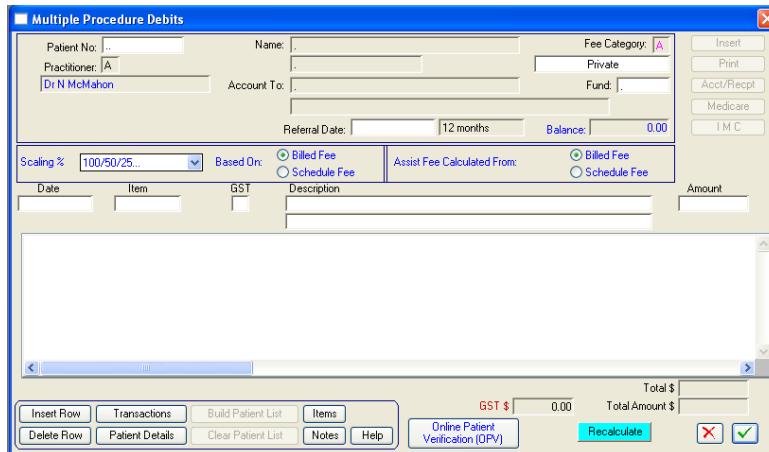
Clicking the **Items** button displays all items that exist in the Item File. This is useful to check if a particular item is present for a particular fee category. You can select an item from the list, provided the record selected is the same fee category as the Patient, as shown on the top right hand corner of the window behind.

If the record required is not on the list, a new Item and set of fees may be added whilst in the middle of the billing process. Click the **Add Items** button at the bottom of the window, and a window will be displayed allowing a new Item to be added to the Item File. After all details have been entered and Enter/Return pressed, the billing window is returned.

To close the window after viewing the list only, press the **Close Box** (Macintosh), **Ctrl+F4** (PC) and the Billing window will return.

Multiple Procedure

This function facilitates the automatic percentage scaling of items for an account comprising Multiple Procedures, and enables further debits to be raised for different dates of service after the recalculate of the multiple procedure. This window is also used to automatically calculate an assistant fee for an operation.



Inserting an Account

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the debit entry window.

NOTE: Expired Referrals are displayed in **red**. If a previous Account Balance is showing in **red**, this indicates that the patient has been sent to the debt collector. Any information in the Notes (Line 1) on the Patient Details window are displayed here also in **red**. If the Fee Category is highlighted in turquoise, the ledger has been set to Bulk Bill.

2. Select the scaling rate that is to be applied. **Note:** Some Health Funds require the scaling to be based on the HIC *schedule* rate, not the *billed* rate. Also, check the box to indicate the rate at which the Assistant Fee is to be calculated, i.e. based on the *schedule* fee or the *billed* fee.

NOTE: Once the settings are made, and used once, they will remain each time the window is opened, until they are altered.

3..... Enter the **Required Date** of the Multiple Procedure and then press **Tab**.

4..... Type the **Item Number** which applies to this debit. *Do not* include the slash or fee category as this is derived from the patient details record. The item *must* however exist on the Item File for this fee category. Press **Tab**.

If the Item Number is not known, then clicking the **Items** Button will display the Item List. This can be displayed in either number or description order. The required item number can be located and clicked on, then it will load onto the billing window. The item selected *must* be for the required fee category of the patient which can be seen in the top right hand corner of the window.

If the Item that is required is **not** on the Item File for the Patient's Fee Category, then it may be added to the Item File whilst entering the Account. Click the **Items** button and then click the **Add Items** button to obtain the window to enter a new set of Item Numbers. When finally pressing Enter/Return to store the new items, the window will return to where the item was being entered on the account.

5.The **Description** of the item will be displayed. It is highlighted so that you can change it or append further detail if required. Press **Tab**.

NOTE: If the item description on the Item File comprises two lines, then on the billing window the second line of the description is displayed so that this field, too, can be changed. The cursor will not pass through this field if only one line of description exists on the item file. If, on this debit, further description is required and only one line is displayed, data can be entered into the second line for this debit by clicking in the field with the mouse.

When data has been entered into the second description line, when finally the debit is loaded into the list below, the data contained in the second line is displayed to the far right of that debit. If you scroll to the right you can check the contents.

6.The **Fee Amount** of the item will be displayed. It is highlighted so that you can change it if required. Press **Tab** to load the entry into the list.

7.....Press **Tab**, and the **Date** of the procedure will appear.

8.Repeat steps 4-6 for each item that is to be included in the **multiple procedure**.

.....
Tab over the date field for each operation item to be included in the recalculation, since they are all for the same date.

9..... When all items to be included in the Multiple Procedure are entered, click the **Recalculate** button. You will note that they will sort into descending order of fee amount and are then scaled, according to the scaling selection chosen.

NOTE: If the account comprises only one item and an Assist Fee is to be applied, then click the **Recalculate** button after entering the operation item number, then enter the Assistant Item Number and complete the account.

10..... If an Assistant Fee is to be included in this account for this procedure, then this should be the transaction *next* entered. The Assistant Fee item for the particular assistant must exist on the Item File (with a zero amount). When the Assistant Fee is entered into this window, it automatically calculates the fee as being 1/5 of the recalculated Multiple Procedure total, either at the schedule or billed rate according to the option indicated on the window.

Items not eligible for inclusion in the Assist Fee calculation are excluded provided *ineligibility* has been identified on the Item File.

NOTE: If the Assist Fee Loadings (percentages) have been entered in the Item File (Item No 51303*) then provided the Scaling and Assist Fee percentage have been set to 'Schedule' then the Assistant Fee will be set to the 1/5th of the Schedule Fee for the Surgical Items plus the Loading as indicated by the Health Fund Fee Category for that Item.

11.If you wish to enter a debit for a Consultation, prior to the Multiple Procedure debits, this should be entered next. Click on the first multiple procedure entry within the list and it will be displayed in the data entry area. Click the **Insert Row** button at the bottom left of the window. The cursor will now be positioned for a new line to be entered. Enter the debit for the Consultation, i.e. date, item and Tab to load the new entry into the list . You will find that it has been positioned as the first entry of the account as required.

12.If you decide that you require a **text only** line to be inserted in front of an existing entry, then click on the existing entry within the list and it will be displayed in the data entry area. Click the **Insert Row** button at the bottom left of the window. The cursor will now be positioned for a new line to be entered. Tab to Description and type the required description, then Tab to load the new entry into the list as required.

13.If you decide that a line that you have entered needs amending, then click on it within the list and it will be displayed in the data entry area enabling you to edit it. Tab to load the corrected entry back into the list.

14.If you decide that a line that you have entered needs deleting, then click on it within the list and it will be displayed in the data entry area enabling you to delete it. Click the **Delete Row** button at the bottom left of the window. Be sure that this does not affect the Multiple Procedure lines which have been recalculated.

15.When you are finished, click . If you decide that you wish to *reject* the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete account from being raised).

16.To print these debits on an account, click the **Print** button. These and any existing unprinted debits for this patient will be printed on an account.

The **Medicare and IMC** buttons are to be used if Online Claiming is being utilised. Please see the section on **Medicare Online Processing with MxSolutions**.

17.When the account has printed, Press **Enter/Return** to indicate that the Account *has* printed OK and those debits will be flagged so that they do not print on subsequent accounts for the patient.

18.If neither the Print button nor the Medicare button is pressed, then the debits will remain as 'unprinted'. They will print when next another account is entered and finally printed, or they may be printed in a batch run of 'All Current Accounts', or may printed independent of the billing window using 'Print Single Account'.

19.If, after printing the Account, it is **not** flagged i.e. indicated that the Account *has not* printed OK, then the debits will remain as 'unprinted'. This is useful if there has been a 'paper-jam' or other printer malfunction, so that the Account can be reprinted.

However, it can be a problem if done accidentally, and the patient *has* in fact received the Account and either the debits are printed again on a subsequent Account in error, or the ledger is deemed to have unprinted debits remaining and therefore no Overdue Account can be generated. To avoid accidentally clicking *No* with the mouse in response to the question 'Has the Account printed OK', use the **Return** key in preference as this defaults to **Yes**.

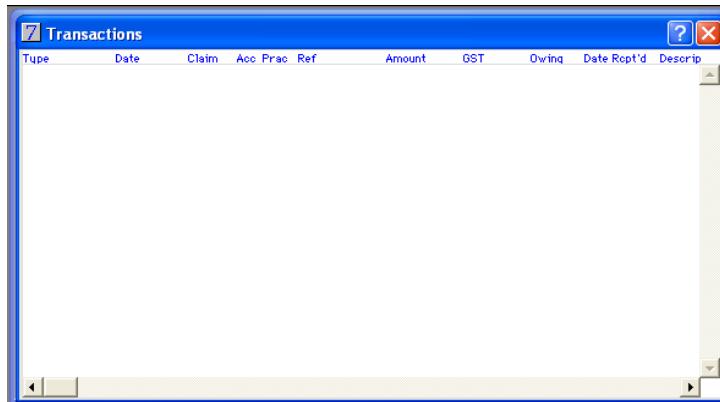
20.NOTE: If you have raised an incorrect debit which you have not noticed until after the Account is printed, *Do Not* click **NO** i.e. do not indicate to MxSolutions that the Account has not printed OK. You *must* click **YES** so that the erroneous debit/s are cleared as being printed and thus prevented from being printed with the correct debits after the adjustment is made.

21.The entry of debit transactions affects several areas of the MxSolutions database. In addition to the record being written to the database, the account balance for that patient is updated, the practice debit total for the month is incremented, and the practitioner debit total for the month is incremented.

22.Debit transactions cannot be amended once they have been written to the database. If a debit transaction has been entered in error, a Debit adjustment transaction must be raised to correct the error. This procedure follows the standard accounting conventions which MxSolutions adheres to.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window and to the right.



Type	-	Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.
Date	-	Date of transaction.
Claim	-	Claim No that this entry was printed on (<i>Direct Bill Debit only</i>).
Acc	-	Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.
Prac	-	Practitioner to which the transaction is assigned.
Ref	-	The item number of debit transactions.
Amount	-	The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.
GST	-	GST
Owing	-	Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.
Date Rpt'd	-	Date of last receipt allocated against this item.

Description - Transaction description (viewed when screen is scrolled to the right).



Date Printed - The date that a transaction was printed is shown to the right of the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Patient Details

Either before the Account is entered, (i.e. items debited) or after the Account is printed, it is possible to return to Patient Details for this patient to make changes, e.g. amend an address, correct a name spelling, enter recall information.

Click on the Patient Details button. This Billing window is able to be returned to from Patient Details, however if transactions for the account are incomplete, then the information keyed so far will be lost.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if

MxSolutions is operating over a network.

Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

Items

Clicking the **Items** button displays all items that exist in the Item File. This is useful to check if a particular item is present for a particular fee category. You can select an item from the list, provided the record selected is the same fee category as the Patient as shown on the top right hand corner of the window behind.

If the record required is not on the list, a new Item and set of fees may be added whilst in the middle of the billing process. Click the **Add Items** button at the bottom of the window, and a window will be displayed allowing a new Item to be added to the Item File. After all details have been entered and Enter/Return pressed, the billing window is returned.

To close the window after viewing the list only, press the **Close Box** (Macintosh), **Ctrl+F4** (PC) and the Billing window will return.

Combined Account/Receipt

This function enables Item Debit transactions to be raised for a patient, and receipted, from the one data entry window. If the Receipt portion of the data is present, then a Combined Account/Receipt will be printed. This window can be used to raise the debits only and an Account only will be printed.

This window is also useful if a debit is required to be entered into the system, flagged as printed yet not printed on an Account. E.g. entering a debit when a Medicare Bulk Billing Voucher has been used.

Inserting an Account

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the debit entry window.

NOTE: Expired Referrals are displayed in **red**. If a previous Account Balance is showing in **red**, this indicates that the patient has been sent to the debt collector. Any information in the Notes (Line 1) on the Patient Details window are displayed here also in **red**. If the Fee Category is highlighted in turquoise, the ledger has been set to Bulk Bill.

2. If the date of the transaction (date of service) is Today's Date, press **Tab**, otherwise enter the **Required Date** of the transaction and then press Tab.

3 Type the **Item Number** which applies to this debit. *Do not* include the slash or fee category as this is derived from the patient details record. The item *must* however exist on the Item File for this fee category. Press **Tab**.

If the Item Number is not known, then clicking the **Items** Button will display the Item List. This can be displayed in either number or description order. The required item number can be located and clicked on, then it will load onto the billing window. The item selected *must* be for the required fee category of the patient which can be seen in the top right hand corner of the window.

If the Item that is required is **not** on the Item File for the Patient's Fee Category, then it may be added to the Item File whilst entering the Account. Click the **Items** button and then click the **Add Items** button to obtain the window to enter a new set of Item Numbers. When finally pressing Enter/Return to store the new items, the window will return to where the item was being entered on the account.

4. The **Description** of the item will be displayed. It is highlighted so that you can change it or append further detail if required. Press **Tab**.

NOTE: This window is designed to be used primarily for payment of consultations raised at the end of the visit. As these item descriptions are usually only one line in length, only one line is shown here. If the item used is a two line item on the item file, then the second line will show on the combined account/receipt printed but not show on the window. If you would rather have the facility to view and change the second line of an item description then use the Multiple Item Debit window in preference, and click on the Acct/Recpt button to enable the payment.

5. The **Fee Amount** of the item will be displayed. It is highlighted so that you can change it if required. The fee may be deleted so that there is a nil amount for this line. Press **Tab** to load the entry into the list. NOTE: The total of the account when finally entered must be greater than zero.

6. Repeat steps 3-5 for each item that is to be included on the account for this date of service.

If you wish to enter a **text only** line, then when the cursor is at item number just Tab to Description and type the required description. Tab to amount and either enter a fee or leave blank and Tab to load the entry into the list.

If you decide that a line that you have entered needs amending, then click on it within the list and it will be displayed in the data entry area enabling you to edit it. Tab to load the corrected entry back into the list.

If you decide that a line that you have entered needs deleting, then click on it within the list and it will be displayed in the data entry area enabling you to delete it. Click the **Delete Row** button at the bottom left of the window.

If you decide that you require a line to be inserted in front of an existing entry, then click on the existing entry within the list and it will be displayed in the data entry area. Click the **Insert Row** button at the bottom left of the window. The cursor will now be positioned for a new line to be entered. Tab to load the new entry into the list as required.

7.The **mouse** must be used to move to the payment area enabling the entry of the payment amounts. Enter, for each form of money, the Drawer, Bank and Branch fields, and the amount.

8.If there is an amount to be written off, then use the **mouse** to move to the write-off field to enter the **write-off amount**.

9.When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete account from being raised).

10.To print these entries on an account, click the **Print** button. These and any existing unprinted debits for this patient will be printed on the Combined Account/Receipt.

11.If an Account is not to be printed, click the **No Print** button. These and any existing unprinted debits for this patient will be flagged as printed but not physically printed.

12.When the Combined Account/Receipt has printed, Press Enter/Return to indicate that the Account *has* printed OK and those debits will be flagged so that they do not print on subsequent accounts for the patient.

13.If neither the **Print** button nor the **No Print** button is pressed, then the debits will remain as 'unprinted'. They will print when next another account is entered and finally printed, or they may be printed in a batch run of 'All Current Accounts', or may printed independent of the billing window using 'Print Single Account'.

14.If, after printing the Account, it is **not** flagged i.e. indicated that the Account *has not* printed OK, then the debits will remain as 'unprinted'. This is useful if there has been a 'paper-jam' or other printer malfunction, so that the Account can be reprinted.

However, it can be a problem if done accidentally, and the patient *has* in fact received the Account and either the debits are printed again on a subsequent Account in error,

or the ledger is deemed to have unprinted debits remaining and therefore no Overdue Account can be generated. To avoid accidentally clicking *No* with the mouse in response to the question 'Has the Account printed OK', use the **Enter/Return** key in preference as this defaults to **Yes**.

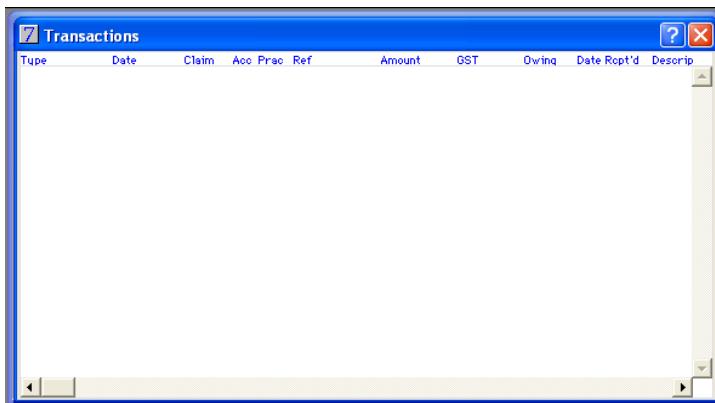
15.NOTE: If you have raised an incorrect debit which you have not noticed until after the Account is printed, *Do Not* click *NO* i.e. do not indicate to MxSolutions that the Account has not printed OK. You *must* click *YES* so that the erroneous debit/s are cleared as being printed and thus prevented from being printed with the correct debits after the adjustment is made.

16.The entry of debit transactions affects several areas of the MxSolutions database. In addition to the records being written to the database, the account balance for that patient is updated accordingly, the practice debit total for the month is incremented, and the practitioner debit total for the month is incremented. If the receipt portion of the transaction is present then the practice receipt total for the month is incremented, and the practitioner receipt total for the month is incremented.

17.Neither Debit transactions nor Receipt Transactions can be amended once they have been written to the database. If a combined account/receipt has been entered in error, adjustment transactions must be raised to correct the error. The receipt entry adjustment to reverse the receipt component must be raised first, then the debit entry adjustment can be raised. This procedure follows the standard accounting conventions which MxSolutions adheres to.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window and to the right.



Type Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.

Date Date of transaction.

Claim Claim No that this entry was printed on (*Direct Bill Debit only*).

Acc Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac Practitioner to which the transaction is assigned.

Ref The item number of debit transactions.

Amount The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.

GST GST

Owing Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.

Date Recpt'd Date of last receipt allocated against this item.

Description Transaction description (viewed when screen is scrolled to the right).



Date Printed -The date that a transaction was printed is shown to the right of

the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Patient Details

Either before the Account is entered, (i.e. items debited) or after the Account is printed, it is possible to return to Patient Details for this patient to make changes, e.g. amend an address, correct a name spelling, enter recall information.

Click on the Patient Details button. This Billing window is able to be returned to from Patient Details, however if transactions for the account are incomplete, then the information keyed so far will be lost.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network

environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

Items

Clicking the **Items** button displays all items that exist in the Item File. This is useful to check if a particular item is present for a particular fee category. You can select an item from the list, provided the record selected is the same fee category as the Patient as shown on the top right hand corner of the window behind.

If the record required is not on the list, a new Item and set of fees may be added whilst in the middle of the billing process. Click the **Add Items** button at the bottom of the window, and a window will be displayed allowing a new Item to be added to the Item File. After all details have been entered and Enter/Return pressed, the billing window is returned.

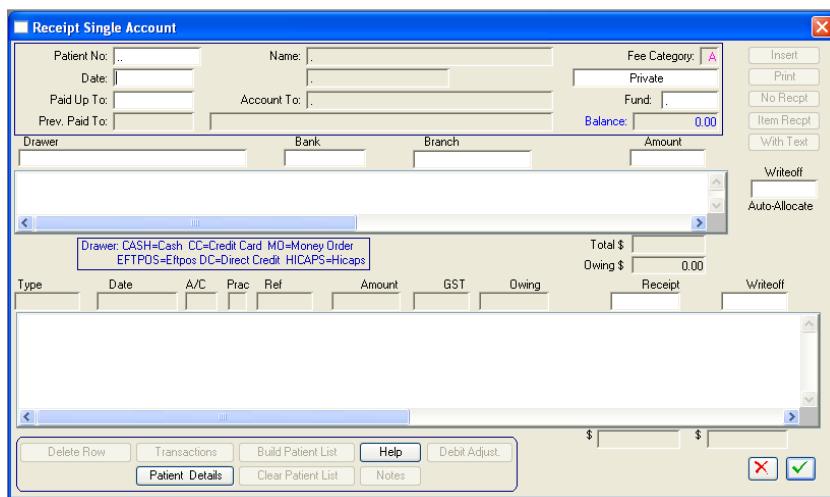
To close the window after viewing the list only, press the **Close Box** (Macintosh), **Ctrl+F4** (PC) and the Billing window will return.

Receipt Single Account

This function provides for a Receipt to be produced for a patient, with one or more than one form of money able to be entered, i.e. cheque/cash/credit-card/ money order/direct credit. An amount may also be entered to write-off all or part of the account balance. The Receipt and Write-off amounts may either be allocated against items automatically (auto-allocation), or allocated to specific items (user-allocation).

Receipt details may be entered at any time **after you have printed a patient's Account**, or you can enter Receipt details prior to the generation of an account if a deposit is being made. These details are printed on a Receipt, if required. They are also printed on the Bank Deposit when it is next generated.

Choose **Receipt Single Account** from the Billing menu and the following window will be displayed.



Inserting a Receipt

- 1..... Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients.

If the cheque is a Medicare Cheque and the name of the cheque is not that of the patient, then by clicking on the button to display the Patient List in order of *Suburb* enables a search by address to be easily carried out and hence pick out the patient

name against which the cheque is to be receipted. (If the Patient list has been changed to be in order of Suburb, it will remain in this sequence until altered back to Surname order).

Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information and transactions will be displayed on the receipt entry window for verification to ensure that the correct ledger has been selected.

2.If the date of the transaction is for Today's Date press **Tab**, otherwise enter the Required **Date** of the transaction and then press Tab.

3.If the Patient/debtor is set to Time Payment, then when **Tab** is pressed after entering the Receipt Date, the cursor will be placed at the Paid-Up-To field. This allows the paid up to date to be entered. The Paid-Up-To Date will default to To-days Date and needs to be overwritten with the correct date should the Time Payment instalments not be up to date.

For Example: Assume instalments are 3 months overdue and are being paid monthly; If the payment amount is for the full 3 months owing, then the Paid-Up-To Date should be To-days Date as defaulted. If the payment amount is for say, 1 month only, then the Paid-Up-To Date should be set to a date which is 2 months prior to To-Days Date. If the payment amount is for an amount which brings the payments to an advanced state, then the Paid-Up-To Date should be set to whatever date from now that the instalments are paid to.

4.Type the **Cheque Details** which apply to this transaction being entered, and press **Tab** after each field.

The Cheque Details comprise: DRAWER, BANK, and BRANCH.

For commonly used cheques, e.g. MEDICARE RESERVE SYDNEY, **Tab** leaving the Drawer field blank and click on the required cheque details. If the cheque details of the common cheque are not in the list, click on the button **ADD CHEQUE DETAILS** and add the common cheque to the list.

If the commonly used cheque is in the list and you know the code, then when the cursor is on the Drawer field, type the code, e.g. 1 and **Tab**, and the cheque details will automatically be displayed and hence save typing time. The cursor remains on the Drawer field so that either the Patient Surname or the Cheque Number can be appended (use → to place the cursor at the end of the Drawer field).

When the money received is cash then the Drawer field must contain the word **CASH**, and the remaining cheque details must be left blank.

When the money received is by Money Order then the Drawer field must contain the letters **MO** only, and the remaining cheque details must be left blank. If you wish to force money orders onto the Bank Deposit as cheques then type MONEY ORDER in the Drawer field instead of MO and leave Bank and Branch details blank.

..... When the money received is by Credit Card, then the Drawer field must contain the letters **CC** only, and the remaining cheque details must be left blank.

When the money received is by EFTPOS, then the Drawer field must contain the letters **EFTPOS** only, and the remaining cheque details must be left blank.

..... When the money received is by Direct Credit, then the Drawer field must contain the letters **DC** only, and the remaining cheque details must be left blank.

When the money received is by Hicaps, then the Drawer field must contain the letters **HICAPS** only, and the remaining cheque details must be left blank.

This format enables the Bank Deposit to be produced accurately. (Drawer field is mandatory).

5. Type the **Amount**. Press **Tab** to load the entry into the list.

6. Repeat steps 4-5 for each form of money received. e.g. Medicare Cheque and Personal Cheque, or HICAPS and EFTPOS.

7. If you have decided to accept rebate only, then you are able to receipt the rebate cheque and write-off the GAP amount together in the one process.

It is useful to put a message in Note Line 1 on the Patient Details window for the patient indicating 'Rebate Only Accepted' when the patient details are first set-up and you decide the appropriate fee category.

This message will then be displayed on the Receipt window as a reminder to write-off the GAP amount when the Rebate payment is being entered. Writing off the GAP amount with the payment ensures that the Receipt thus printed will show the correct outstanding balance, and not indicate that the GAP amount is still outstanding.

8. You have a choice to either allocate the money received against specific items yourself (user-allocation) or allow MxSolutions to allocate the money based on the first item being receipted first, followed by the next....and so on until all the money received has been allocated (auto-allocation). **It is recommended that User Allocation be carried out unless the account is being Paid in Full.**

NOTE: If a ledger is to go into **Credit**, do not attempt to User-Allocate as it is not possible to allocate more than the amount owing against each debit.

.....

Auto-allocation

(Recommended only if No Previous Balance exists)

Auto-allocation allocates the receipts to debits based on a FIFO method, ie outstanding amounts that are oldest are allocated first. This is why this method is recommended only if no Previous debit exists for the patient except the one/s that are being receipted for this process, bringing the outstanding balance to zero.

If you have decided to accept rebate only and you are auto-allocating, then you may enter the write-off amount in the box located next to where the money was entered and labelled Write-off .. Auto-allocation. You may correct any entries.

When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete receipt from being raised).

.....User-allocation – (the recommended method)

You will see the transactions displayed in the list at the lower half of the window. Click against the first debit entry to be allocated and enter the receipt amount for this item and press **Tab**. Enter the write-off amount, if applicable, and press **Tab** to load the entry back into the list.

Receipt/write-off entries can only be applied to entries with amounts owing, and the Receipt + Write-off amount must not be greater than the Amount Owing.

Click other debit entries that are to be allocated the receipt amounts as required until the total amount allocated equals the total amount receipted.

When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete receipt from being raised).

9. When is clicked, a new receipt transaction record is inserted into the database, and the amounts owing against the transactions updated accordingly. Any write-off amounts initiate a debit adjustment transaction accordingly. The account balance for that patient is updated, the practice receipt total for the month is incremented, and the practitioner receipt total for the month is incremented according to the practitioner against which the debits were raised. The write-off amounts are deducted from the practice and practitioner debit totals, based on the dates of the debit transactions being written off, and the practitioner/s responsible.

10. To print the receipt, click the **Receipt** button. These and any existing unprinted

receipts for this patient will be printed.

When the receipt has printed, press **Enter/Return** to indicate that the Receipt *has* printed OK and those receipt entries will be flagged so that they do not print on a subsequent receipt for the patient.

11. If a receipt is *not required* to be printed, then click **No Recpt** and the receipt entries will be flagged so that they do not print. You can obtain a Duplicate Receipt for any selected payment entries if one is required at a later date.

12. If an *itemised receipt* is required then click **Item Recpt** and debit entries that have been fully paid-up and not previously printed on an itemised receipt will be printed together with the Receipt details.

When the receipt has printed, Press **Enter/Return** to indicate that the Receipt *has* printed OK and those receipt entries will be flagged so that they do not print on a subsequent receipt for the patient.

13. Receipt transactions cannot be amended once they have been written to the database. If a receipt transaction has been entered in error, a Receipt Adjustment transaction must be raised to correct the error. This procedure follows the standard accounting conventions which MxSolutions adheres to.

Similarly, adjustment transactions cannot be amended once they have been written to the database. If a write-off transaction has been entered in error, a further adjustment transaction must be carried out to correct the error.

14. To correct the erroneous payment, having indicated that the Receipt *has* printed OK, go to Adjustments and choose **Receipt Adjustment**. **Reverse** the incorrect payment amount by increasing the account balance by the erroneous amount. If the adjustment is being made in the same banking frame as the erroneous receipt, then this adjustment **is** to be printed on the Bank Deposit. If it is in a different banking frame, then **do not** print the adjustment on the Bank Deposit.

Re-enter the Receipt correctly.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in

the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window.



Type - Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.

Date - Date of transaction.

Claim - Claim No that this entry was printed on (*Direct Bill Debit only*).

Acc - Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac - Practitioner to which the transaction is assigned.

Ref - The item number of debit transactions.

Amount - The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.

GST - GST

Owing - Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.

Receipt - Date of last receipt allocated against this item.

Description - Transaction description (viewed when screen is scrolled to the right).



Date Printed - The date that a transaction was printed is shown to the right of the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Receipt Single Account window will return.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

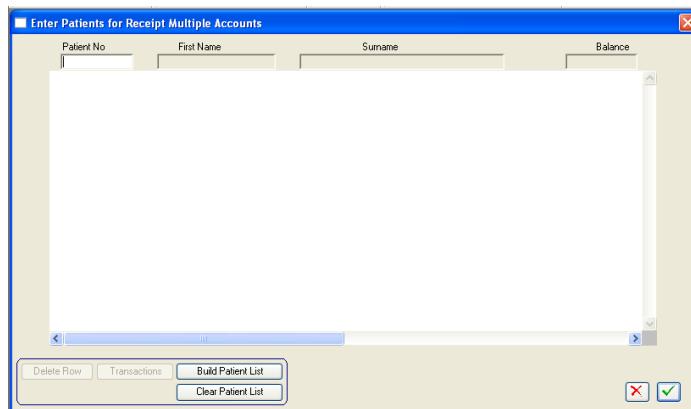
Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

Receipt Multiple Accounts – User Allocation

This function provides for the Receipt of more than one ledger with a payment in one or more forms of money, i.e. cash/cheque/money order/eftpos/credit card/direct credit. Receipt amounts are to be allocated against the debits to which they apply. Each receipt allocation may be less than the original debit amount for that item, or may be greater than the original debit amount for that item. If the receipt amount against an item is less than the original amount billed, the balance may be written off at the same time. If the receipt amount is greater than the original item billed, MxSolutions will automatically create a debit adjustment record for the difference amount with a description of 'adjustment to fee billed'.

Receipt details are entered at any time **after you have printed a patient's Account**. These details may be printed on a Receipt Statement, providing a record of how the allocation of money was distributed across the patient ledgers, if required. It is also possible to print a receipt for each patient indicating the payment details received so far and providing details of any outstanding balance. It is possible to add text to the receipt for each payment, e.g. indicating that the balance is the patient's gap. The receipt amount total is printed on the Bank Deposit when it is next generated.

Choose **Receipt Multiple Accounts - User Allocation** from the Billing menu and the following window will be displayed.



Inserting a Receipt Multiple Accounts entry (User Allocation)

1. Either enter the Patient Number of the first patient of the ledger being receipted with the multiple payment, or press Tab and click the patient from the Patient List.

Press Tab.

2. Repeat step one for all patients to be receipted for this payment. i.e. all of the patients to be receipted are entered in a list. As this list is created, the transactions of the patient being entered can be viewed so that the correct ledger can be confirmed. Once all of the patients have been entered into the list, click and a window showing all of the transactions with owing amounts remaining are displayed for each patient listed on the previous window.

Date	Drawer	Bank	Branch	Amount
20 SEP 05				

Drawer: CASH=Cash CC=Credit Card MO=Money Order
EFTPOS=Eftpos DC=Direct Credit HICAPS=Hicaps

Date	Pat No	Name	Acc	Item No	GST	Owing	Receipt	Writeoff
10 AUG 07	12.C	P BARNES	1	104	0.00	89.15		
23 APR 07	1234	B COLLINS	2	104	0.00	90.15		

Totals \$: 0.00 179.30

Transactions Print Receipt Statement Print Patient Receipts Help

3. Firstly enter the details of the payment received. If the payment is a cheque, the cheque number should be included with the drawer details in the drawer field. If the payment is a direct credit, put DC only in the drawer field. Further details to identify the Direct Credit may be placed in the Bank and Branch fields.

4. The items to be allocated may be selected and the receipt amount entered against each. This may be an amount greater or less than the amount owing against the item. If an amount entered against an item is greater than the amount owing against that item then MxSolutions will automatically create a debit adjustment against the ledger for the '*adjustment to the fee billed*'. GST will be automatically applied if the owing amount for that item included GST. If the amount receipted against the item is less than the amount owing, the balance may be written off against the item or left as an amount still outstanding.

5. When all of the items have been allocated with their receipt amounts, the total amount receipted must equal the total payment amount entered above. Click and two buttons are highlighted at the bottom of the window.

Print Receipt Statement allows the printing of a statement of the lines against which allocations occurred. This may be retained for your records.

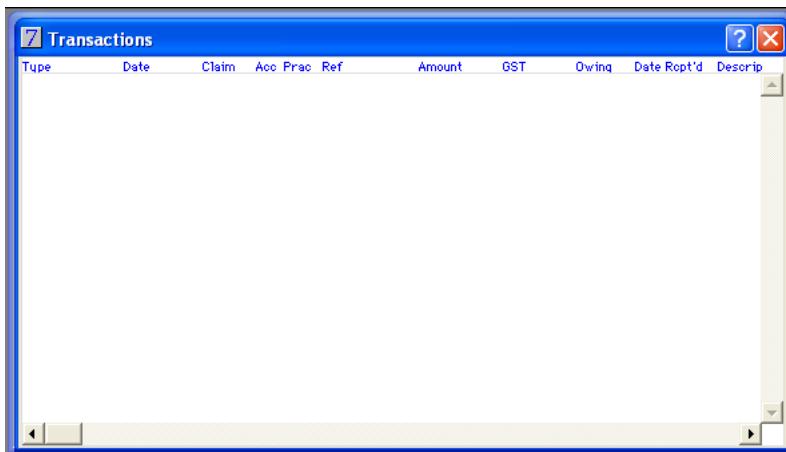
Print Patient Receipts enables a receipt to be printed for each patient against which receipt allocations were made.

This is particularly useful for payments received by a Health Fund e.g. Medibank Private. The total amounts receipted for each patient is shown on each individual receipt. Receipts including remittance advices are printed for those patients where there is still a balance owing. You have an *option* to include text in these receipts where balances remain, which explains the Amount Owing i.e. where it might be a gap after payment of the Medicare and Health Fund amount received by the Fund. This text is selected from the Letter List where appropriate versions of text may be stored. Note: the text selected is printed on all receipts in the batch where a balance remains. If the text is not appropriate for a particular patient, then a duplicate receipt with an option to include different text may be printed afterwards. Note: only limited space is able to be used for the *text* so that the remittance advice on the receipt is not overprinted. Ensure that you experiment with a sample *duplicate receipt* before finalising the text desired.

Either button may be clicked as many times as copies are required.

Transactions

Whilst the debit transaction being allocated is loaded ready for the allocation to be made, the Transactions button may be clicked. Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window and to the right.



Type Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.

Date Date of transaction.

Claim Claim No that this entry was printed on (*Direct Bill Debit only*).

Acc Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac Practitioner to which the transaction is assigned.

Ref The item number of debit transactions.

Amount The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.

GST GST

Owing Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.

Date Rect'd Date of last receipt allocated against this item.



Date Printed - The date that a transaction was printed is shown to the right of the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

Date Printed - The date that a transaction was printed is shown to the right of the description.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

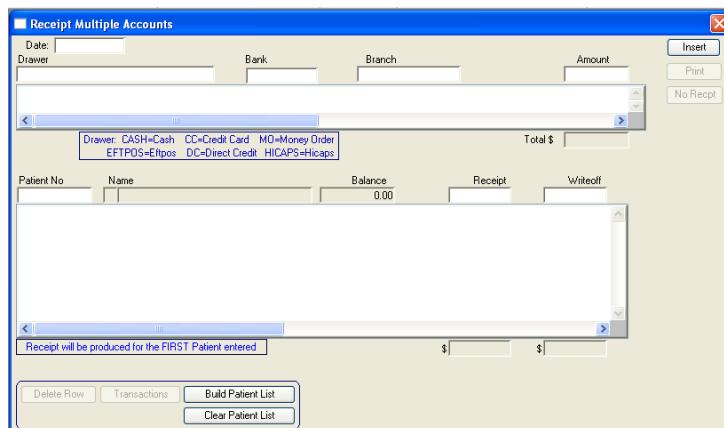
Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

Receipt Multiple Accounts – Auto Allocate

This function provides for the Receipt of more than one ledger with a payment in one or more forms of money, i.e. cash/cheque/money order/eftpos/credit card/direct credit. For each ledger being received, an amount may also be entered to write-off all or part of the account balance. The Receipt and Write-off amounts are allocated against items automatically in FIFO order (i.e. oldest is allocated first, the next oldest allocated second, and so on..).

Receipt details may be entered at any time **after you have printed a patient's Account**, or you can enter Receipt details prior to the generation of an account if a deposit is being made. These details are printed on a Receipt, if required. They are also printed on the Bank Deposit when it is next generated.

Choose **Receipt Multiple Accounts** from the Billing menu and the following window will be displayed.



Inserting a Receipt Multiple Accounts entry (Auto Allocate)

1. Click **Insert** and the cursor will appear against the date field.
2. If the date of the transaction is for Today's Date press **Tab**, otherwise enter the Required **Date** of the transaction and then press **Tab**.
3. Type the **Cheque Details** which apply to this transaction being entered, and press **Tab** after each field.

The Cheque Details comprise: DRAWER, BANK, and BRANCH.

For commonly used cheques, e.g. MEDICARE RESERVE SYDNEY, **Tab** leaving the Drawer field blank and click on the required cheque details. If the cheque details of the common cheque are not in the list, click on the button **ADD CHEQUE DETAILS** and add the common cheque to the list.

If the commonly used cheque is in the list and you know the code, then when the cursor is on the Drawer field, type the code, e.g. 1 and **Tab**, and the cheque details will automatically be displayed and hence save typing time. The cursor remains on the Drawer field so that either the Patient Surname or the Cheque Number can be appended (use → to place the cursor at the end of the Drawer field).

When the money received is cash then the Drawer field must contain the word **CASH** only, and the remaining cheque details must be left blank.

When the money received is by Money Order then the Drawer field must contain the letters **MO** only, and the remaining cheque details must be left blank. If you wish to force money orders onto the Bank Deposit as cheques then type **MONEY ORDER** in the Drawer field instead of MO and leave Bank and Branch details blank.

When the money received is by Credit Card, then the Drawer field must contain the letters **CC** only, and the remaining cheque details must be left blank.

When the money received is by EFTPOS, then the Drawer field must contain the letters **EFTPOS** only, and the remaining cheque details must be left blank.

When the money received is by Direct Credit, then the Drawer field must contain the letters **DC** only, and the remaining cheque details must be left blank.

This format enables the Bank Deposit to be produced accurately. (Drawer field is mandatory).

4. Type the **Amount**. Press **Tab** to load the entry into the list.
5. Repeat steps 3-4 for each form of money received.
6. Using the mouse, place the cursor at patient number.
7. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient name and account balance will be displayed in the data entry area for verification to ensure that the correct ledger has been selected. Clicking either the **Transactions** will allow you to view the transactions for this ledger to confirm that it is the one required.

8.Type the **Amount** to be allocated to this ledger. Press **Tab**.

9.If you have decided to accept rebate only, then enter the **write-off** amount. Press **Tab** to load the entry into the list.

10.Repeat steps 7-9 for each ledger against which the payment money is to be allocated. The total of the allocations must equal the total of the money received.

11.If more money has been paid for an account than the amount owing, it is possible to put the account into credit.

12.When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete receipt from being raised).

13.For each ledger being receipted, MxSolutions allocates the money based on the first item being receipted first, followed by the next....and so on until all the money received has been allocated (auto-allocation).

14.To print the receipt, click the **Receipt** button. These and any existing unprinted receipts for this patient will be printed.

When the receipt has printed, Press **Enter/Return** to indicate that the Receipt *has* printed OK and those receipt entries will be flagged so that they do not print on a subsequent receipt for the patient.

15.If a receipt is *not required* to be printed, then click **No Recpt** and the receipt entries will be flagged so that they do not print. You can obtain a Duplicate Receipt for any selected payment entries if one is required at a later date.

16. Receipt transactions cannot be amended once they have been written to the database. If a receipt transaction has been entered in error, an adjustment transaction must be raised to correct the error. This procedure follows the standard accounting conventions which MxSolutions adheres to.

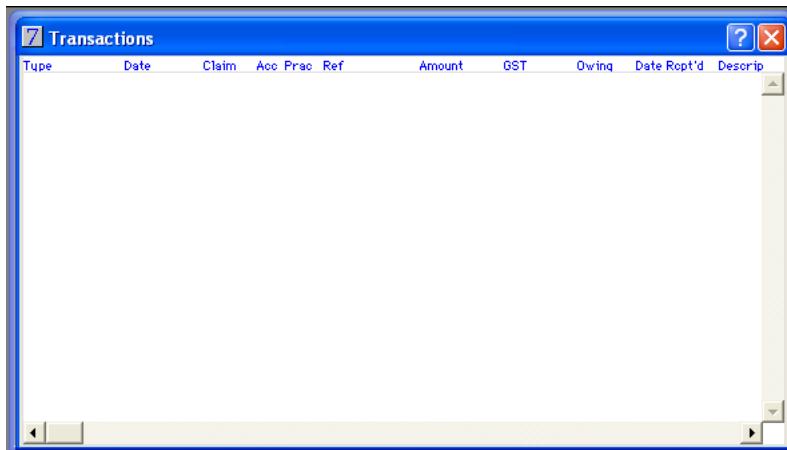
Similarly, adjustment transactions cannot be amended once they have been written to the database. If a write-off transaction has been entered in error, a further adjustment transaction must be carried out to correct the error.

17. To correct the erroneous payment, having indicated that the Receipt *has* printed OK, go to Adjustments and choose **Receipt Adjustment**. **Reverse** the incorrect payment amount by increasing the

account balance by the erroneous amount. If the adjustment is being made in the same banking frame as the erroneous receipt, then this adjustment **is** to be printed on the Bank Deposit. If it is in a different banking frame, then **do not** print the adjustment on the Bank Deposit. Re-enter the Receipt correctly.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window and to the right.



Type	Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.
Date	Date of transaction.
Claim	Claim No that this entry was printed on (<i>Direct Bill Debit only</i>).
Acc	Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.
Prac	Practitioner to which the transaction is assigned.
Ref	The item number of debit transactions.
Amount	The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.
GST	GST
Owing	Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.
Date Rect'd	Date of last receipt

allocated against this item.



Date Printed - The date that a transaction was printed is shown to the right of the description.

Assist Paid - P indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

Date Printed - The date that a transaction was printed is shown to the right of the description.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient

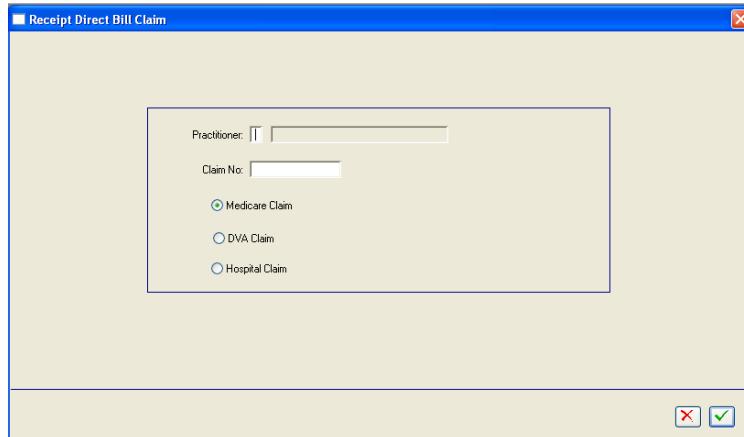
Number fields, cannot be carried out.

Receipt Direct Bill Claim

This function provides for the Receipt of all entries on a Direct Bill Claim, with any form of money: i.e. cash/cheque/money-order/eftpos/credit card/direct credit. If a debit for a Patient is not being paid, the receipt amount may be adjusted accordingly. If the receipt amount for a debit is more than was originally billed, the amount receipted may be adjusted accordingly against the entry and MxSolutions will automatically write a debit adjustment record for the difference between the fee raised and the fee paid. The total of the individual receipt amounts must equal the cheque amount.

The cheque details are printed on the Bank Deposit when it is next generated.

Choose **Receipt Direct Bill Claim** from the Billing menu and the following window will be displayed.



Selecting the Direct Bill Claim

1. Type the **Practitioner Code** of the Practitioner whose Claim is being receipted.
2. Type the **Claim Number**.
3. Indicate the type of Claim by clicking the appropriate radio button: **Medicare Bulk Billing Claim**, **DVA Direct Bill Claim**, or **Hospital Claim** for 'Fee for Service'.
4. When you are finished, click and the following window will be displayed. If you decide that you wish to **reject** the entire entry, then click .



Receiving a Direct Bill Claim

1. When the window is displayed, all entries on the Claim with a balance remaining are listed.
2. Type the **Cheque Details** which apply to this transaction being entered, and press **Tab** after each field.

The Cheque Details comprise: DRAWER, BANK, and BRANCH.

For commonly used cheques, e.g. MEDICARE RESERVE SYDNEY, **Tab** leaving the Drawer field blank and click on the required cheque details. If the cheque details of the common cheque are not in the list, click on the button **ADD CHEQUE DETAILS** and add the common cheque to the list.

If the commonly used cheque is in the list and you know the code, then when the cursor is on the Drawer field, type the code, e.g. **1** and **Tab**, and the cheque details will automatically be displayed and hence save typing time.

..... When the money received is by Direct Credit, then the Drawer field must contain the letters **DC** only, and the remaining cheque details must be left blank.

This format enables the Bank Deposit to be produced accurately. (Drawer field is mandatory).

3..... Type the **Amount**.

4. If the Cheque amount equals the Total Receipt amount, click and the Patient

ledgers will be updated with each receipt component, allocated according to each debit transaction on the claim.

5.If the Cheque amount does not equal the Total Receipt amount, then click on each relevant item on the claim, in turn, where the amount being receipted differs from the amount originally billed.

.....

If the amount being receipted is different from the amount billed, or the item is denied and therefore not receipted at all on this claim, click on the relevant row, type the receipted amount for this item, or insert zero if the item is not being receipted, and then **Tab** to load the row back into the list.

6.Repeat step 5 for each item for which the receipted amount differs from the billed amount.

7.When the Cheque amount equals the Total Receipt amount, click and the Patient ledgers will be updated with each receipt component, allocated according to each debit transaction on the claim.

If an amount being receipted for an item is greater than the amount billed, a debit adjustment is automatically created for the difference between the amount receipted and the amount billed with the description 'Adjustment to Fee Billed'.

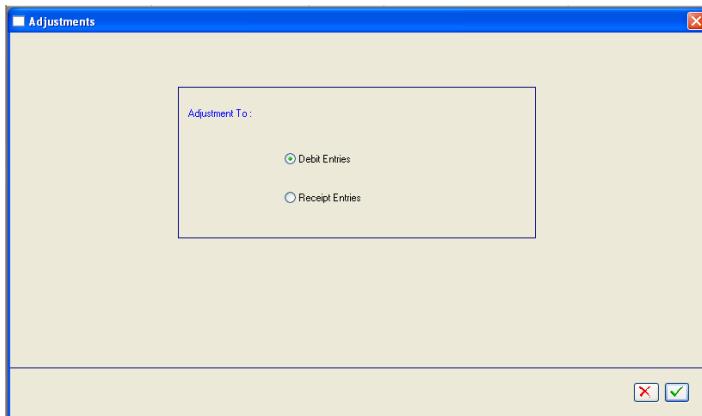
If an amount being receipted for an item is less than the amount billed, the owing amount remains as the difference between the amount billed and the amount receipted. This difference amount may be written in the Writeoff field if it is to be written off. When no amount was received for the item, the owing amount remains as the original amount billed.

8.If you decide that you wish to **reject** the entire entry, then click .

Adjustments

NOTE: Ensure that erroneously raised debit or receipt entries *have been printed* and indicated as *printed OK* so that the entries do not reprint with the correctly re-entered entries.

After choosing Adjustments from the Billing menu a window enabling the type of adjustment to be made is then displayed.



If a debit or account has been raised incorrectly, click the **Debit** button, and click **OK**.

If a receipt has been raised incorrectly, click the **Receipt** button, and click **OK**.

NOTE: Adjustments to Receipts made during the same Banking period as the erroneous receipt is raised **should be reflected** on the Bank Deposit. This will ensure that the Bank Deposit is complete and not confusing.

It is important that the correct choice is made in choosing the required adjustment window so that the integrity of the system is maintained.

If you have selected Debit Adjustment, the window caters for an adjustment to an account.

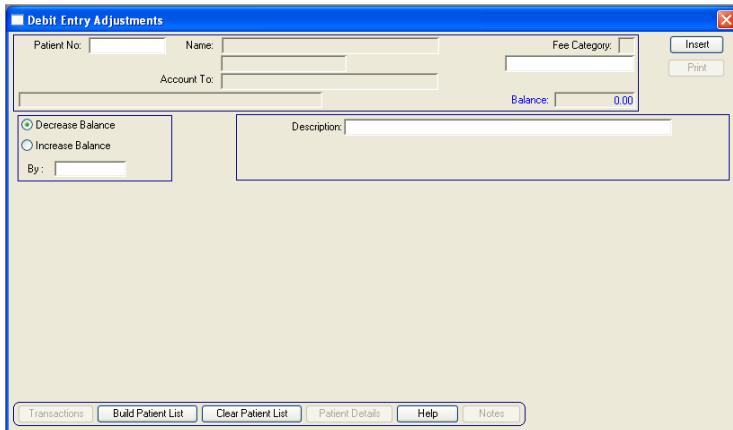
If you have selected Receipt Adjustment, the window caters for an adjustment to a receipt.

DEBIT ADJUSTMENT

This function provides for an Adjustment to a Debit transaction.

NOTE: If an account has been raised incorrectly, it is recommended to write-it-off in its entirety, and then re-enter the debits correctly.

To reverse a *debit*, then the adjustment amount should *decrease the account balance*.



Inserting a Debit Adjustment

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the debit adjustment window.

2. If there are existing transactions that are unprinted, these will be printed with new transactions when they are entered. For this reason, they should be printed prior to entering the adjustment. MxSolutions will alert you of any unprinted transactions and give you the opportunity to print these before proceeding further. If you are about to adjust an unprinted debit, then it is not necessary to print the erroneous transaction first as the adjustment allocation will prevent it from printing.

DECREASE ACCOUNT BALANCE - i.e. WRITE-OFF ACCOUNT

This facility would generally be the most frequently used type of adjustment, e.g. to write-off incorrectly raised accounts or to write-off Gap amounts which were not written-off during the receipting process.

3.If the transaction is to write-off an erroneous debit then ensure that the radio button **Decrease Balance** is highlighted.

4.Enter the **Amount** that the account balance has to be decreased by. Press **Tab**. The existing transactions are then displayed on the debit adjustment window.

5.Type the **Description** of the transaction (give reason for the write-off). Press **Tab**.

6.You will now need to allocate the write-off amount against the appropriate transactions displayed in the list at the lower half of the window. Click against the first debit entry to be allocated and enter the write-off amount for this item and press **Tab** to load the entry back into the list.

Click other debit entries that are to be allocated the write-off amount as required until the total amount allocated equals the total adjustment amount.

If you are adjusting the balance to zero, then it is not necessary to individually allocate each amount.

7.When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete adjustment from being raised).

8. When is clicked, a new adjustment transaction record is inserted into the database, and the amounts owing against the transactions updated accordingly. The account balance for that patient is updated, the write-off amounts are deducted from the practice and practitioner debit totals, based on the dates of the debit transactions being written off, and the practitioner /s responsible.

9.If the adjustment transaction is to be printed on an account, then answer **Yes** in response to the question 'Is this adjustment required to be printed on the patient's account' and it will be printed, otherwise click **No** or (press the **Enter/Return** key). An adjustment is *not* normally required to be printed on a patient's account.

INCREASE ACCOUNT BALANCE - i.e. ENTER NEW DEBIT AMOUNT AS AN ADJUSTMENT

This facility would generally be used infrequently, e.g. to transfer an amount to another ledger.

10.If the transaction is to enter a debit against a ledger as an adjustment then ensure that the radio button **Increase Balance** is highlighted.

11.Enter the **Amount** that the account balance has to be increased by. Press **Tab**. Additional fields necessary to complete the transaction are then displayed on the debit

adjustment window.

12. Type the **Description** of the transaction (give a reason for the adjustment). Press **Tab**.

13. Type the **Date** of the transaction. Press **Tab**.

14. Type the **Practitioner Code** of the transaction. Press **Tab**.

15. When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete adjustment from being raised).

16. When is clicked, a new adjustment transaction record is inserted into the database. The account balance for that patient is updated, the adjustment amount is accumulated against the practice and practitioner debit totals, based on the date of the debit adjustment transaction, and the practitioner responsible.

17. If the adjustment transaction is to have GST applied, then answer **Yes** in response to the question 'Does GST apply to this adjustment', otherwise click **No** or (press the **Enter/Return** key).

..... If the adjustment transaction is to be printed on an account, then answer **Yes** in response to the question 'Is this adjustment required to be printed on the patient's account' and it will be printed, otherwise click **No** or (press the **Enter/Return** key). An adjustment is *not* normally required to be printed on a patient's account.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window or to the right.

.....



Type Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.

Date Date of transaction.

Claim Claim No that this entry was printed on (*Direct Bill Debit only*).

Acc Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac Practitioner to which the transaction is assigned.

Ref The item number of debit transactions.

Amount The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.

GST GST

Owing Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.

Receipt Date of last receipt allocated against this item.

Description Transaction description (viewed when screen is scrolled to the right).



Date Printed -The date that a transaction was printed is shown to the right of the description.

Assist Paid- **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

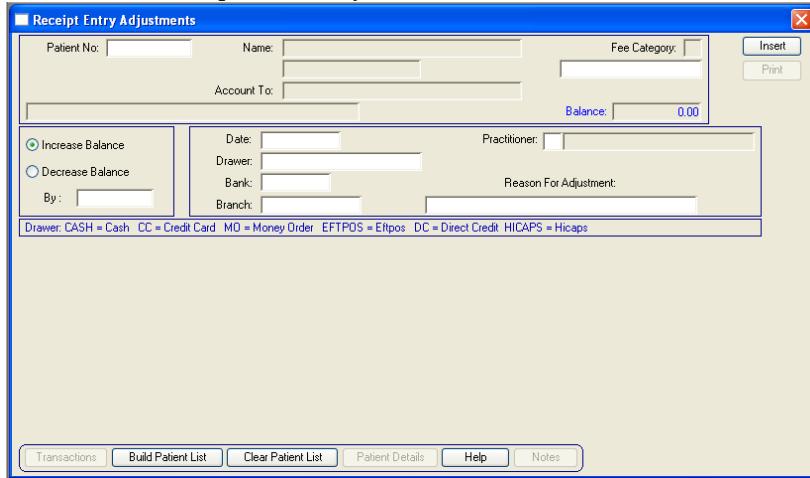
Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

RECEIPT ADJUSTMENT

This function provides for an Adjustment to a Receipt transaction.

NOTE: If a receipt has been raised incorrectly, it is recommended to reverse it in its entirety, and then re-enter the receipt correctly.

To reverse a *receipt*, then adjustment amount should *increase the account balance*.



Inserting a Receipt Adjustment

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the receipt adjustment window.

2..... If there are existing transactions that are unprinted, these will be printed with new transactions when they are entered. For this reason, they should be printed prior to entering the adjustment. MxSolutions will alert you of any unprinted transactions and give you the opportunity to print these before proceeding further.

INCREASE ACCOUNT BALANCE - i.e. REVERSE RECEIPT

3. If the transaction is to reverse an erroneous receipt, or reverse a payment from a 'bounced cheque,' then ensure that the radio button **Increase Balance** is highlighted.

4. Enter the **Amount** that the account balance has to be increased by. Press **Tab**.

5.. Type the **Date** of the receipt being reversed. Press **Tab**.

6. Enter the payment details comprising: DRAWER, BANK, and BRANCH.

For commonly used cheques, e.g. MEDICARE RESERVE SYDNEY, **Tab** leaving the Drawer field blank and click on the required cheque details. If the cheque details of the common cheque are not in the list, click on the button **ADD CHEQUE DETAILS** and add the common cheque to the list.

If the commonly used cheque is in the list and you know the code, then when the cursor is on the Drawer field, type the code, e.g. **1** and **Tab**, and the cheque details will automatically be displayed and hence save typing time. The cursor remains on the Drawer field so that either the Patient Surname or the Cheque Number can be appended (use → to place the cursor at the end of the Drawer field).

For Cash - Drawer = 'CASH', leaving Bank and Branch 'Blank'

For Money Order - Drawer = 'MO', leaving Bank and Branch 'Blank'

For Credit Card (Manual) - Drawer = 'CC', leaving Bank and Branch 'Blank'

For Eftpos .. - Drawer = 'EFTPOS', leaving Bank and Branch 'Blank'

For Direct Credit - Drawer = 'DC', leaving Bank and Branch 'Blank'

For Hicaps.. - Drawer = 'HICAPS', leaving Bank and Branch 'Blank'

7. You will note that the ledger transactions are now displayed. You are required to click on the debit(s) to which the receipt that you are now reversing originally applied, and allocate the amount being reversed against the original individual debit transactions to which the original receipt was allocated against.

8. When you are finished, click . If you decide that you wish to **reject** the entire entry, then click (Note: The Enter/Return key has been disabled to prevent an incomplete adjustment from being raised).

9. When is clicked, a new adjustment transaction record is inserted into the database. The account balance for that patient is updated accordingly, and the receipt reversal amount is deducted from the practice and practitioner receipt totals.

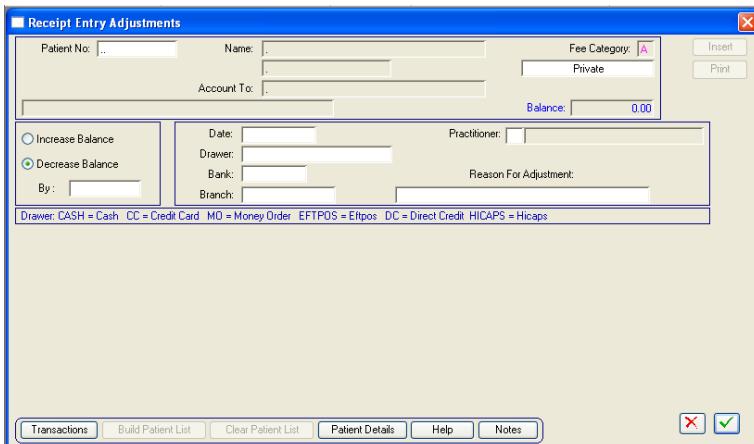
10. If the adjustment transaction is to be printed on the Bank Deposit, then answer **Yes** in response to the question 'Is this adjustment required to be printed on the Bank Deposit', otherwise click **No** or (press the **Enter/Return** key). The adjustment *should* be printed on the Bank Deposit if it is in the **same** Banking frame as the erroneous receipt. The transaction resulting from a 'bounced cheque' would not normally be printed on the Bank Deposit.

DECREASE ACCOUNT BALANCE - i.e. ENTER NEW RECEIPT AMOUNT AS AN ADJUSTMENT

This facility would generally be used infrequently, e.g. to transfer a receipt amount to another ledger.

11. If the transaction is to enter a receipt against a ledger as an adjustment then ensure that the radio button **Decrease Balance** is highlighted.

12. Enter the **Amount** that the account balance has to be decreased by. Press **Tab**. The existing transactions are then displayed on the receipt adjustment window.



13. Type the **Date** of the transaction. Press **Tab**.

14. Enter the payment details comprising: DRAWER, BANK, and BRANCH.

For commonly used cheques, e.g. MEDICARE RESERVE SYDNEY, **Tab** leaving the Drawer field blank and click on the required cheque details. If the cheque details of the common cheque are not in the list, click on the button **ADD CHEQUE DETAILS** and add the common cheque to the list.

If the commonly used cheque is in the list and you know the code, then when the cursor is on the Drawer field, type the code, e.g. 1 and **Tab**, and the cheque details will automatically be displayed and hence save typing time. The cursor remains on the Drawer field so that either the Patient Surname or the Cheque Number can be appended (use → to place the cursor at the end of the Drawer field).

For Cash - Drawer = 'CASH', leaving Bank and Branch 'Blank'
For Money Order- Drawer = 'MO', leaving Bank and Branch 'Blank'
For Credit Card (Manual) - Drawer = 'CC', leaving Bank and Branch 'Blank'
For EFTPOS - Drawer = 'EFTPOS', leaving Bank and Branch 'Blank'
 For Direct Credit- Drawer = 'DC', leaving Bank and Branch 'Blank'
 For Hicaps- Drawer = 'HICAPS', leaving Bank and Branch 'Blank'

15. You will now need to allocate the receipt amount against the appropriate transactions displayed in the list at the lower half of the window. Click against the first debit entry to be allocated and enter the receipt amount for this item and press **Tab** to load the entry back into the list.

Click other debit entries that are to be allocated the receipt amount as required until the total amount allocated equals the total receipt adjustment amount.

If you are adjusting the balance to zero, then it is not necessary to individually allocate each amount.

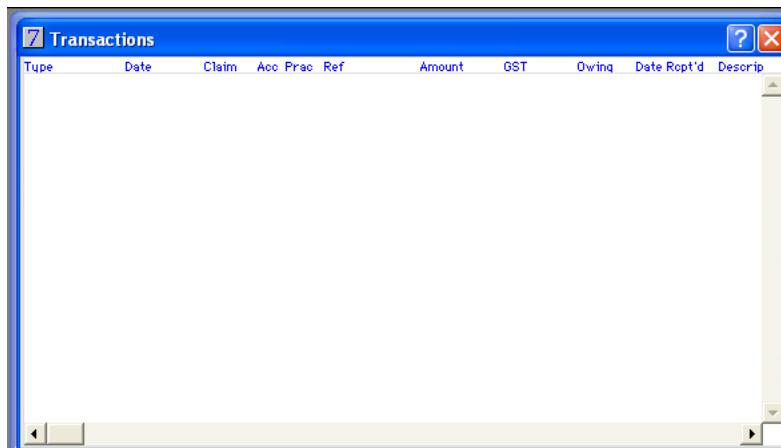
16. When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete adjustment from being raised).

17. When is clicked, a new adjustment transaction record is inserted into the database. The account balance for that patient is updated, and the transaction owing amounts updated accordingly. The receipt amount is accumulated against the practice and practitioner receipt totals.

18. If the adjustment transaction is to be printed on the Bank Deposit, then answer **Yes** in response to the question 'Is this adjustment required to be printed on the Bank Deposit', otherwise click **No** or (press the **Enter/Return** key). The adjustment *should* be printed on the Bank Deposit if it is in the same Banking frame as the erroneous receipt.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window and to the right.



Type Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.

Date Date of transaction.

Claim Claim No that this entry was printed on (*Direct Bill Debit only*).

Acc Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac Practitioner to which the transaction is assigned.

Ref The item number of debit transactions.

Amount The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.

GST GST

Owing Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.

Receipt Date of last receipt allocated against this item.

Description Transaction description (viewed when screen is scrolled to the right).



Date Printed - The date that a transaction was printed is shown to the right of

the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

It is normal practice to build the Patient Details list at start up. However it is possible to build the list from within various functions in MxSolutions.

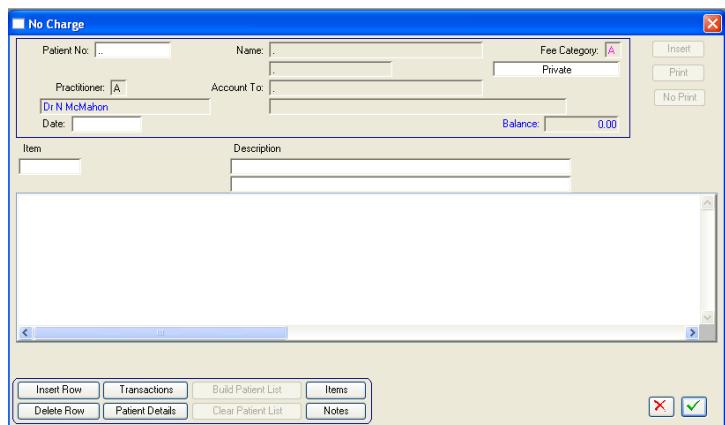
The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

No Charge Item Debit

This function provides for a series of No Charge transactions to be raised for a patient. The transactions are not printed on an account, but facilitate the tracking of non-chargeable work in the day book.



Inserting a No Charge entry

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the debit entry window.

2. If the date of the transaction is Today's Date then press **Tab**, otherwise enter the **Required Date** of the transaction and then press Tab.

3. Type the **Item Number** which applies to this debit. *Do not* include the slash or fee category as this is derived from the patient details record. The item *must* however exist on the Item File for this fee category. Press **Tab**.

If the Item Number is not known, then clicking the **Items** Button will display the Item List. This can be displayed in either number or description order. The required item number can be located and clicked on, then it will load onto the billing window. The item selected *must* be for the required fee category of the patient which can be seen in the top right hand corner of the window.

If the Item that is required is **not** on the Item File for the Patient's Fee Category, then it may be added to the Item File whilst entering the Account. Click the **Items** button and then click the **Add Items** button to obtain the window to enter a new set of Item

Numbers. When finally pressing Enter/Return to store the new items, the window will return to where the item was being entered on the account.

4.The **Description** of the item will be displayed. It is highlighted so that if you can change it or append further detail if required. Press **Tab**.

5.Repeat steps 3-4 for each item that is to be included for this date.

If you wish to enter a **text only** line, then when the cursor is at item number just Tab to Description and type the required description. Tab to amount and either enter a fee or leave blank and Tab to load the entry into the list.

If you decide that a line that you have entered needs amending, then click on it within the list and it will be displayed in the data entry area enabling you to edit it. Tab to load the corrected entry back into the list.

If you decide that a line that you have entered needs deleting, then click on it within the list and it will be displayed in the data entry area enabling you to delete it. Click the **Delete Row** button at the bottom left of the window.

If you decide that you require a line to be inserted in front of an existing entry, then click on the existing entry within the list and it will be displayed in the data entry area. Click the **Insert Row** button at the bottom left of the window. The cursor will now be positioned for a new line to be entered. Tab to load the new entry into the list as required.

6.When you are finished, click . If you decide that you wish to **reject** the entire entry, then click . (Note: The Enter/Return key has been disabled to prevent an incomplete transaction from being raised).

7.No Charge entries will update the date of last debit with to-days date. This is so that a No Charge entry will be reflected and the Patient NOT considered unbilled, as in the Unbilled Patients report.

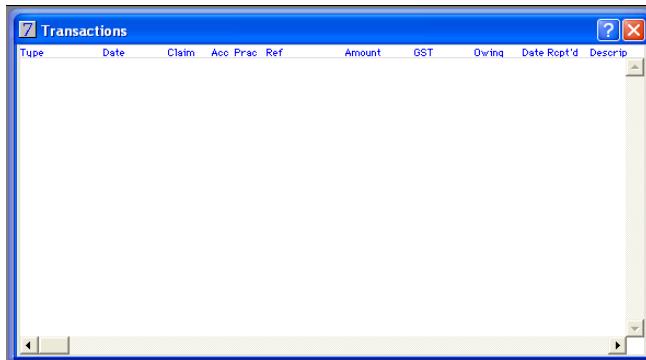
8.If you wish to print an account showing the No Charge entry click 'Print'.

9.If you do NOT wish the No Charge entry to show on any account, click 'No Print'.

NOTE: It is important that either the 'Print' button or 'No Print' button is clicked otherwise the No Charge entry will be flagged as unprinted, and print out when it is least expected.

Transactions

Clicking the **Transactions** button displays accounting aspects of all transactions which have been entered for this patient/debtor. If there are more transactions than can be displayed in the window, you will find the scroll-bar highlighted and you can view the remaining transactions by scrolling down the window or to the right.



Type Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.

Date Date of transaction.

Claim Claim No that this entry was printed on (*Direct Bill Debit only*).

Acc Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.

Prac Practitioner to which the transaction is assigned.

Ref The item number of debit transactions.

Amount The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.

Owing Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.

Receipt Date of last receipt allocated against this item.

Description Transaction description (viewed when screen is scrolled to the right).



Date Printed -The date that a transaction was printed is shown to the right of the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Date Assist Paid - The Date that the Assistant was Paid, as indicated from the Mark

Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

Reason for Adjustment - The **reason** a receipt adjustment was made as indicated on the Receipt Entry Adjustment window.

When you have finished viewing the transactions, press the **Close Box** (Macintosh) **Ctrl+F4** (PC) and the Billing window will return.

Build Patient List

Clicking the **Build Patient List** button loads the Patient Details lookup list into the memory of the computer. The Patient Details lookup list enables rapid access to patients' ledgers. This is particularly useful in Receipting.

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The time taken to build a lookup list is dependent on the number of records that comprise the list and the processing speed of the computer. It takes longer to load the lookup lists if MxSolutions is operating over a network.

Clear Patient List

Clicking the **Clear Patient List** button clears the Patient List and it will no longer be available for use. This facility may be useful if the list has become out of date in network environments, and you wish to rebuild the Patient List. It may be necessary to clear a list if memory problems are being encountered on your computer. If the Patient List is not present, then the facility to **Find From List** or bringing up the list when pressing **Tab** at Patient Number fields, cannot be carried out.

Items

Clicking the **Items** button displays all items that exist in the Item File. This is useful to check if a particular item is present for a particular fee category. You can select an item from the list, provided the record selected is the same fee category as the Patient as shown on the top right hand corner of the window behind.

If the record required is not on the list, a new Item and set of fees may be added whilst in the middle of the billing process. Click the **Add Items** button at the bottom of the window, and a window will be displayed allowing a new Item to be added to the Item File. After all details have been entered and Enter/Return pressed, the billing window is returned.

To close the window after viewing the list only, press the **Close Box** (Macintosh), **Ctrl+F4** (PC) and the Billing window will return.

Estimates

This function provides the facility to construct an Estimate in the form of an Account and includes provision for free text to be added to explain the terms of the quote. The debit transactions are not stored. Multiple copies are able to be obtained.

An Estimate may be produced for an Insured Patient, based on the schedule fee, or an Uninsured Patient, based on the rebate fee.

The screenshot shows the 'Estimates' window. At the top, there are fields for Patient No., Name, Practitioner (Dr N McMahon), Account To, Fee Category (Private), Date (20 SEP 09), and Balance (0.00). Below this, there are dropdowns for Scaling % (100/50/25) and Based On (Billed Fee). There are also radio buttons for Billed Fee and Schedule Fee. The main area contains a table with columns for Item, Description, and Amount. The table has two rows. At the bottom, there are buttons for Insert, Print Insured, Print Uninsured, Print Excl. Gap, Recalculate, and a toolbar with buttons for Insert Row, Transactions, Build Patient List, Items, Notes, Delete Row, Patient Details, Clear Patient List, Help, and Gap Cover Help. There is also a 'Total \$' field and a 'Recalculate' button.

Inserting an Estimate

1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the debit entry window.

2.If the date of the estimate is Today's Date then press **Tab**, otherwise enter the **Required Date** and then press Tab.

3..... Type the **Item Number** which applies to this debit. *Do not* include the slash or fee category as this is derived from the patient details record. The item *must* however exist on the Item File for this fee category. Press **Tab**.

If the Item Number is not known, then clicking the **Items** Button will display the Item List. This can be displayed in either number or description order. The required item number can be located and clicked on, then it will load onto the billing window. The item selected *must* be for the required fee category of the patient which can be seen in the top right hand corner of the window.

If the Item that is required is **not** on the Item File for the Patient's Fee Category, then it may be added to the Item File whilst entering the Account. Click the **Items** button and then click the **Add Items** button to obtain the window to enter a new set of Item Numbers. When finally pressing Enter/Return to store the new items, the window will return to where the item was being entered on the account.

4.The **Description** of the item will be displayed. It is highlighted so that if you can change it, or append further detail if required. Press **Tab**.

5.The **Fee Amount** of the item will be displayed. It is highlighted so that if you can change it if required. The fee may be deleted so that there is a nil amount for this line. Press **Tab** to load the entry into the list. NOTE: The total of the estimate amount when finally entered must be greater than zero.

6.Repeat steps 3-5 for each item that is to be included on the Estimate for this date.

If the Items entered are to be scaled, click the **Recalculate** button when all of the operation items have been entered.

7.If you wish to enter a **text only** line, then when the cursor is at item number just Tab to Description and type the required description. Tab to amount and either enter a fee or leave blank and Tab to load the entry into the list.

If you decide that a line that you have entered needs amending, then click on it within the list and it will be displayed in the data entry area enabling you to edit it. Tab to load the corrected entry back into the list.

If you decide that a line that you have entered needs deleting, then click on it within

the list and it will be displayed in the data entry area enabling you to delete it. Click the **Delete Row** button at the bottom left of the window.

If you decide that you require a line to be inserted in front of an existing entry, then click on the existing entry within the list and it will be displayed in the data entry area. Click the **Insert Row** button at the bottom left of the window. The cursor will now be positioned for a new line to be entered. Tab to load the new entry into the list as required.

8. Using the **mouse**, place the cursor at the box titled **Enter Text** and click the button. You can type the text to explain the terms of the quote.

ALTERNATIVELY: If you **Tab** whilst the Text field is blank, you can bring up the list of *standard Letters* and choose the relevant text to insert here. You can have preset into your *standard Letters* file (under the Reference Files menu) any number of different types of text to be used in estimates, naming them appropriately so that you can identify them easily. Click on the required text. Now you can edit the text so that it is specific for this patient explaining the terms of the quote and add any further detail.

9. When you are finished, click If you decide that you wish to **reject** the entire entry, then click (Note: The Enter/Return key has been disabled to prevent an incomplete Estimate from being raised).

Click either the **Print Insured** button if an Estimate is required for an Insured Patient. An option is given to enable the gap to be calculated from the Schedule Fee of a given Fund Fee or calculated from the Health Fund Fee. If the billed fee is the same as the Fund Fee selected here, then the Gap amount calculated will show a zero Gap Amount.

Click the **Print Uninsured** button if an Estimate is required for an Uninsured Patient. The Gap is calculated based on the Medicare Rebate Fee.

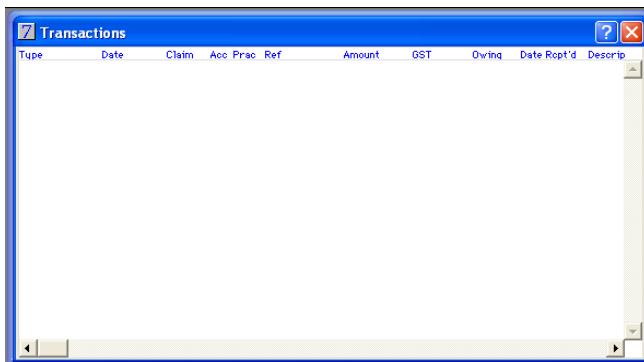
Click the **Print Excl. Gap** button if an Estimate is required not showing a calculated Gap.

10. Two copies of the Estimate will be printed. When the Estimate has printed, Press **Return** to indicate that it *has* printed OK and the function will be terminated. If the Estimate *has not* printed OK, indicate **NO** and the appropriate Print button can be pressed and it will print again. This enables you to reprint it if there has been a paper-jam.

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Type	-	Transaction type, e.g. debit, receipt, debit adjustment, receipt adjustment, no charge.
Date	-	Date of transaction.
Claim	-	Claim No that this entry was printed on (<i>Direct Bill Debit only</i>).
Acc.....	-	Account/Receipt number that the transaction was printed on. If a zero is present, then the entry is waiting to be printed. A '999' shown against an adjustment entry, indicates that the user chose not to print the transaction. A zero indicates that the transaction has not yet been printed.
Prac.....	-	Practitioner to which the transaction is assigned.
Ref.....	-	The item number of debit transactions.
Amount	-	The transaction amount. Debit amounts are positive. Receipt (credit) amounts are negative.
GST	-	GST
Owing.....	-	Debit balances still outstanding; may be full amount or gap amount, or blank when fully paid. This field is blank for receipt (credit) entries.
Receipt	-	Date of last receipt allocated against this item.
Description	-	Transaction description (viewed when screen is scrolled to the right).



Date Printed - The date that a transaction was printed is shown to the right of the description.

Assist Paid - **P** indicates that the Assistant was Paid, as indicated from the Mark Assist Fees Paid from under Sundry Reports under the Ledger Reporting Menu.

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top right hand corner of the window behind.

If the record required is not on the list, a new Item and set of fees may be added whilst in the middle of the billing process. Click the **Add Items** button at the bottom of the window, and a window will be displayed allowing a new Item to be added to the Item File. After all details have been entered and Enter/Return pressed, the billing window is returned.

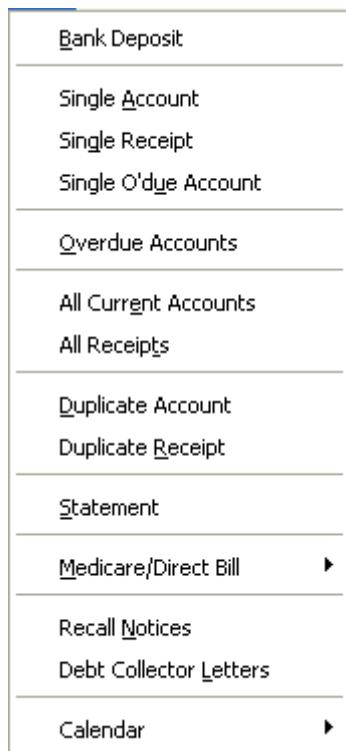
To close the window after viewing the list only, press the **Close Box** (Macintosh), **Ctrl+F4** (PC) and the Billing window will return.

PRINT MENU

NOTE:

If you print any of the following using print spooling or printing in background mode, particularly the batch runs, then caution should be made. MxSolutions will ask you if the function has printed OK prior to any printing actually taking place. If you click "yes", prior to the print job actually being completed, the data will be updated accordingly. As a result, should you have a paper-jam or other printer malfunction then you will not be able to reprint the particular function. It is possible, however, to obtain copy accounts, duplicate receipts, and single overdue accounts should only a few be lost. A Bank Deposit can also be reprinted. If this procedure is adopted, batch runs should be kept as small a possible, i.e. process Overdue Accounts at least weekly. It is safer to wait until the batch job is complete before answering 'yes' the print job 'has' completed OK.

The Bank Deposit, Accounts, Receipts, Overdue Notices, Duplicate Accounts and Receipts, Statements, Medicare Claim Forms, Direct Bill Statements, Recall Letters, and Debt Collection Letters, may all be selected and printed from the Print Menu.



.....

Bank Deposit

After choosing **Bank Deposit** from the Print menu and confirming that a Bank Deposit is required to be printed, MxSolutions will proceed to print two schedules of the Bank Deposit, one copy for the bank, the other for your records.

These are followed by the Non-Cheque Payment list, those patients who paid by cash, credit card, EFTPOS, Direct Credit, or money order. This second list is also to be retained for your records. You can use this list to balance the cash, credit cards, EFTPOS, direct credits, and money orders that you have in hand.

Before initiating this function, ensure that you have the correct paper loaded into your printer (plain A4).

Upon completion of the printing process a message will be displayed asking you if the Bank Deposit has printed OK.

If there has been a paper-jam or other malfunction then click **NO** so that the Bank Deposit may be reprinted.

If the Bank Deposit is OK then click **YES** and the details will be flagged so that they do not appear on a subsequent Bank Deposit.

Print Single Account

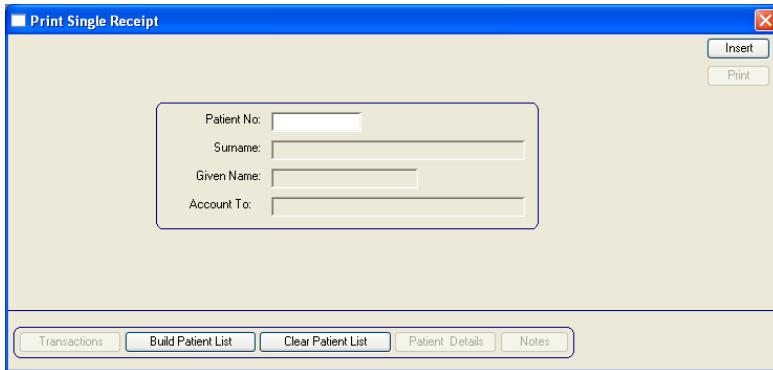
Selecting **Single Account** from the Print menu, displays the following window:



1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking the entry if it is the one highlighted). The patient information will be displayed on the window.
2. If the correct patient has been selected, click the **Print** button. Any unprinted debits for this patient will be printed on the account. The Medicare button is used if Online Claiming is being used. *Refer to Medicare Online Processing with MxSolutions.*
3. When the account has printed, press **Enter/Return** to indicate that the Account *has* printed OK and those debits will be flagged so that they do not print on subsequent accounts for the patient.
4. If there has been a paper-jam or other malfunction then click **NO** so that the Account may be reprinted.
5. If the wrong button was pressed and an incorrect account type printed, press **NO** to indicate that the account *has not* printed OK and reprint using the correct print option.
6. NOTE: If you have entered the debit details incorrectly, then you must indicate that this account **has** printed OK before adjusting and re-entering the details.

Print Single Receipt

Selecting **Single Receipt** from the Print menu, displays the following window:

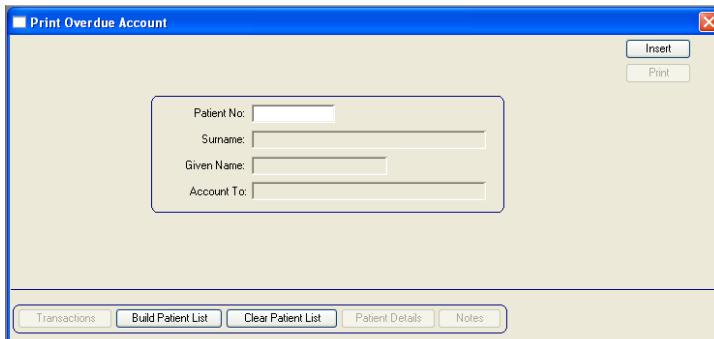


- 1..... Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the window.
- 2.If the correct patient has been selected, click the **Print** button. Any unprinted receipt entries for this patient will be printed on the receipt.
- 3.When the receipt has printed, press **Enter/Return** to indicate that the Receipt *has* printed OK and those debits will be flagged so that they do not print on subsequent receipts for the patient.
- 4.If there has been a paper-jam or other malfunction then click **NO** so that the Receipt may be reprinted.
- 5.NOTE: If you have entered the receipt details incorrectly, then you must indicate that this receipt **has** printed OK before adjusting and re-entering the details.

Print Single O'Due Account

This function is useful if you have a need to send a patient an extra Overdue Notice in between overdue runs, or if there has been a printer malfunction and you have lost some notices from your overdue run, or if you become aware that for some reason a ledger has become stuck and an Overdue Notice has not printed when it should have.

Selecting **Single O'Due Account** from the Print menu, displays the following window:



1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the window.
2. If the correct patient has been selected, click the **Print** button. An appropriate Overdue Notice will be printed. If the patient is on time payment, then a Time Payment Overdue Notice will be printed, otherwise a standard Overdue Notice will be printed.
3. When the Overdue Notice has printed, press **Enter/Return** to indicate that it *has* printed OK, and the ledger will be updated with the Account Age Date set to To-day's Date, and the outstanding amounts will be moved across to the next age buckets.
4. If there has been a paper-jam, click **NO** and repeat the process.

Outstanding Accounts

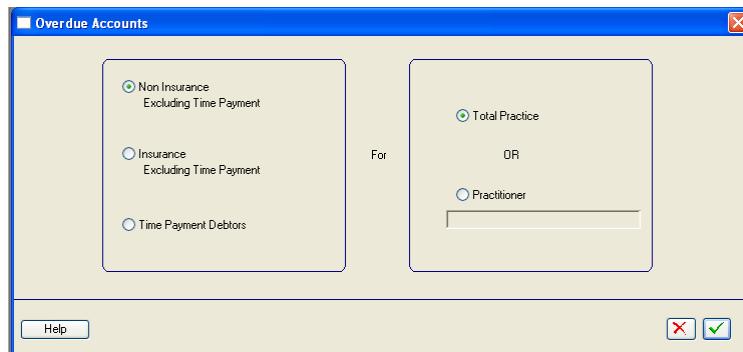
It is advisable to print Outstanding Accounts once a week. Only those ledgers which have 'aged' since the last Outstanding Account run will be printed. Running MxSolutions in this way will keep your cash flow up, as overdue accounts will print soon after they are due and not be waiting for an end-of-month run. Also, what could be a lengthy print run if printed on a monthly basis, is divided into four small print runs, and your system is not 'bogged down' with large batch runs.

Prior to printing Outstanding Accounts, it is advisable to first print and check which ledgers are due to have an Overdue Notice printed. To do this, print on A4 paper the Overdue Debtors report which corresponds to the Outstanding Accounts run that you are about to print.

Choose **Overdue Debtors** from the Ledger Reporting menu and print the required report. This report is very useful in keeping a record of when debtors were sent Overdue Notices. There is room on it to write notes if you have made telephone contact, and you want to record any details.

Selecting **Outstanding Accounts** from the Print menu displays a window which enables the type of Outstanding Account run to be carried out.

In Single Bank Account versions of MxSolutions and Multiple Bank Account versions, the following window is displayed from which the required Overdue run is selected.



Before initiating this function, ensure that you have the correct paper loaded into your printer.

If the overdue notices for Non-Insurance debtors are required, click the **Overdue Accounts Non-Insurance** button, select practitioner and indicate the practitioner code, or total practice (as applicable), and click .

If the overdue notices for Insurance debtors is required, click the **Overdue Accounts Insurance** button, select practitioner and indicate the practitioner code, or total practice (as applicable), and click .

If the overdue instalment notices for Time Payment debtors is required, click the **Time Payment Notices** button, select practitioner and indicate the practitioner code, or total practice (as applicable), and click .

MxSolutions will proceed to print all Overdue Notices according to the option selected which have 'aged' since the last Overdue Account run, and upon completion of the printing process a message will be displayed asking you if the Outstanding Accounts have printed OK.

If there has been a paper-jam or other malfunction then click **NO** so that the Overdue Notices may be reprinted. If the Overdue Notices have printed OK then press **Return** (preferably), or click **YES**, and the Account Age Date for each of the ledgers included in the run will be set to To-day's Date and the balances rolled into the next 'age' buckets.

NOTE: The Overdue Notices which have 'aged' since the last Overdue Account run, includes all ledgers which have outstanding balances, and which have not had an account within the last period, and provided that the ledger is not on hold or on Bulk Bill. The aging period is that as defined in the Practice Details system configuration. Unless you have amended the configuration, MxSolutions ages the Non-Insurance fee categories each 30 days and the Insurance fee categories each 60 days. The amount owing will be the accumulation of *current+30+60+90* day balances, unless there are any unprinted debits and so the current amount will not be included. If there are any debits in the current bucket which are less than 30 days old, an overdue notice will **not** be generated as the patient will have been advised of the account rendered amounts together with the recent account.

If the patient has been set as a time payment debtor, outstanding instalment notices will be generated for all those ledgers with paid-up-to dates now overdue >30 days. Time Payment Notices will indicate to the patient/debtor the total account balance remaining, the instalment amount due which has been multiplied by the number of instalments overdue, and the date that the instalments are currently paid up to. It is recommended that you run Time Payment Overdue Notices each fortnight. Time Payment Notices will continue to be printed if no payment has been received and the paid-up-to date is >30 days. No aging takes place. The paid-up-to-date is used to determine whether or not a time payment notice is to be generated. You therefore do not have to wait another 30 days to indicate to the patient/debtor that the instalments are getting further behind. Two weeks allows time for the patient/debtor to receive the notice and have a payment returned in the mail before another notice is generated.

All Current Accounts

Prior to printing All Current Accounts, it is advisable to first check which ledgers have debits awaiting to be printed first. To do this, print the Unprinted Debits Report on A4 paper. Choose **Unprinted Debits** from the Ledger Reporting menu.

Should there be accounts in the batch which are *not to be printed* e.g. certain insurance accounts, then those ledgers should be put on 'hold' just for the duration of the print run.



After choosing All Current Accounts from the Print menu, MxSolutions will display a window from which you may select whether you want the accounts for the whole practice to be printed, or just those for a practitioner. Also, you may choose whether or not to have accounts printed with the Remittance Advice. After choosing the options required, MxSolutions will print all accounts which have debits and/or adjustments awaiting to be printed, and provided that the account is not on 'hold' or on 'Bulk Bill'.

Before initiating this function, ensure that you have the correct paper loaded into your printer.

The required Accounts will print, and upon completion a message will be displayed asking you if the Accounts have printed OK.

If there has been a paper-jam or other malfunction then click **NO** so that the Accounts may be reprinted. If the Accounts have printed OK then press **Enter/Return** (preferably), or click **YES**, and the debits will be flagged so that they do not appear on subsequent Accounts for those patients.

All Current Receipts

Prior to printing All Current Receipts, it is advisable to first check which ledgers have receipts awaiting to be printed. To do this, print the Unprinted Receipts Report on A4 paper. Choose Unprinted Receipts from the Ledger Reporting menu.

After choosing All Current Receipts from the Print menu, MxSolutions will proceed to print all receipts which have entries awaiting to be printed.

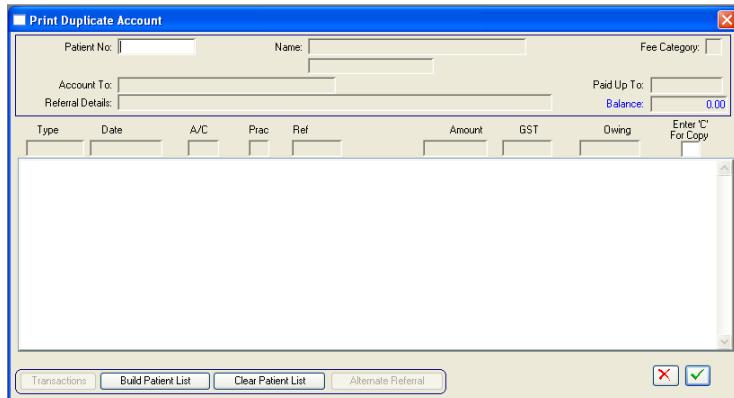
Before initiating this function, ensure that you have the correct paper loaded into your printer.

The required Receipts will print and upon completion of the printing process a message will be displayed asking you if the Receipts have printed OK.

If there has been a paper-jam or other malfunction then click **NO** so that the Receipts may be reprinted. If the Receipts have printed OK then press **Enter/Return** (preferably), or click **YES**, and the payment entries will be flagged so that they do not appear on subsequent Receipts for those patients.

Duplicate Account

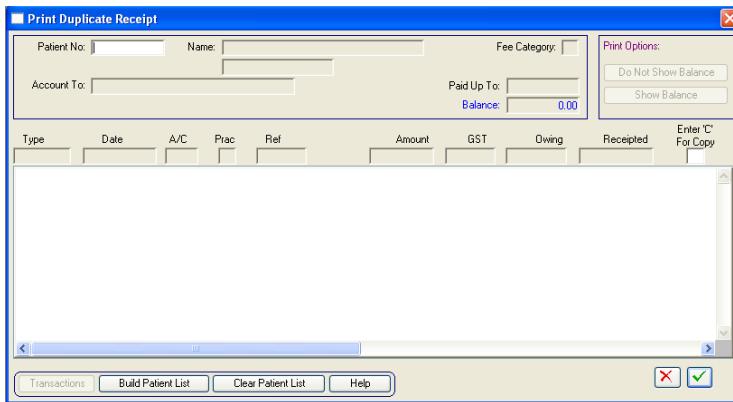
Selecting **Duplicate Account** from the Print menu, displays the following window.



1. The cursor is positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the window together with the transactions.
2. If the correct patient has been selected, click on the first debit entry that is required to be printed and load the record into the data entry area. Type **C** against the entry and **Tab** to load the entry back into the list.
3. Repeat step 2 for each debit entry required on the Duplicate Account.
NOTE: You cannot select a receipt entry to be printed on a Duplicate Account.
4. When you have indicated all the required lines, click or press **Enter/Return** and the Duplicate Account (Copy Account) will be printed.
5. If there has been a paper-jam or other malfunction then the Duplicate Account may be reprinted by reselecting the function.

Duplicate Receipt

Selecting **Duplicate Receipt** from the Print menu, displays the following window.



1. The cursor is positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the window together with the transactions.

2. If the correct patient has been selected, click on the first receipt entry that is required to be printed and load the record into the data entry area. Type **C** against the entry and **Tab** to load the entry back into the list.

4. Repeat step 2 for each receipt entry required on the Duplicate Receipt.

NOTE: You cannot select a debit entry to be printed on a duplicate receipt.

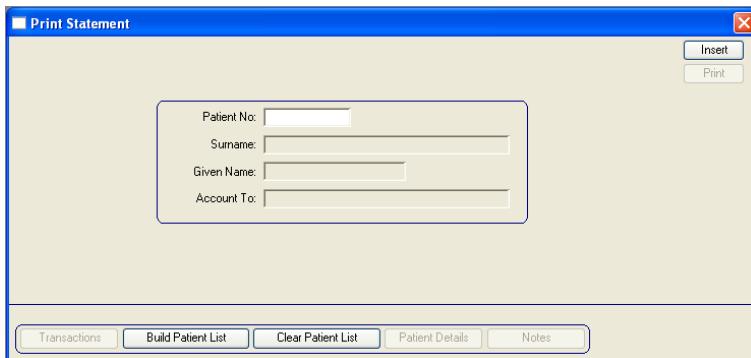
4. When you have indicated all the required lines, click or press **Enter/Return** and the Duplicate Receipt will be printed.

5. If there has been a paper-jam or other malfunction then the Duplicate Receipt may be reprinted by reselecting the function.

Statement

This function is useful when a patient requires confirmation of the status of their ledger. It is useful also for taxation purposes, although if the system has been culled of paid-up transactions, then all of the required information may not be available in the system.

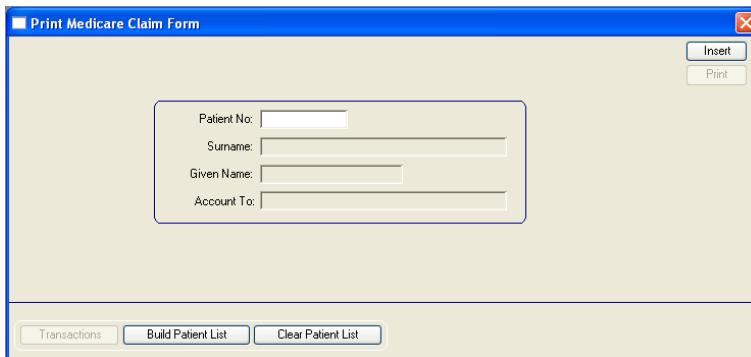
Selecting **Statement** from the Print menu, displays the following window.



1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the window.
2. If the correct patient has been selected, click the **Print** button. All transactions will be printed on a statement for that patient/debtor. This may be displayed onto the screen or printed directly onto the printer.

Medicare Claim Form

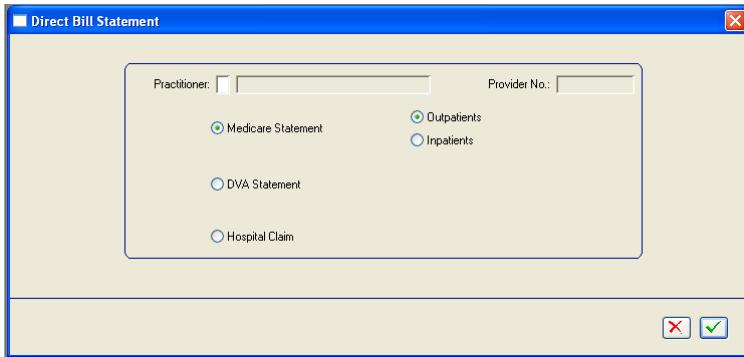
Selecting **Medicare Claim Form** from **Medicare/Direct Bill** under the Print menu, displays the following window.



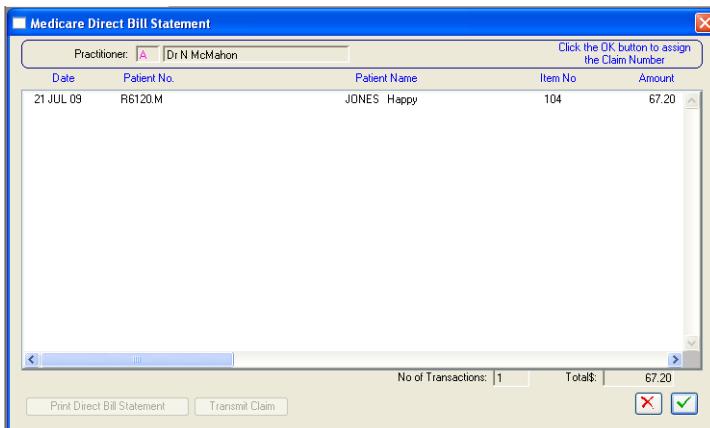
1. Click **Insert** and the cursor will be positioned at patient number. Either type the patient number or press **Tab** to bring up the list of patients. Locate the required patient and select by clicking the entry (or double-clicking if it is the one highlighted). The patient information will be displayed on the window.
2. If the correct patient has been selected, click the **Print** button. The relevant details will be printed on a claim form for that patient/debtor.
3. The Medicare Claim Form should be placed sideways in the printer. The orientation is automatically changed to landscape provided the setting has been made under the 'Preferences' menu. If the text does not line up correctly, the margins can be adjusted from **Preferences** under the **Reference Files** menu. Alter the left margin setting first, and reprint a Medicare Claim form to test the new setting. Having determined how far the text has now moved, the settings can be then readjusted until the correct setting has been made. This setting is local for the printer/computer being used currently and should remain stored on this computer. If a different printer or printer driver is used, a new setting may need to be made.

Direct Bill Statement

After choosing **Direct Bill Statement** from the Print menu, the following window is displayed.



- 1..... Enter the **Practitioner Code** of the Practitioner for whom the Direct Billing Statement is required.
- 2..... Click the radio button to indicate the **Type** of Claim being produced; Medicare (Outpatient or Inpatient), DVA (Outpatient or Inpatient), or Hospital.
- 3..... If a Direct Billing Statement is required for a **Hospital**, either type the Hospital code, or Tab and select the code from the list.
- 4..... The computer searches the database for transactions that have been entered since the last Direct Billing Statement for this claim type, and displays them to the screen as shown on the window below.



5..... Check to ensure that all required entries are present. Any missing entries will be as a result of the parameters on Patient Details not being set correctly.

For a Medicare transaction to appear on a Direct Billing Statement, the Medicare Number must be present on Patient Details and the Bulk Bill flag must be set to 'Yes'.

For a DVA transaction to appear on a Direct Billing Statement, the Fund field on Patient Details must contain **DVA** and the Bulk Bill flag must be set to 'Yes'.

For a transaction to appear on a Direct Billing Statement for a Hospital, the Fund field on Patient Details must contain the **Fund/Hospital** code that has been assigned to the Direct Billing facility, and the Bulk Bill flag must be set to 'Yes'. The Fund/Hospital codes are setup under the Reference Files menu.

If entries are missing, and Patient Details parameters are to be corrected, then **reject** the process by clicking .

6..... If all required transactions are displayed, enter the **Claim Number** and click . The computer will assign the Claim Number to each transaction on the Claim.

7..... The Claim Number will be that printed on the voucher for the Medicare or DVA Claims, and may be any reference code for Hospital Claims e.g. ABYMMN where AB = Surgeon's initials, yy = year, mm = month, n = claim number within the period.

..... NOTE: A Claim Number must be unique, i.e. not previously used.

For Medicare Online Claims, MxSolutions will automatically generate the Claim Number according to the Medicare business rules. Please refer to the **Medicare Online Claiming** section of this manual.

8. After the Claim Number is assigned to each of the transactions on the Claim, a button enabling the Statement to be printed will be highlighted. Click the **Print Direct Bill Statement** button once for each copy required.

9. A copy of the statement for all claim types should be retained in the practice so that when payment is received, the details can be checked against the original statement before receipting. Use the **Receipt Direct Bill Claim** facility under the Billing menu to receipt the payment.

10. The Direct Bill Statement comprises the Invoice to the Hospital for a Hospital Direct Billing Statement.

11. Medicare requires the individual DB4 assignment form be given to the Patient. The Direct Bill Statement produced from MxSolutions is not required to be forwarded to Medicare. No DB4 copies are required to be retained by the practice.

NOTE: DVA Vouchers are to be retained in the Practice for up to 2 years.

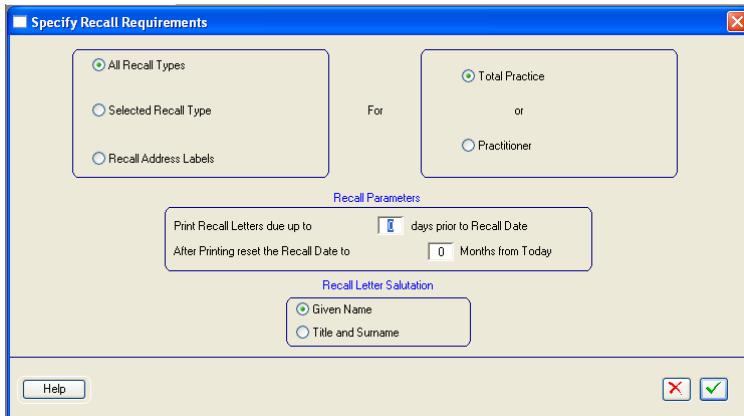
Please refer to the **Medicare Online Claiming** section of this manual for further details.

Recall Notices

If you wish to identify those patients due for recall prior to initiating this function, then you can select the function List Recalls from the Ledger Reporting menu. Choose a date span inclusive of the recalls that you are about to print. This list should be printed on standard A4 stationery.

Before initiating the function to produce the Recall Notices, ensure that you have the correct paper loaded into your printer.

After choosing **Recall Notices** from the Print menu, the following window is displayed.



1. You may initiate a recall run for either the Total Practice or Practitioner. The Recall Letter to be printed may be the standard one set in MxSolutions, or you may select your own from your Letter List. Alternatively, you may print labels instead of letters for all those patients due for a recall. If the Label option is selected then the printer type needs to be indicated. If Laser/Inkjet labels are chosen, the labels are printed on A4 label stationery, 24 labels per page (8 rows, each by 3 labels)

2. Letters or labels may be produced for all patients up to a specific recall date by adding the number of days to to-day's date to calculate the required recall date. e.g. if today's date is the 12th of the month and you want all recall letters to 30th of the month, then you need to specify that you want all recalls up to 18 days prior to the recall date.

If you always use the 1st of the month for the recall when defining the recall date against the patient, then provided the recall run is being processed after the 1st of the month, then the number of days prior to the recall date can be left as zero.

3.....After a recall run has printed, then you can reset the recall date so that those patients recalled are not 'lost' should they *not* respond.

Alternatively, you can choose not reset the recall date, and those patients will not be recalled again should they not respond.

4.....Select the required option and click or press **Enter/Return**.

5.After the Recall Notices or Labels have printed, a message will be displayed asking you if the notices have printed OK.

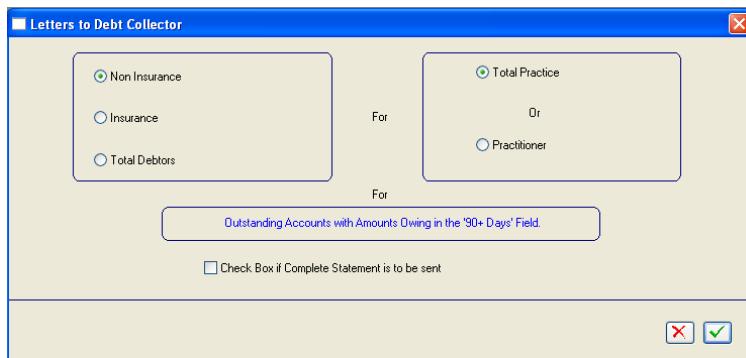
6.If there has been a paper-jam or printer malfunction then **click NO** so that the Recall Notices may be reprinted. If the Recall Notices or Labels have printed OK then press Enter/Return (preferably), or click **YES**, and the recall dates will be flagged according to the parameters as defined prior to the run.

Debt Collector Letters

If you wish to identify those patients due for letters to be printed to the Debt Collector, prior to initiating this function ensure that you have setup the Debt Collector details under the Reference Files Menu.

Before initiating the function to produce the Debt Collector Letters, ensure that you have the correct paper loaded into your printer.

After choosing **Debt Collector Letters** from the Print menu, the following window is displayed.



Click the required settings, and check the box to indicate that a complete Statement is required and click or press **Enter/Return**.

After the Debt Collection Letters have printed, a message will be displayed asking you if the letters have printed OK.

If there has been a paper-jam or printer malfunction then **click NO** so that the Debt Collection Letters may be reprinted. If the Debt Collection Letters have printed OK then press Enter/Return (preferably), or click **YES**, and the records will be flagged indicating that those patients have been sent to the Debt Collector. Overdue Accounts will no longer be printed for these ledgers.

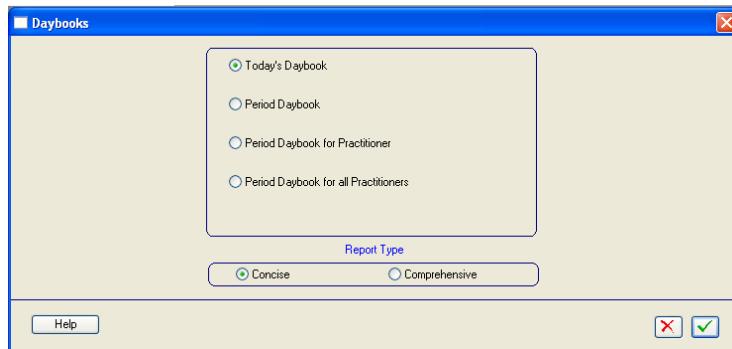
LEDGER REPORTING

After selecting **Ledger Reporting** from the MxSolutions menu, a menu titled **Ledger Reporting** is added to the menu bar. It is from this menu that the required reporting functions may be selected.



Daybooks

Selecting **Daybooks** from the Ledger Reporting menu displays a window enabling the required Daybook to be selected.



Two versions of the Daybook are available. The concise report does not include the descriptions, and is followed by a subsequent report indicating amounts and percentages of each fee category for the period of the report. This version involves more processing and hence can take more time to produce. The comprehensive report indicates the description of

each entry, and does not include the summary report.

If you require the daybook listing all transactions for the current day, click the **Today's Daybook** button, indicate whether the concise or comprehensive version is required, and click or press **Enter/Return**.

If you require a daybook listing all transactions for a given period, click the **Period Daybook** button, enter the **start** and **end dates** for the period required, indicate whether the concise or comprehensive version is required, and click or press **Enter/Return**.

If you require a daybook listing all transactions for a given practitioner over a given period, click the **Period Daybook for Practitioner** button, enter the required **Practitioner Code**, and the **start** and **end dates** for the period required, indicate whether the concise or comprehensive version is required, and click or press **Enter/Return**.

If you require a daybook listing all transactions for all practitioners over a given period, click the **Period Daybook for all Practitioners** button, enter the **start** and **end dates** for the period required, indicate whether the concise or comprehensive version is required, and click or press **Enter/Return**.

Today's Daybook lists all transactions raised during the current day i.e. date of service for To-day's Date. Debit, receipt and adjustment transactions are included, a subtotal printed at the end of each group. This report may be used to balance against the appointment book at the end of the day to ensure that everything has been entered into the computer system.

Period Daybook lists all transactions raised with dates of service during the given period. Debit receipt and adjustment transactions are included, a subtotal printed at the end of each group. You will be asked to enter the start and end dates of the period for which the report is required.

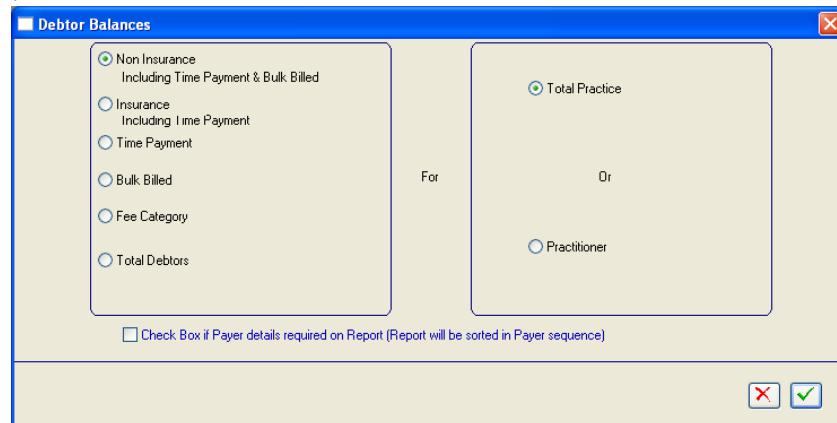
This report may be useful as a comprehensive version of all the individual daybooks for the month, if printed at the end of the month. If any transactions have been deleted from the system, however, subsequent to the day that they were entered into the system, then there will be a discrepancy between the individual daybooks and the period daybook for the month. If any transactions have been deleted from the system, there will also be a discrepancy between the daybook for that day or period and the Practice and Practitioner balances for the month.

Period Daybook for Practitioner lists all transactions raised during the given period for the given Practitioner. Subtotals are produced for each transaction type.

Period Daybook for all Practitioners lists all transactions raised during the given period for the given Practitioner. Subtotals are produced for each transaction type by practitioner.

Debtor Balances

Selecting **Debtor Balances** from the Ledger Reporting menu displays a window enabling the required Debtor Balances report to be selected



If you require the Debtor Balances report for Non Insurance Debtors, click the **Non Insurance** button, click either the **Total Practice** button or the **Practitioner** button and enter the required Practitioner code, and click or press **Enter/Return**.

If you require the Debtor Balances report for Insurance Debtors, click the **Insurance** button, click either the **Total Practice** button or the **Practitioner** button and enter the required Practitioner code, and click or press **Enter/Return**.

If you require the Debtor Balances report for Time Payment Debtors, click the **Time Payment Debtors** button, click either the **Total Practice** button or the **Practitioner** button and enter the required Practitioner code, and click or press **Enter/Return**.

If you require the Debtor Balances report for Bulk Billed Debtors, click the **Bulk Billed** button, click either the **Total Practice** button or the **Practitioner** button and enter the required Practitioner code, and click or press **Enter/Return**.

If you require the Debtor Balances report for a given Fee Category, click the **Fee Category** button and enter the required Fee Category by clicking Tab and selecting the required category from the list. Click either the **Total Practice** button or the **Practitioner** button and enter the required Practitioner code, and click or press **Enter/Return**.

If you require the Debtor Balances report for All Debtors, click the **Total Debtors** button, then indicate whether or not **credit ledgers** are to be included, click either the **Total Practice** button or the **Practitioner** button and enter the required Practitioner code, and

click or press **Enter/Return**.

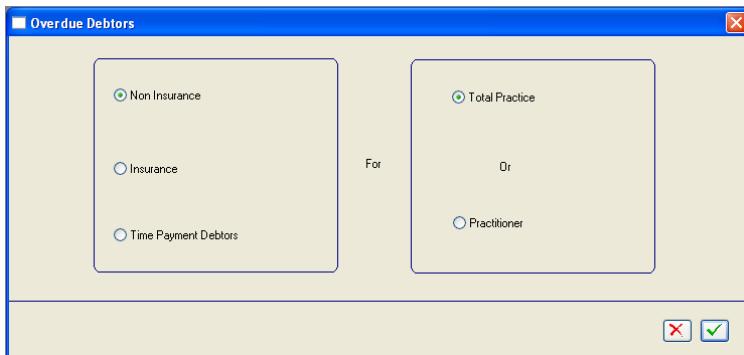
Note: Credit Ledgers, if included, will distort the total amount outstanding and this option should be used with caution. Credit ledgers can be identified separately under the Sundry Reports menu.

The **Debtor Balances** reports list all debtors with outstanding balances which are in the particular category that you have selected.

The report is useful in reviewing debtors that owe money at the time the report is printed. The report will indicate when the last debit was raised and when the last payment was received, and show the balances in each of the current-30-60-90 day overdue periods. It will also indicate ledgers that have unprinted debits which require action. Any ledgers that have no date in the Account Age Date field also indicate that action is required.

Overdue Debtors

Selecting **Overdue Debtors** from the Ledger Reporting menu displays a window enabling the required Overdue Debtors report to be selected.



If you require the list of Non Insurance Debtors for whom Overdue Notices are due as at to-day, click the **Non Insurance** button, select **Total Practice** or **Practitioner** and enter the Practitioner code, and click or press **Enter/Return**.

If you require the list of Insurance Debtors for whom Overdue Notices are due as at to-day, click the **Insurance** button, select **Total Practice** or **Practitioner** and enter the Practitioner code, and click or press **Enter/Return**.

If you require the list of Time Payment Debtors for whom Overdue Notices are due as at to-day, click the **Time Payment Debtors** button, select **Total Practice** or **Practitioner** and enter the Practitioner code, and click or press **Enter/Return**.

The **Overdue Debtors** report lists all debtors in the particular category that you have selected with amounts overdue and who are due to receive Overdue Notices. Where Total Practice has been selected, and the version is set to Multiple Bank, provided the system is set to use Graphic Letterheads, then the Overdue Accounts generated have the correct practitioner's Letterhead, all produced in the **one** print run.

The aging period is that as defined in the Practice Details system configuration. Unless you have amended the configuration, the Non-Insurance fee categories are 'aged' each 30 days and the Insurance fee categories also each 30 days.

This report should be printed **prior** to selecting the Outstanding Accounts function under the Print menu. The report is useful in determining the necessary followup action that you may wish to employ for bad debtors.

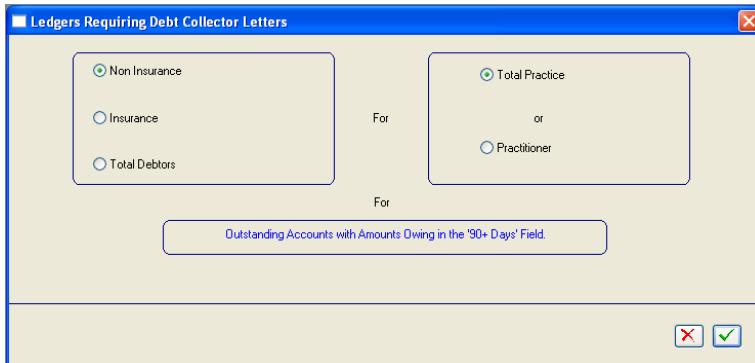
The report will indicate when the last debit was raised and when the last payment was received, and show the balances in each of the current-30-60-90 day overdue periods. Telephone numbers are also shown.

With the exception of the Time Payment list, you may find a discrepancy between the report produced here and the actual Overdue Notices printed. Listed on the report for your information are those debtors with account 'age' dates that indicate Overdue Notices are due, but the Notices will not print for those debtors that are on 'hold', or there are recent debits <30 days old, or there are unprinted debits in the current bucket and nothing in the 30/60/90 day buckets.

The Time Payment list shows all Time Payment debtors whose instalments are overdue. These debtors will continue to be on this list until a payment is made, and depending on whether the payment brings the instalments up to date they may still continue to be on this report and hence continue to receive Time Payment Reminder Notices.

Ledgers for Collection

Selecting **Ledgers for Collection** from the Ledger Reporting menu displays a window enabling the required Ledgers for Collection report to be selected.



Ledgers for Collection lists all debtors, corresponding to the option selected, which have an amount or new amount which has passed into the 90+day period as a result of the last overdue process, and which has not previously been flagged as 'Sent to the Debt Collector'.

If you require the list of Non Insurance Debtors for whom **Ledgers for Collection** are due, click the **Non Insurance** button, select **Total Practice** or **Practitioner** and enter the Practitioner code, and click or press **Enter/Return**.

If you require the list of Insurance Debtors for whom **Ledgers for Collection** are due, click the **Insurance** button, select **Total Practice** or **Practitioner** and enter the Practitioner code, and click or press **Enter/Return**.

If you require the list of Total Debtors for whom **Ledgers for Collection** are due, click the **Total Debtors** button, select **Total Practice** or **Practitioner** and enter the Practitioner code, and click or press **Enter/Return**.

The aging period is that as defined in the Practice Details system configuration. Unless you have amended the configuration, the Non-Insurance fee categories are 'aged' each 30 days and the Insurance fee categories each 60 days.

This report and the corresponding Debt Collection letters should be printed **prior** to selecting the Overdue Debtors reports and Outstanding Accounts function. This is to ensure that at least one week has elapsed since the last 90+ day overdue notice was sent before sending the debtor to the debt collector.

The report will indicate when the last debit was raised and when the last payment was

received, and show the balances in each of the current-30-60-90 day overdue periods. Telephone numbers, and insurance information if applicable, are also shown.

General Reports

Selecting General Reports from the Ledger Reporting displays a hierarchical menu of General Reports. These include the following:



Recall Patients

Selecting **Recall Patients** from the General Reports menu enables the printing of patients who have recall dates set. You will be asked to enter the start and end dates of the period for which the report is required. The report can be produced in sequence of either Patient Number or Patient Name within Recall Date, either by Practitioner or Total Practice.

Time Payment Patients

Selecting **Time Payment Patients** from the General Reports menu enables the printing of patients who have negotiated settlement of their accounts on a time-payment basis. The report can be produced either by Practitioner or Total Practice.

Unprinted Debits

Selecting **Unprinted Debits** from the General Reports menu enables the printing of all debits which have been entered into the system but have *not* been printed onto an account. This is useful if using the system in the non-batch environment, and the production of

accounts can be overlooked. Note: a receipt should not be entered into the system prior to the printing of the account to which it corresponds, unless a deposit is being made. The report can be produced either by Practitioner or Total Practice.

Unprinted Receipts

Selecting **Unprinted Receipts** from the General Reports menu enables the printing of all payments which have been entered into the system but have *not* been printed onto a receipt. This is useful if using the system in the non-batch environment, and the production of receipts can be overlooked. The report can be produced either by Practitioner or Total Practice.

Unbilled Patients

Selecting **Unbilled Patients** from the General Reports menu enables a report to be printed of patient/debtor ledgers which have had no Billing transactions or No Charge transactions printed against them. This can be a useful check to ensure that all patients have been billed. The report can be produced either by Practitioner or Total Practice.

Adjustments

Selecting **Adjustments** from the General Reports menu enables the printing of adjustment transactions for a specified period. You will be asked to enter the start and end dates of the period for which the report is required. This report is useful in determining the reasons for errors being made in debiting and receipting. The report can be produced either by Practitioner or Total Practice.

Debt Collection Ledgers

Selecting **Debt Collection Ledgers** from the General Reports menu enables the printing of a report of all patients sent to the Debt Collector i.e. that have the debt collection flag set. It is useful to followup debtors that have been sent to the debt collector, and also as a check that if the balance has been paid, that the debt collection flag is 'unset'. The report can be produced either by Practitioner or Total Practice.

Ledgers on Hold

Selecting **Ledgers on Hold** from the General Reports menu enables the printing of all debtors which have been set on 'hold', i.e. prevent ledger from printing accounts, overdue notices, and culling functions. The report can be produced either by Practitioner or Total Practice.

Bad Debtor Transactions

Selecting **Bad Debtor Transactions** from the General Reports menu enables the printing of all transactions of patients/debtors which have balances >60 days. The report can be produced for either Non-Insurance, Insurance, or Total Debtors, either by Practitioner or Total Practice.

Inactive Patients

Selecting **Inactive Patients** from the General Reports menu enables the printing of patients who have not presented for a given period of time. You will be asked to enter the period which is deemed 'inactive'. Ledgers which have the 'Zero Account Date' older than this period are listed. This report may be used to either archive to the 'Archive List', or delete from the system those patients no longer required. The report can be produced either by Practitioner or Total Practice.

Archived Patients

Selecting **Archived Patients** from the General Reports menu enables the printing of patients who have been transferred to the Archived List. The report can be produced in either Patient Number or Patient Surname Sequence, either by Practitioner or Total Practice.

GST Accrual Reports

Selecting **GST Accrual Reports** from the General Reports menu enables the printing of GST Accrual details based on either a given rang of sequence numbers or a given range of dates. The report can be produced either by Practitioner or Total Practice. The last page summarises the GST Free Amount, GST Amount, GST, and Total Amounts Billed.

GST Receipt Reports

Selecting **GST Receipt Reports** from the General Reports menu enables the printing of GST Receipt details based on either a given rang of sequence numbers or a given range of dates. The report can be produced either by Practitioner or Total Practice. The last page summarises the GST Free Amount, GST Amount, GST, and Total Amounts Received.

X-Rays Held

Selecting **X-Rays Held** from the General Reports menu enables the printing of patients who have had the X-Rays held flag set. The report can be produced either by Practitioner or Total Practice. This report can be used to notify patients to collect their X-Rays. This may be done

using the Letters/Labels/Typing List facility for Selected Patients. This option can be found under the Sundry Reports menu.

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Sundry Reports

Selecting Sundry Reports from the Ledger Reporting displays a hierarchical menu of extra Sundry Reports. These include the following:

Assistant Fees Raised

Assistant Fees Raised enables the printing of the Assistant Fees that have been raised in the given period. The report subtotals by ‘assistant’ if the assist fee Item Number has been sub-categorised for each assistant. Each assistant report commences on a new page.

Paid Up Assistant Fees

Paid Up Assistant Fees enables the printing of the Assistant Fees that have been paid in the given period. The report subtotals by ‘assistant’ if the assist fee Item Number has been sub-categorised for each assistant. Each assistant report commences on a new page.

Outstanding Assistant Fees

Outstanding Assistant Fees enables the printing of the Assistant Fees raised in the given period that are awaiting payment. The report subtotals by ‘assistant’ if the assist fee Item Number has been sub-categorised for each assistant. Each assistant report commences on a new page.

Mark Assist Fees Paid

Mark Assist Fees Paid enables the marking of the Assistant Fees that have had payments forwarded to the Assistant. The report listing the records to be marked can be based on Assist Fees Raised or Assist Fees Paid in a given period. The records marked are recorded on the Transactions Screen for a given Patient when the screen is scrolled to the right.

Referrals Due to Expire

Referrals Due to Expire enables the printing of Patients whose Referrals are due to ‘expire’ next month.

Total Outstanding Balance

Total Outstanding Balance enables the printing of the Total Debtor Balance Outstanding. The balance only is printed; i.e. the debtors comprising the balance are not listed. NOTE: The balance is inclusive of credit ledgers. Sundry Ledgers which have large credit balances will affect this balance, and therefore the corresponding debit adjustments should be entered against these ledgers prior to producing this report.

Total Debtors Seen

Total Debtors Seen enables the printing of the total number of debtors that have been seen during the given period.

Ledgers in Credit

Ledgers in Credit enables the printing of the Ledgers that have been put into credit during the given receipting period.

Banking Totals

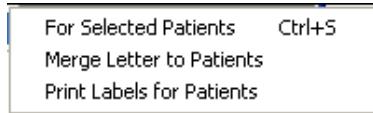
Banking Totals enables the printing of a report of the total receipt amount for a given period for a given bank deposit. The supporting transactions may be included in the report.

Received Work

Received Work enables the printing of a report of the debit transactions that have been receipted during the given period, together with the corresponding receipt transactions.

Letters/Labels/Typing Lists

Letters/Labels/Typing List displays a hierarchical menu which enables the printing of either Letters, Labels, or Typing Lists for a *given* set of patients, or Merge Letters to Patients, or Print Labels for Patients.



For Selected Patients

If the option **For Selected Patients** has been selected, a screen is displayed where a list of patients may be built by selecting the patient from the Patient List. The screen may be saved at any time and returned to enabling the completion of the list. When the list of required Patients is finalised, click the button to either Print Merge Letter, Print Labels, or Print Typing List to produce the required output.

The Patient List is stored until such time as the required printed output is flagged as having printed OK, when the Patient List created for selected patients will be cleared.

Merge Letter to Patients

Merge Letter to Patients provides the facility to print a letter selected from the list of letters for each patient in the data file, for either the Total Practice or a given Practitioner. Any patient ledgers on hold will be excluded.

Print Labels for Patients

Print Labels for Patients provides the facility to print a label for all patients, for either the Total Practice or a given Practitioner. Any patient ledgers on hold will be excluded.

View Direct Bill Claim

View Direct Bill Claim provides the facility to view a Pending Direct Bill Statement which has not yet had a Claim Number assigned. Enter the Practitioner Code, the Claim Type: Medicare (Outpatient or Inpatient), DVA (Outpatient or Inpatient), or Hospital. If the required statement is for a Hospital Claim, enter the Fund/Hospital Code.

Reprint a Direct Bill Statement

Reprint a Direct Bill Statement provides the facility to reprint a Direct Bill Statement. Enter the Practitioner Code, the Claim Number of the Statement to be reprinted (click Tab and select the Claim Number from the List), and the statement type: Medicare, DVA, or Hospital.

Bulk Bill Ledgers

Bulk Bill Ledgers provides the facility to print a report for all patient ledgers that have been set to Bulk, for either the Total Practice or a given Practitioner. The Fund Code and Medicare Numbers are included.

File Contents

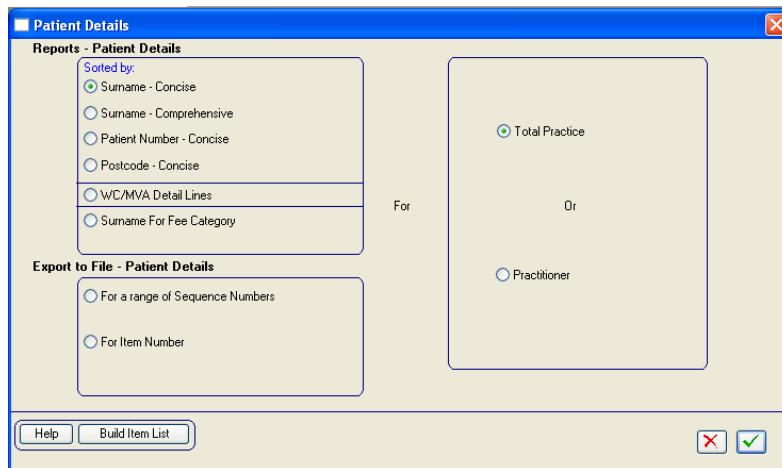
After selecting **File Contents** from the Ledger Reporting menu, a hierachal menu is displayed from which the following reporting functions may be selected.



Patient Details

Patient Details enables the printing of details of all patients on the Patient Master File.

Various forms of the Patient Details can be obtained depending on the choice selected.



The concise lists contain name and address information only, whereas the comprehensive lists contain all details.

The Alphabetic lists are listed in alphabetical order based on Patient/debtor Surname.

The Post Code list is listed in Post Code order, and the Numeric list is in Patient/debtor Number order.

The WC/MVA Detail Line list is listed in Surname order, showing the contents of the WC/MVA detail lines.

The Surname for Fee Category list shows a list in alphabetical order based on Patient/debtor Surname for a particular Fee Category.

The Export options provide a file of demographic information in Tab delimited format for records either between a range of sequence numbers or for those Patients having had a particular Item within a range of Dates of Service. The user is asked to specify the name of the Export File and where it is to be directed.

Transactions

Transactions enables the printing of all Debit, Adjustment, and Payment transactions retained in the system. You will be asked to enter the start and end dates for the period required. This report is used mainly for 'trouble-shooting'.

Receipt Details

Receipt Details enables the printing of the Receipt details retained in the system. You will be asked to enter the start and end dates for the period required. This report is used mainly for 'trouble-shooting'.

Export Transactions

Export Transactions enables the exporting of the Debit transactions or Receipt details retained in the system based on either a given range of sequence numbers, or a given range of transaction dates. The export format will be Tab delimited. You will be asked to enter the start and end dates for the period required, and where to direct the Export File. The transactions exported may be for Total Practice, or Practitioner.

Audit

Selecting **Audit** from the File Contents hierachal menu displays a window enabling the required Audit report to be selected.



Records are listed between given sequence numbers, which are the order in which they were entered. It is possible to list records from either the transactions file or the banking details file. These reports are used mainly for 'trouble-shooting'.

Enter the sequence number of the starting point of the section of the file being considered. The sequence number of the last record in the file is displayed. Click or press **Enter/Return**. Indicate the report destination: screen or printer and press **Enter/Return**.

View Bank Deposit

Selecting View Bank Deposit from the Ledger Reporting displays a hierachal menu of different options for viewing the Bank Deposit. These include the following:

Current Banking

View Bank Deposit for the Current Banking enables the Current Bank Deposit to be displayed onto the window. This is useful for checking purposes, for example, to balance the banking and float prior to hand-over to another staff member as a result of change of shift.

Specified Bank Deposit Number

View Bank Deposit for a Specified Bank Deposit Number enables a specified Bank Deposit to be displayed onto the window. This is useful for reprinting a Bank Deposit should it be lost due to, for example, printer problems.

If you wish to print this report, after it is displayed to the screen, highlight the **P** at the top of the scroll-bar and choose **Print Report**.

Specified Period

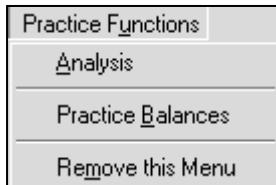
View Bank Deposit for a Specified Period enables the Bank Deposit records for a given period to be displayed onto the window. This is useful for checking purposes and balancing against an EFTPOS Statement for a period.

NOTE: When using the option to view banking records over a specified period, if receipt records were not entered in consecutive date order, some of the records for the specified period may be omitted from the report. This is because MxSolutions searches the file backwards for speed efficiency and stops the moment it gets to a point in the file where the date of the record encountered is prior to the start date of the given period.

PRACTICE MANAGEMENT

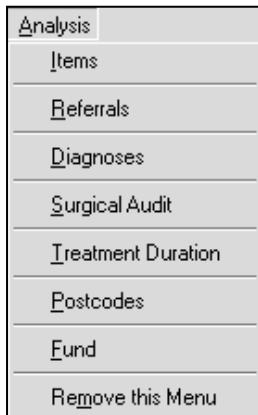
This function is only accessible if the Master level password has been used to gain access to MxSolutions. If a user level password has been used then you will need to select **Password** under the File menu, enter the Master level password, and press **Enter/Return**.

After selecting **Practice Functions** from the MxSolutions menu, a menu titled **Practice Functions** is added to the menu bar. It is from this menu that the required Practice Management reporting functions may be selected.



Analysis

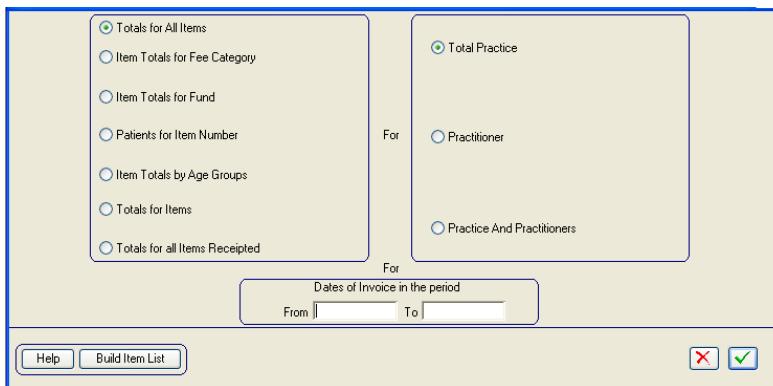
Selecting **Analysis** from the Practice Functions menu displays a menu enabling the type of Analysis to be chosen.



Items

The **Item Analysis** may be carried out based on **Date of Service**, **Date of Invoice**, or between a **Range of Sequence Numbers**.

Selecting the required **Item Analysis** from the Analysis menu displays the following window.



Item Totals

To obtain a report which provides a total count of the number of debits raised for each Item, the money so generated by those items, and the percentage of the total items, click the **Item Totals** button. If you wish this report to be for a particular Practitioner, then

click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of service. Click or press **Enter/Return**.

The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Item Totals by Fee Category

To obtain a report which provides a total count of the number of debits raised for each Item for a particular Fee Category, click the **Item Totals by Fee Category** button. Enter the required Fee Category. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of service. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Patients for Item No.

To obtain a report which provides a list of the patients/debtors who received service for a particular Item, click the **Patients for Item No.** button. Enter the required Item Number or select it from the list; first build the Item list; then press **Tab** to bring up the Item list and select the required Item Number from the list. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of service. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

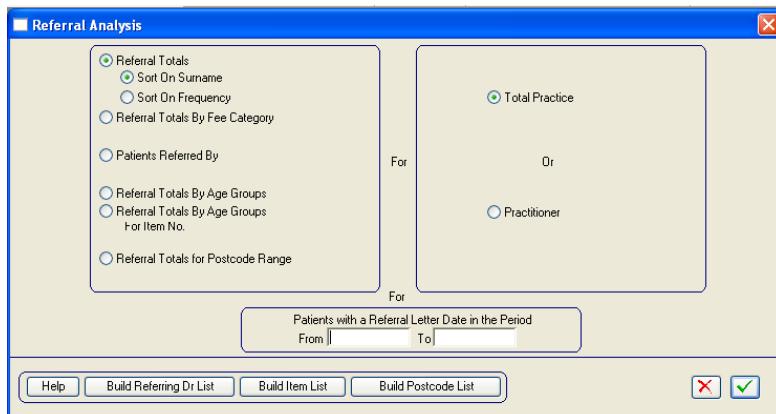
Item Totals by Age Groups

To obtain a report which provides a total count of the number of debits raised for each Item by Age Groups, click the **Item Totals by Age Groups** button. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of service. Click or press **Enter/Return**. The

report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Referrals

Selecting **Referrals** from the Analysis menu displays the following window.



Referral Totals

To obtain a report which provides a total count of the number of patients referred by each Referring Practitioner, click the **Referral Totals** button and indicate the sequence required. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis based on the dates first seen. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Referral Totals by Fee Category

To obtain a report which provides a total count of the number of patients for a given Fee Category referred by each Referring Practitioner, click the **Referral Totals by Fee Category** button. Enter the required Fee Category. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates first seen. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Patients Referred by

To obtain a report which provides a list of the patients who were referred by a given Referring Practitioner, click the **Patients Referred by** button. Enter the required Referring Practitioner Name. The format entered here MUST match with that on the Referring Practitioner Table. You may select the Referring Practitioner from the Referring Doctor list by pressing Tab when the cursor is at Referring Practitioner Name and select the required Referring Doctor from the list. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates first seen. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Referral Totals by Age Groups

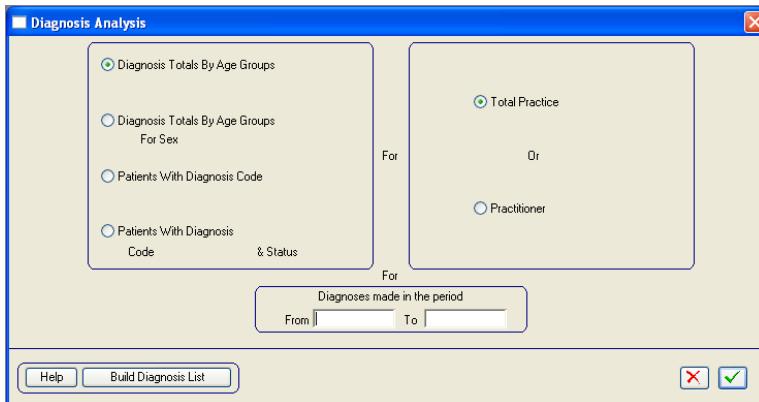
To obtain a report which provides a total count of the number of patients by Age Groups referred by each Referring Practitioner, click the **Referral Totals by Age Groups** button. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates first seen. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Referral Totals by Age Groups for Item

To obtain a report which provides a total count of the number of patients by Age Groups who have had a particular Item referred by each Referring Practitioner, click the **Referral Totals by Age Groups for Item** button. Enter the required Item Number or select it from the list; first build the item list; then press **Tab** to bring up the list and select the item number from the list. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of service. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Diagnosis

Selecting **Diagnosis** from the Analysis menu displays the following window.



Diagnosis Totals by Age Groups

To obtain a report which provides a total count of each of the Diagnosis Codes by Age Groups, click the **Diagnosis Totals by Age Groups** button. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of diagnosis. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Diagnosis Totals by Age Groups for Sex

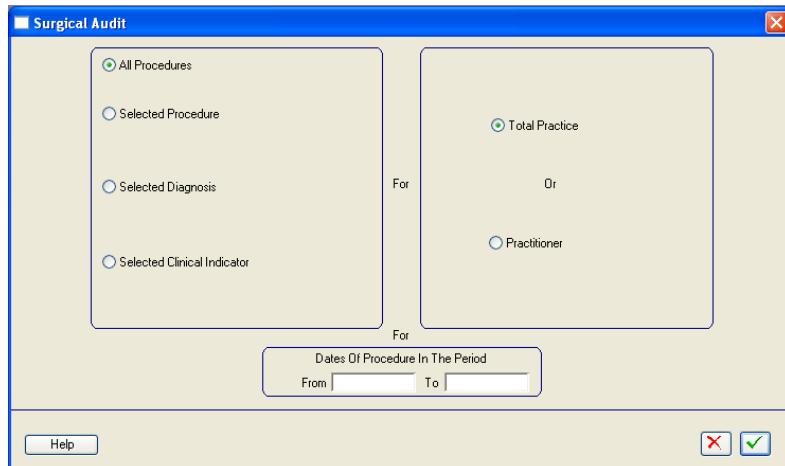
To obtain a report which provides a total of each of the Diagnosis Codes for a given Sex, click the **Diagnosis Totals by Age Groups for Sex** button. Enter the required **Sex**. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of diagnosis. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Patients with Diagnosis Code

To obtain a report which provides a list of the patients whose Diagnosis Code corresponds to the given Diagnosis Code, click the **Patients with Diagnosis Code** button. Enter the required Diagnosis Code or select it from the list; first build the Diagnosis list; then press **Tab** to bring up the list and select the required Diagnosis Code from the list. If you wish this report to be for a particular Practitioner, then click the Practitioner button and enter the required Practitioner Code. If you require the report to include the whole Practice, click the Total Practice button. Enter the start date and the end date of the required period for the analysis, based on the dates of diagnosis. Click or press **Enter/Return**. The report will now be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Surgical Audit

Selecting **Surgical Audit** from the Analysis menu displays the following window.



All Procedures

To obtain a report which provides a list of patients regardless of Procedure showing Patient Number, Name, Procedure, Age, Length of Stay, and any Clinical Indicators are listed. Enter the start date and the end date of the required period for the analysis, based on the dates of Audit Procedure. Click or press **Enter/Return**. The report will now be produced.

Selected Procedure

To obtain a report which provides a list of patients for a Selected Procedure showing Patient Number, Name, Procedure, Age, Length of Stay, and any Clinical Indicators are listed. Enter the Procedure required by selecting from the list. Press Tab to display the list of Surgical Procedures. Enter the start date and the end date of the required period for the analysis, based on the dates of Audit Procedure. Click or press **Enter/Return**. The report will now be produced.

Selected Diagnosis

To obtain a report which provides a list of patients for a Selected Diagnosis showing Patient Number, Name, Procedure, Age, Length of Stay, and any Clinical Indicators are listed. Enter the Diagnosis required by selecting from the list. Press Tab to display the list of Diagnoses. Enter the start date and the end date of the required period for the

analysis, based on the dates of Audit Procedure. Click or press **Enter/Return**. The report will now be produced.

Selected Clinical Indicator

To obtain a report which provides a list of patients for a Selected Clinical Indicator showing Patient Number, Name, Procedure, Age, Length of Stay, and the Clinical Indicators are listed. Enter the Clinical Indicator required by selecting from the list. Press Tab to display the list of Clinical Indicators. Enter the start date and the end date of the required period for the analysis, based on the dates of Audit Procedure. Click or press **Enter/Return**. The report will now be produced.

Treatment Duration

Selecting **Treatment Duration** from the **Analysis** menu displays the following window.



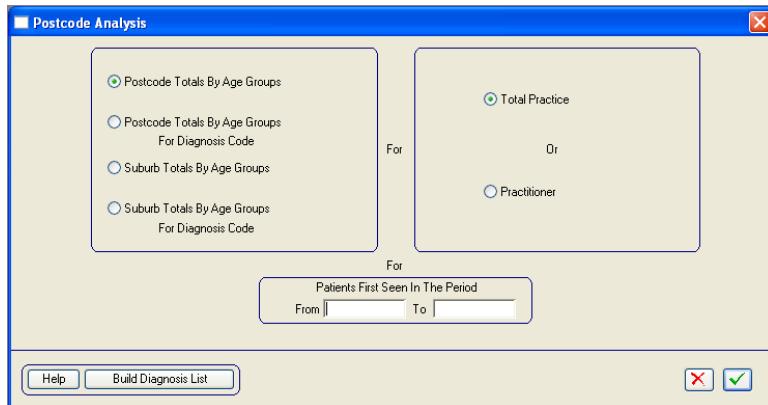
This facility enables a report to be produced on the number of patients that have progressed from one item number to another, for either the total practice or a given practitioner, for the dates of service in the given period. Reports that may be produced include:

-Patients for a given Age (yrs)
- • Patients for a given Age Group
- • Total Patients

Choose the required option by clicking on the radio buttons accordingly and entering the required period. Click or press **Enter/Return** and the required report will be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Post Codes

Selecting **Post Codes** from the **Analysis** menu displays the following window.



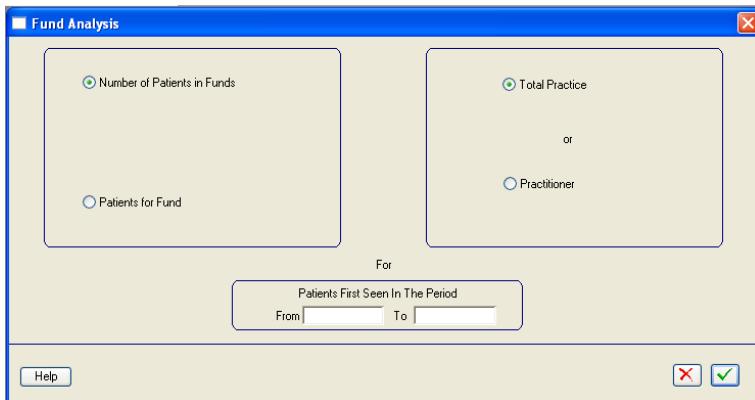
This facility enables a report to be produced on the Post Code totals based on the Patient Details that have been entered, for either the total practice or a given practitioner, for the first seen dates in the given period. Reports that may be produced include:

- Post Code totals by Age Groups
- Post Code totals by Age Groups for a given Diagnosis Code

Choose the required option by clicking on the radio buttons accordingly and entering the required period. Click or press **Enter/Return** and the required report will be produced. As the whole database is being searched for the analysis, the report may take some considerable time to complete.

Fund

Selecting **Fund** from the **Analysis** menu displays the following window.



Provides the facility to report on Fund Totals based on the Patient Details that have been entered, for either the total practice or a given practitioner, for the first seen dates in the given period. This report if run 6 monthly and compared with a previous report will indicate the rate at which the population is withdrawing or otherwise from the Private Health Insurance Funds.

Choose the required option by clicking on the radio buttons accordingly and entering the required period. Click or press **Enter/Return** and the required report will be produced. As the whole database is being searched for the analysis, the report may take a while to complete.

Practice Balances

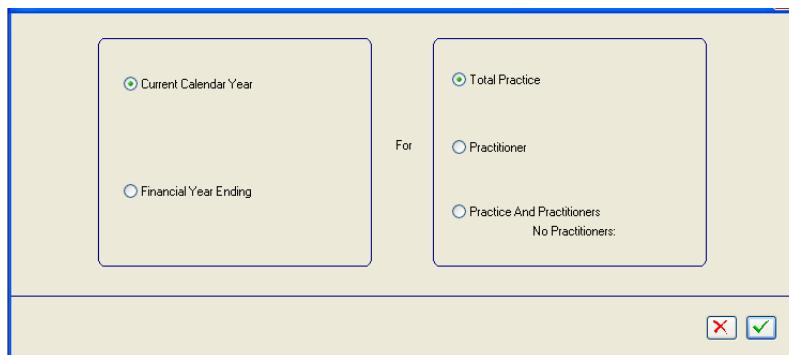
Provides the facility to obtain financial information on a monthly basis which is useful in monitoring '*how the practice is going*'. These figures have the potential to contain a margin of error if adjustments have not been carried out correctly and therefore should only be used as a guide.

If using the Practitioner Balances to calculate receipt allocations which apply to the different doctors in the practice, the Adjustment report for the period, and the Ledgers in Credit report should both be printed. The Adjustment report should be used to check that any adjustments have been made correctly. The Ledgers in Credit report should be used to balance the allocations with the banking reports, bearing in mind that overpayments are not allocated to a practitioner until a subsequent debits are made, (receipt allocations are based on the practitioner raising the debit).

Selecting **Practice Balances** from the **Practice Functions** menu provides a choice for the Debit Balances to be based on Date of Service or Date of Invoice.



Having chosen the required period type, selecting Practice Balances displays a window enabling the type of Practice Balances to be chosen.



Current Year

You may select Balances for the **Current Year**, for either the **Practice**, a given **Practitioner**, or the **Practice and All Practitioners**. Choose the option by clicking on the

radio buttons accordingly. Click or press **Enter/Return** and the report will be produced.

Financial Year

You may select Balances for either the **Financial Year**, for either the **Practice**, a given **Practitioner**, or the **Practice and All Practitioners**. Choose the option by clicking on the radio buttons accordingly, type the year (4 digits) denoting the End of the required Financial Year. Click or press **Enter/Return** and the report will be produced.

CASH BOOK

This function is only accessible if the Master level password has been used to gain access to MxSolutions. If a user level password has been used then you will need to select **Password** under the File menu and enter the Master level password.

Selecting **Cash Book** from the Practice Functions menu activates a menu titled **Cash Book**.



It is from this menu that the required Cash Book functions may be selected.



Account Setup

This function enables the Cash Book Chart of Accounts to be created. Up to 99 individual Charts of Accounts may be setup, each being completely separate entities, and each having its own Control Account (Bank Account).

The Bank Account should reflect the Cash at Bank when all income and expense postings, including auto-withdrawals, have been made. The Bank Reconciliation will take into account unpresented cheques.

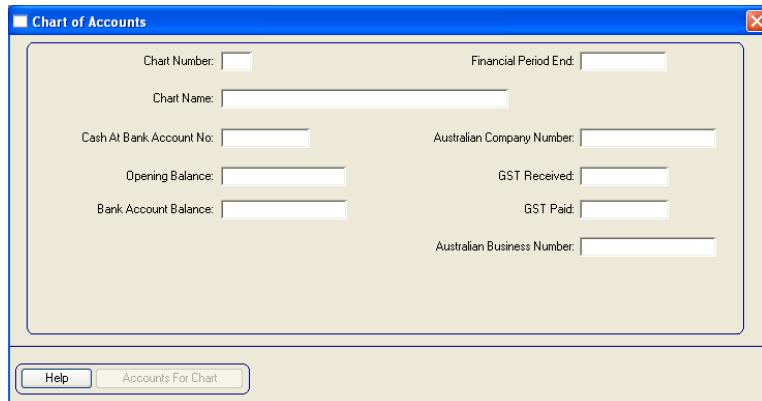
The MxSolutions Cash Book is designed to be simple to use and provide you with the summarised journal entries required by your accountant for taxation purposes. The MxSolutions Cash Book also allows you to monitor your cash flow and compare it with the previous year.

Five types of accounts are catered for: Asset, Liability, Capital (Proprietorship), Income and Expense accounts.

Each Account is assigned a number, **preferably** the same as the number as used by your **accountant**. You should assign numbers in the same order as the accounts are to be reported by your accountant.

If you propose to input the transactions electronically into your Accountant's computer system, e.g. 'Solution 6', then it is essential that you use only those accounts and numbers that are setup by your accountant. If you encounter a transaction for which you do not have an account to post it to, then contact your accountant to obtain the required number to ensure that it is also setup in your accountant's system.

1. Selecting **Account Setup** from the Cash Book menu displays the following window:



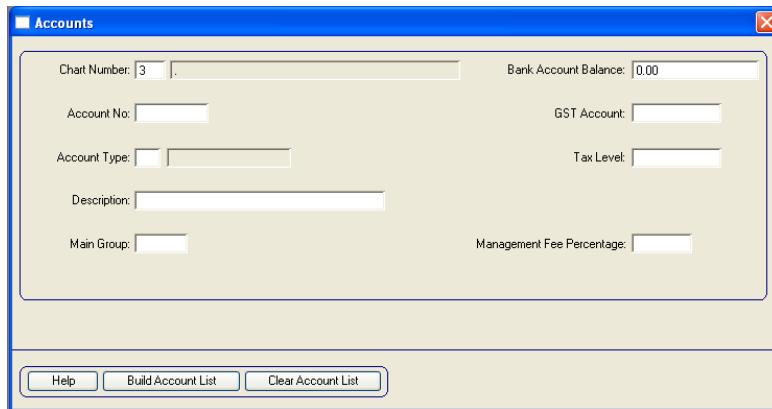
2. Select **Insert** from the commands menu to set up a New Chart of Accounts.
3. Enter the **Chart Number**, press **Tab**, and enter the Name of the new Chart of Accounts.
4. Enter the **Financial Period End**, press **Tab**.
5. Enter the '**Cash at Bank**' account number (this is commonly 680 in many charts of accounts - *do not put the Account Number as known by the Bank*, it is the **chart** number as specified by your Accountant for the 'Cash at Bank' that is required), press **Tab**.
6. You may enter the **Opening Bank Balance** at any time, although it may be entered only once. Make sure that it is correct.
7. Enter the **A.C.N.** if for a company, press **Tab**.
8. Click or press **Enter/Return** when you have entered all the required details correctly.

The button **Accounts for Chart** will now be highlighted.

To setup the Accounts for this Chart, click the button **Accounts for Chart**.

If you have already entered the Chart Details and you wish to add an Account to the Chart, click **Next** or **Find** to obtain the required Chart. When the Chart details are displayed, click the button **Accounts for Chart**.

1. After clicking the button **Accounts for Chart** from the Chart of Accounts window, the window enabling the 'Setup of the Accounts' is then displayed.



2. To Add an Account to the Chart, select **Insert** from the commands menu, (or press Control/Command+I)

3. The Chart Number and Name, and Bank Account balance are displayed to confirm that the new account is to be added to the correct Chart.

4. Enter the **Account Number** of your New Account, and press **Tab**.

5. Enter the **Account Type**;

A	=	Asset
L	=	Liability
C	=	Capital (<i>Proprietorship</i>)
I	=	Income
E	=	Expense

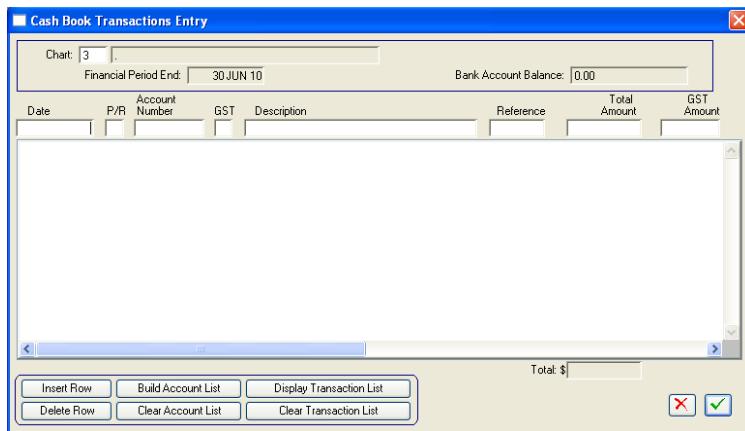
You may select the **Account Type** from the list; delete the default code and with a blank in the field press **Tab** to bring up the List and choose the required Account Type by clicking on the required type. For confirmation, MxSolutions will display the type that this account is being setup for.

6. Enter the **Description** of the Account.
7. Enter the **Main Group Code**, if applicable, and press **Tab**. i.e. if you wish this account to be included within a group of accounts for reporting purposes only, specify the Main Group code which indicates the group.
8. Enter the **Management Fee Percentage**, if applicable. The opening balance is used in the Management Fee calculation for Asset items. Enter the **Opening Balance** for the asset, if applicable.
9. Provided all details are correct, click or press **Enter/Return**.
10. Repeat steps 4-9 for each account in the Chart of Accounts.
11. If you require to correct an entry, locate the account, click **Edit** and change the fields in error, click or press **Enter/Return**. You cannot change the Number of an Account if there are Transactions that have been posted to it.
12. To locate a particular **Account** in the Chart, you may **Find from List** (or press Control/Command+L) having built the List of Accounts for this chart.

Transaction Entry

This function enables the entry of transactions into the Cash Book.

1. Selecting **Transaction Entry** from the Cash Book menu displays the following window.



2. Using your deposit book and cheque book, and your bank statement, key the income and expense transactions to be posted to the chart of accounts.

3. It is necessary for the account number to which each transaction is being posted to be entered with the details of the transaction. *Ensure that transactions are posted to the correct account.*

4. If working from the Bank Statement, before keying any entries, mark against each entry on the Bank Statement the account number that the transaction is to be posted to. This will make keying of the entries very easy. Also note any transaction detail, if applicable. This should be obtained from the cheque book butt.

5. If working from the Cheque Book, before keying any entries, mark against each entry in the Cheque Book the account number that the transaction is to be posted to.

6. Enter the **Chart Number** of the chart to which transactions are being posted. Press **Tab**. The Financial Period End and Bank Account balance are then displayed.

7. **Build the Account List.**

8. Enter the **Date** of the transaction, press **Tab**.

9. Enter **P or R** to indicate whether the transaction is a payment or a receipt, press **Tab**. (P=Payment, R=Receipt) Ensure that this is correct.

10. Enter the **Account Number** of the transaction, or select the required Account from the List. Press **Tab** to display the Account List and click on the required entry having located it. Press **Tab**.

11. MxSolutions displays the **Name** of the Account for verification.

13. Include the transaction detail, by typing over the **Account Name** with the **Transaction Description**. This is most important. Press **Tab**.

14. Enter the **Cheque number or Reference details** of the transaction, press **Tab**.

15. Enter the **Amount**. Press **Tab** to load the entry into the list.

NOTE: You do not need to enter the sign of the transaction as MxSolutions will place the sign correctly according to the type of transaction being posted, i.e. based on whether a P or R has been entered.

16. Repeat steps 8-15 to enter all transactions for a particular day.

Note: If a **cheque** amount is to be spread across more than one account in the Chart, treat each component of the cheque as an individual entry, repeating the cheque number for each component part.

17. When you have entered a batch of transactions for a day, or several days, click The transactions will now be posted to the appropriate accounts in the Chart.

18. If keying from the bank statement, it is suggested that transactions are entered in a batch, such that the last entry in the batch is that which gives the bank statement balance for a particular day. This will ensure that as you enter further transactions, the bank balance is able to be verified. If it is found to be incorrect, then the error can be immediately determined and corrected accordingly using the Journal Adjustment facility.

19. If keying from a Cheque Book, you will need to also refer to the Bank Statement to obtain the entries for banking charges and auto withdrawals etc.

20. Repeat steps 8-17 for each set of entries made in a day, until all entries in the Bank Statement are entered.

21. By the end of the financial year, all transactions for the year will be in the Cash Book. At this point the reports may be produced for your accountant for Taxation purposes or the transactions may be passed electronically for input to your accountant's

computer system. Reports to-date may be produced at any time.

Journal Adjustments

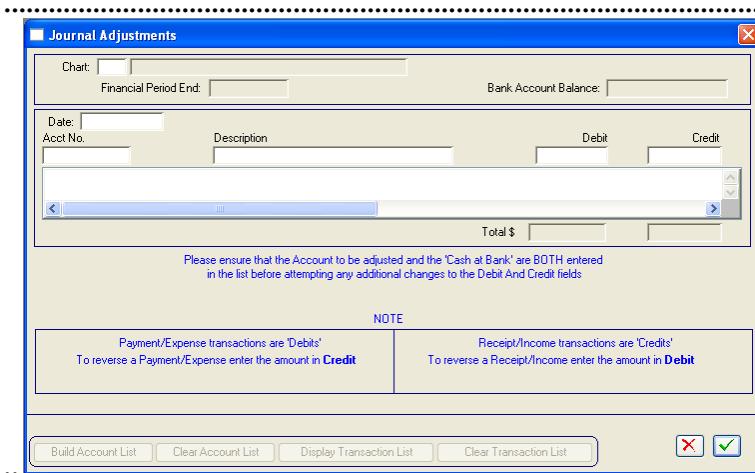
1. This function enables the correction of entries made to the Cash Book. Corrections are made by way of Journal Transactions, not by the editing of the original transactions.

2. Two entries are required for a journal entry so that one credit entry and one debit entry appear. The total of the credit and debit entries must be equal. One entry is for the account being journalised, the other entry is the corresponding entry to the Cash at Bank.

3. Debit and credit entries are explained as follows:

- • Payments/Expense transactions are 'debits'
- • Receipts/Income Transactions are 'credits'
- • A reverse of a Payment/Expense transaction must be a 'credit'
- • A reverse of a Receipt/Income transaction must be a 'debit'.

4. Selecting **Journal Adjustments** from the **Cash Book** menu displays the following window.

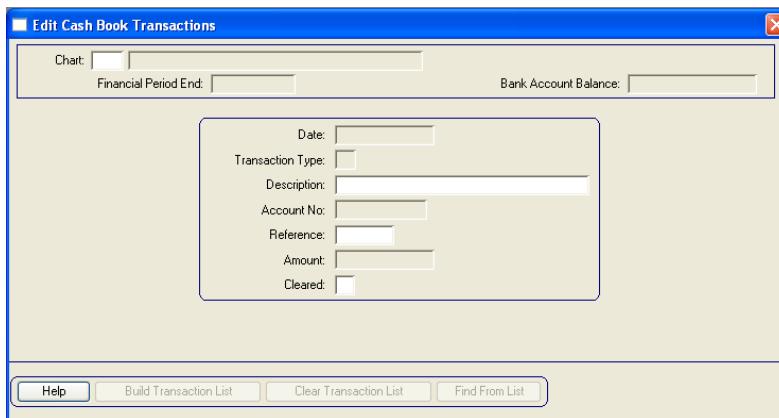


5. Enter the **Chart Number** of the chart to which journal is being posted. Press **Tab**. The Bank Account balance is then displayed.

6. Enter the **Date** of the journal transaction, press **Tab**.
7. Enter the **Account Number** of the transaction, or select the required Account from the List. Press **Tab** to display the Account List and click on the required entry having located it. Press **Tab**.
8. MxSolutions displays the **Name** of the Account for verification.
9. If you wish to include description detail in your journal transaction, you may type this in the **Description** field, in place of the Account Description currently displayed. Press **Tab**.
10. Enter the **Amount** in either the debit or credit column accordingly.
 - If you are wishing to reverse a payment transaction then you must enter the amount in the 'credit' column, and the Cash at Bank entry must be a 'debit'.
 - If you are wishing to reverse a receipt transaction then you must enter the amount in the 'debit' column, and the Cash at Bank entry must be a 'credit'.
 - If you have made a posting of an incorrect amount, then you need to reverse it out of the account, and the bank account.
11. After entering the amount in either the debit or credit column accordingly, press **Tab** to take the cursor to Description field of the Cash at Bank.
12. Enter the Description, press Tab, and enter the **Amount** in the corresponding debit or credit column.
13. After entering the transactions correctly for the journal, click or press **Enter/Return**. The transactions will now be posted to the appropriate accounts in the Chart, and adjust them accordingly.

Edit Transactions

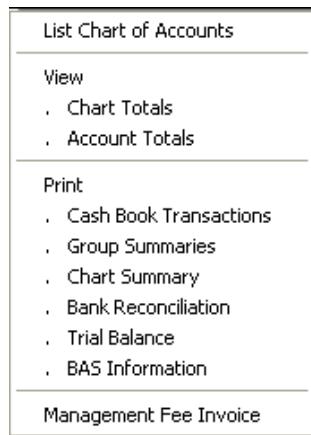
1. This function provides the facility to edit either the Reference field, the Description, or the 'Cleared' flag - 'C', 'U' or blank.
2. The Reference field may need to be changed if an incorrect cheque number has been entered for example.
3. The Description may need to be changed if you wish to provide further detail, or correct the detail against the transaction.
4. The 'Cleared Flag' may need to be changed if you want to alter a transaction from unpresented to cleared, or vice versa, - 'C', 'U' or blank.



5. To **Edit Transactions**, click the **Find from List** button and select the required entry having located it in the list.
6. Edit the required field, either the Reference field, the Description, or the 'Cleared' flag - 'C', 'U' or blank. Click or press **Enter/Return**.
7. Repeat steps 5-6 for each record to be amended.

Cash Book Reporting

1. This function enables reporting to be carried out on the Cash Book. Whilst most reports can be either printed on the printer or displayed on the window, the View report functions are designed for screen viewing only.
2. Selecting **Cash Book Reporting** from the Cash Book menu displays hierachal menus of Cash Book Reports allowing:

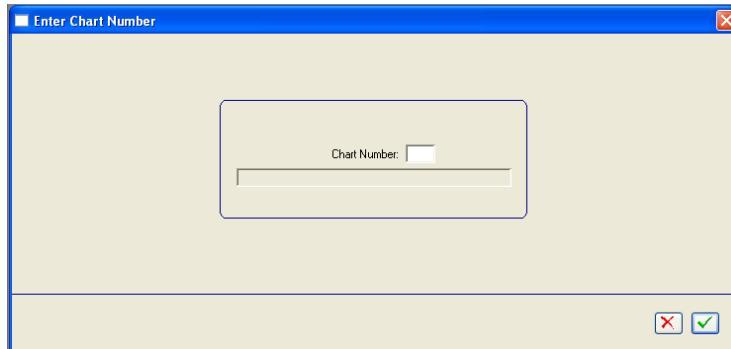


NOTE: Some of these selections are listed in individual hierachal menus for the particular types.

3. It is from this menu that the required Cash Book Reporting facilities can be selected.

List Chart of Accounts

1. This function enables the printing of the Chart of Accounts. The report should be printed to verify that the Chart of Accounts has been setup correctly. The Report will also be useful in checking account numbers when entering transactions.
2. Selecting **List Chart of Accounts** from the Cash Book Reports menu displays the following window:



3. Enter the **Chart Number** of the required chart. Click or press **Enter/Return**.
4. MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer.
5. Select the required option and click or press **Enter/Return**. The report will now be produced.

View Chart Totals

1. This function enables the screen display of the total of the income accounts and the total of the expense accounts. The report shows the information on a monthly basis and YTD. It is possible to compare the current year figures with those of the previous year, provided the system has been ongoing for more than a financial year.
2. Selecting **View Chart Totals** from the Cash Book Reports menu displays the following window:

The screenshot shows a software window titled 'Chart Totals'. At the top, there are three input fields: 'Chart' (with a dropdown arrow), 'Financial Period End' (with a dropdown arrow), and 'Bank Account Balance' (with a dropdown arrow). Below these is a table with data for two years. The table has columns for 'Current Year' (months Jul through Jun) and 'Previous Year' (months Jul through Jun). The table includes a 'Description' column and 'Debit' and 'Credit' columns for each month. At the bottom of the table, there is a 'Ytd' row with a 'Total' column. At the very bottom of the window, there is a row of buttons: 'Capital', 'Asset', 'Liability', 'Income', and 'Expense'.

Current Year	Debit	Description	Previous Year		Debit	Credit						
			Jul	Aug			Sep	Oct	Nov	Dec	Jan	Feb
Jul			Jul									
Aug			Aug									
Sep			Sep									
Oct			Oct									
Nov			Nov									
Dec			Dec									
Jan			Jan									
Feb			Feb									
Mar			Mar									
Apr			Apr									
May			May									
Jun			Jun									
Ytd:												Total:

3. Enter the **Chart Number** of the required chart, press **Tab**.
4. Click the appropriate button to display the required totals.

View Account Totals

1. This function enables the screen display of the monthly balances of each of the accounts. YTD information is also shown. It is possible to compare the current year figures with those of the previous year, provided the system has been ongoing for more than a financial year.

2. Selecting **View Account Totals** from the Cash Book Reports menu displays the following window:

Current Year	Debit	Credit	Description:	Previous Year	Debit	Credit
Jul				Jul		
Aug				Aug		
Sep				Sep		
Oct				Oct		
Nov				Nov		
Dec				Dec		
Jan				Jan		
Feb				Feb		
Mar				Mar		
Apr				Apr		
May				May		
Jun				Jun		
Ytd						
Total						

3. Enter the **Chart Number** of the required chart, press **Tab**.

4. Enter the **Account Number** required, or select it from the List, having first 'Built the Account List'. Press **Tab** to display the Account List and click on the required entry having located it. The balances of the required Account will be displayed.

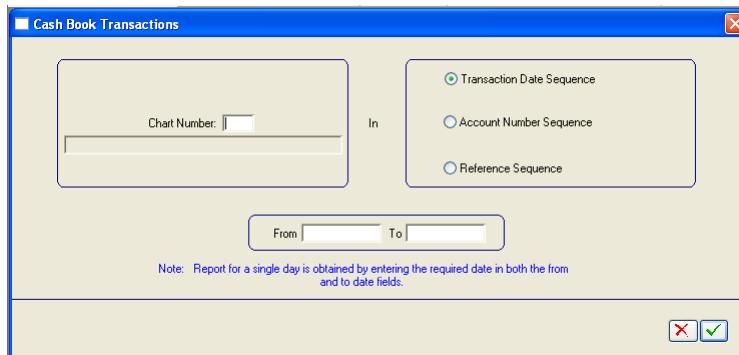
4. The transactions that make up the balances shown may also be viewed by clicking the button **Account Transactions**.

If you wish to print this report, after it is displayed to the screen, highlight the **P** at the top of the scroll-bar, and select **Print Report**.

6. To view other accounts, click the button **Select Account** and click the required account from the list.

Print Cash Book Transactions

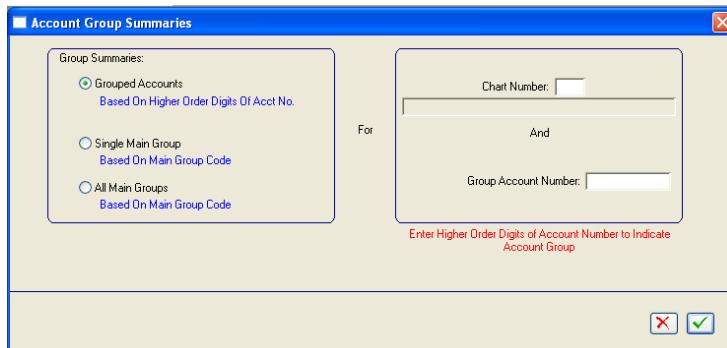
1. This function enables the printing of all the transactions for a particular chart.
2. The reports may be obtained either in transaction date order, date sequence within account number, or reference (cheque number) order.
3. Selecting **Cash Book Transactions** from the Cash Book Reports menu displays the following window:



4. Enter the **Chart Number** of the required chart. Click the **radio button** of the required option, enter the period over which the transactions are required, and click **OK**.
5. MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer.
6. Select the required option and click or press **Enter/Return**. The report will now be produced.

Group Summaries

1. This function provides a facility enabling various forms of account summaries which are grouped either by a portion of the account number specified or by Main Group code.
2. Selecting **Group Summaries** from the Cash Book Reports menu displays the following window:



3. Enter the **Chart Number** of the required chart. Click the **radio button** of the required report option, enter the **Group Account Number** or **Main Group Code** as required, and click or press **Enter/Return**.

Group Account Number

Enter that **portion** of the **Account Number** required for the summarised totals (high-end digits of the account number).

..... Example:
If you have an account number 80501 being Petrol Expenses for Motor Vehicle 1, and 80502 being Petrol Expenses for Motor Vehicle 2, then you can obtain a summary of Petrol Expenses by specifying the part of the Account Number for the summary as 8050. If 80 was the part of the Account Number which indicated All the Motor Vehicle Expenses, then specify 80 to obtain a summary of All Motor Vehicle Expenses.

Main Group Code

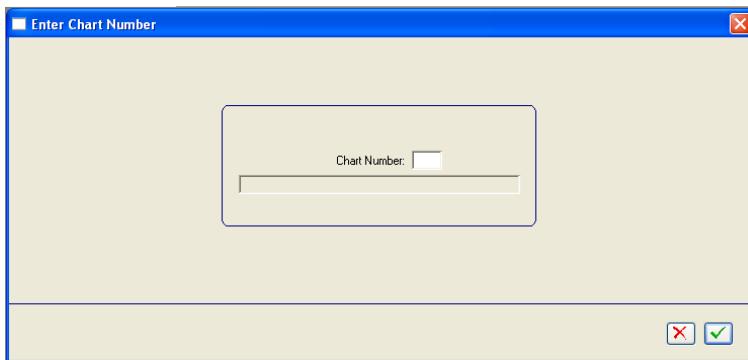
Enter the **Main Group Code** required for the summarised totals.

..... Example:
If you have setup all Motor Vehicle accounts as being in Main Group MV, then you can obtain a summary of all Motor Vehicle expenses by specifying the Group code MV.

4. MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer. Select the required option and click or press **Enter/Return**. The report will now be produced.

Chart Summary

1. This function enables the printing of monthly balances of each Account in the Chart.
2. Selecting **Chart Summary Report** from the Cash Book Reports menu displays the following window:



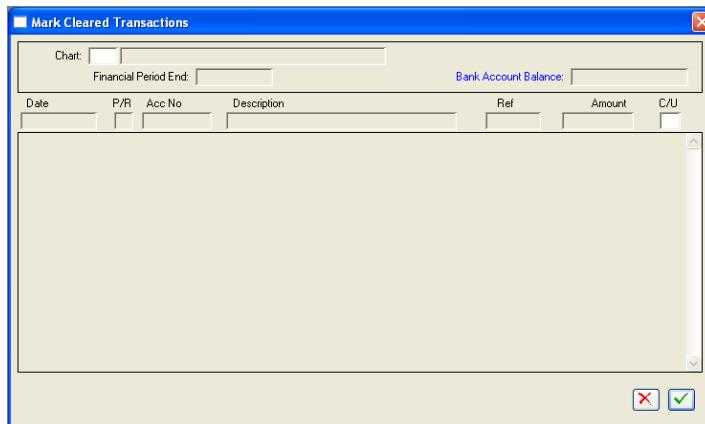
3. Enter the **Chart Number** of the required chart. Click or press **Enter/Return**.
4. MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer. Select the required option and click or press **Enter/Return**. The report will now be produced.

Bank Reconciliation

1. This function enables the printing of the Bank Reconciliation. This report is also required by your accountant.

NOTE: Before printing this report, ensure that you have those cheques unpresented correctly flagged.

2. Selecting **Bank Reconciliation** from the Cash Book Reports menu displays the following window:



3. Enter the **Chart Number** of the required chart and press **Tab**.

4. MxSolutions will then display all transactions that have been entered and which require flagging to indicate whether they are cleared or unpresented.

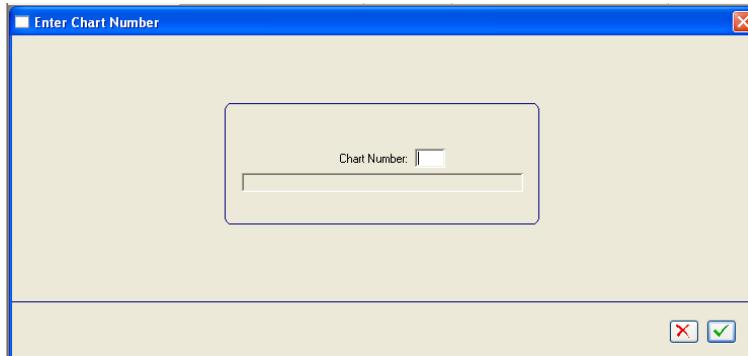
5. Enter either **C** or **U** against each entry. When all entries have been marked, click or press **Enter/Return**.

6. MxSolutions will then provide a window enabling you to specify whether you want the Bank Reconciliation report printed to the screen or to the printer. Select the required option and click or press **Enter/Return**. The report will now be produced.

Trial Balance

1. This function enables the printing of the Trial Balance. This report is also required by your accountant and confirms that your Cash Book Ledger is in balance. It is from this Report that the figures are posted into your Accountant's system.

2. Selecting **Trial Balance** from the Cash Book Reports menu displays the following window:



3. Enter the **Chart Number** of the required chart. Click or press **Enter/Return**.

4. MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer. Select the required option and click or press **Enter/Return**. The report will now be produced.

BAS Information

1. This function enables the printing of the Trial Balance. This report is also required by your accountant and confirms that your Cash Book Ledger is in balance. It is from this Report that the figures are posted into your Accountant's system.

2. Selecting **BAS Information** from the Cash Book Reports menu displays the following window:



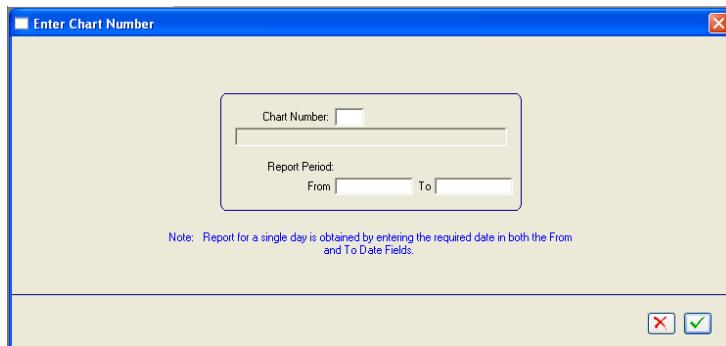
3. Enter the **Chart Number** of the required chart. Click the required Radio button indicating whether a Monthly or Quarterly report is required. Click or press **Enter/Return**.

4. MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer. Select the required option and click or press **Enter/Return**. The report will now be produced.

Management Fee Invoice

1. This function enables the printing of the report which calculates the Management Fee Invoice amount.

2. Selecting **Management Fee Invoice** from the Cash Book Reports menu displays the following window:



3. Enter the **Chart Number** of the required Chart and the **Report Period** of the required calculation. Click or press **Enter/Return**.

4. MxSolutions will then provide a window enabling you to specify whether you want the report printed to the screen or to the printer. Select the required option and click or press **Enter/Return**. The report will now be produced.

5. The report calculates the Management Fee Invoice amount using the following formulae:

Income & Expense Account Types

..... - For each Account
 (Sum of the individual transactions) * (Management Fee Percentage + 100)/100

Asset & Liability Account Types

..... - For each Account
 Management Fee Percentage of Opening Balance + YTD Balance

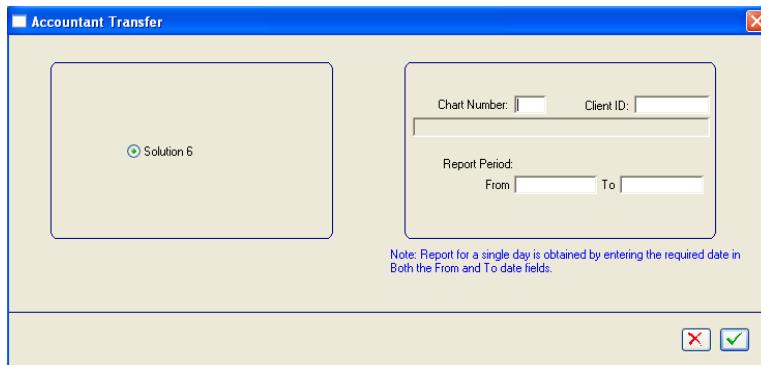
Transfer to 'Solution 6'

1. This function provides the facility to transfer transactions electronically to either 'Solution 6'.

2. 'Solution 6' is a widely used DOS Accounting Package used by Accountants for tasks such as the Preparation of Taxation Returns. 'Solution 6' is a package that is also able to communicate directly with the Taxation Department electronically, thereby eliminating the need to lodge a normal hard-copy Tax Return. Thus, it is possible for the Cash Book to be maintained within MxSolutions, and the transactions passed electronically to your Accountant's Computer System. After your Accountant has processed the information, your Tax Return information may then be passed electronically to the Taxation Department.

3. The transfer process involves the creation of the required transactions from the MxSolutions Cash Book onto a file in the format which will be able to be input directly into 'Solution 6' through the Integration Module of this package.

4. Selecting **Accountant Transfer** from the Cash Book menu displays the following window.



5. For 'Solution 6' transfer, click the 'Solution 6' radio button, enter the **Chart Number**, the **Client Id** code as used by your chart in Solution 6, and the **Period** within which transactions are to be sent.

6. If there are no transactions awaiting transfer, then a message is displayed accordingly.

7. If there are transactions to be transferred, MxSolutions displays a window enabling you to indicate the destination of the output. Click the radio button 'File' and type in the name of the file.

It is this file that is to be copied onto a floppy disk in DOS format and given to your Accountant. Click or press **Enter/Return** and MxSolutions will write to this file all transactions to be transferred.

8. The icon for the file to be copied to the floppy disk will be in the **folder** that was specified when the file was named. Once copied, it is advisable to place the file in the MxBackup folder.

9. Although 'Solution 6' is a DOS based Accounting package, the transactions from MxSolutions are able to be converted on a Macintosh into DOS, a function of the Macintosh Operating System when copying the file to a DOS formatted floppy disk. PC computers require only the file to be directly copied to the floppy disk.

Year End Processing

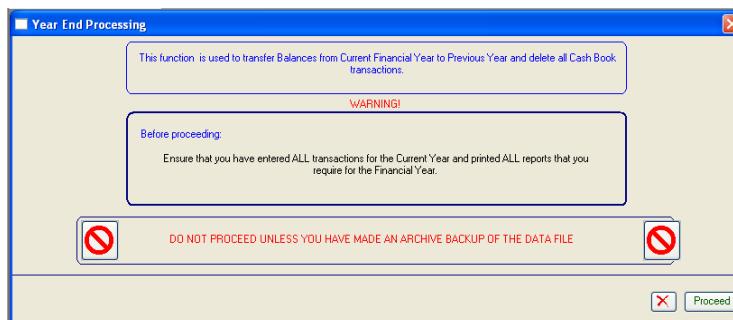
1. This function enables the balances from the Current Year to be transferred to Last Year.

2. Before this processing is carried out, ensure that all postings have been made to the accounts for the current year and ensure that all reports have been produced.

3. Take a back-up of your data before you proceed.
... (This backup copy should be retained for archive purposes).

4. Select Year End Processing from the Cash Book menu and enter the Chart Number of the required chart. Click or press Enter/Return.

5. MxSolutions then displays the following window.



6. Provided that you have posted all transactions for the Financial Year just completed, printed all the required reports and taken a backup, click **Proceed, else **reject** the process by clicking **X**.**

MxSolutions will transfer all balances which are in the Current Year to Last Year and delete the transactions that make up these totals.

MAINTENANCE

After selecting **Maintenance** from the MxSolutions menu, a menu titled **Maintenance** is added to the menu bar. It is from this menu that the required Maintenance functions may be selected.



Verify Ledger Balances

Verify Ledger Balances activates a process which checks that the sum of all the transactions for each Patient/debtor in the system balances with the corresponding account balance.

Some 'housekeeping' checks are undertaken during this verify process. MxSolutions will check all existing referring doctor provider numbers and place a leading zero in front of all those that contain 7 digits only. Patient Details records also need to be updated with Provider Numbers now contained in the Referring Doctors File.

In addition to updating the existing data as described above, the verify process will also check the balances of every ledger in the MxData file. Any out of balance ledgers will also be reported along with ledgers in credit. It is suggested that the report produced be brought to the Screen, and then afterwards printed from the screen.

Verify Patient >

Verify Patient Details activates a process which checks that various parameters in the Patient Details are correct, i.e. if the patient/debtor is set to time payment then the instalment amount and payment period should be present. Data that is used in analysis is also checked for its presence, otherwise the analysis results will not be inclusive of all records.

Check Patient No activates a process which will check all records in the Patient Details file to ensure that all records contain a Patient Number, a Practitioner Code and a Fee Category.

Delete Functions

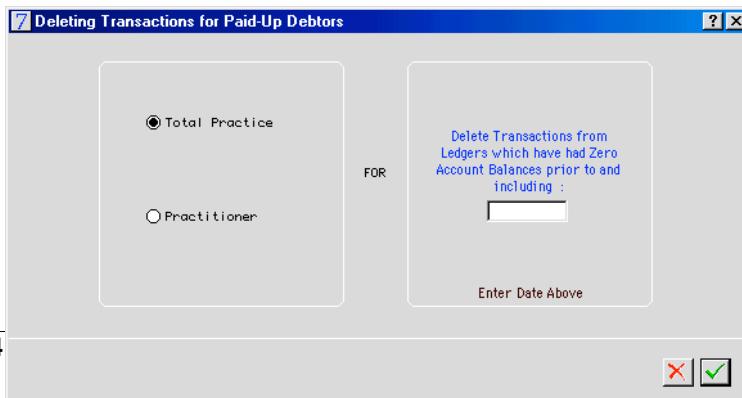
Delete Functions activates the menu which enables the required delete function to be selected.

After selecting **Delete Functions** from the Maintenance menu, a menu titled 'Delete Trans' is added to the menu bar. It is from this menu that the required Delete functions may be selected.



All Debtors

Choosing **All Debtors** from the Delete Trans menu displays the following window.



Enter the date up to which the transactions from paidup ledgers are to be deleted, excluding ledgers on 'hold'. Receipt transactions must have been printed on both a receipt and a bank deposit schedule before they can be deleted. MxSolutions will first print an Audit Trail Report of transactions being deleted unless the option to NOT Print an Audit Trail has been chosen. If the Audit Trail was chosen to be printed and provided the report prints successfully, and a backup has been taken onto archive disks, then the actual deletion process takes place. This procedure takes some considerable time during which the computer cannot be used. Interrupting the process may leave the datafile 'out of balance' or even corrupt it. If the computer is interrupted, then you will have to go back to your last good backup copy of the Datafile. If it was decided NOT to print an Audit Trail, it is important that a copy of the file prior to culling (PreCull) be burnt onto a CD for Audit Purposes.

Transactions for Debtor

Choosing **Trans. for Debtor** allows the deletion of the paid-up transactions to a given date for a given patient/debtor provided the patient ledger is not on 'hold'. Receipt transactions must have been printed on both a receipt and a bank deposit schedule before they can be deleted. An Audit Trail Report is printed of the transactions being deleted, prior to the actual deletion process. NOTE: Ensure that in choosing the *date* up to which transactions are to be deleted, that the resulting ledger **remains in balance**, i.e. the net of the amount column = the sum of the amounts owing = account balance.

DELETION OF ACCOUNT TRANSACTIONS

Note: It is advisable to carry out the culling processes well after the end of a financial year.

- 1.If disk space is at a premium, transactions from paid-up accounts may be deleted from the system for either nominated patients/debtors or all patients. The size of your datafile will not in fact shrink, but space freed-up will be able to be reused. The datafile will therefore not continue to grow and take more and more disk space.
- 2.If the any patient has been set to '**Hold**', then the associated transactions cannot be deleted.
- 3.Receipt transactions cannot be deleted from the system unless the receipt amounts have been printed on both a BANKING SLIP and a RECEIPT.
- 4. Ensure that you make a BACKUP of your data file which is to be archived, before deleting any transactions from the system.**

5. Choose the deletion process that is required.

6. You will then be asked if you have made a backup copy of your data file.

Click **No** if you *have not* made an Archive backup, choose the **File menu** and select **Quit** to exit from MxSolutions. Make a backup copy of the MxSolutions Data file.

7. To backup your data file onto a cartridge, refer to your Backup Instructions. Rename the copy of the datafile on the cartridge being archived to Precull-dd/mm/yy. It is suggested that you record in the Comment Box (obtained from the GET INFO Command under the File menu) associated with the backup copy of your data, a brief description of what the document contains, and the date to which the data applies; e.g.

MxSolutions data to dd/mm/yy - pre-culling.

You may find this information useful should you ever have to reinstate an old data file.

8. Re-enter MxSolutions and again choose **Delete Functions** from the Maintenance menu. Choose the required Deletion process. Click **Yes** when asked if you have made a backup .

9. You will then be asked if your printer is turned on. It is possible to lose a report if your printer is *not* turned on. Because it is imperative that you have an audit trail of the transactions deleted from the system, you are given the opportunity to check your printer before the deletion process takes place.

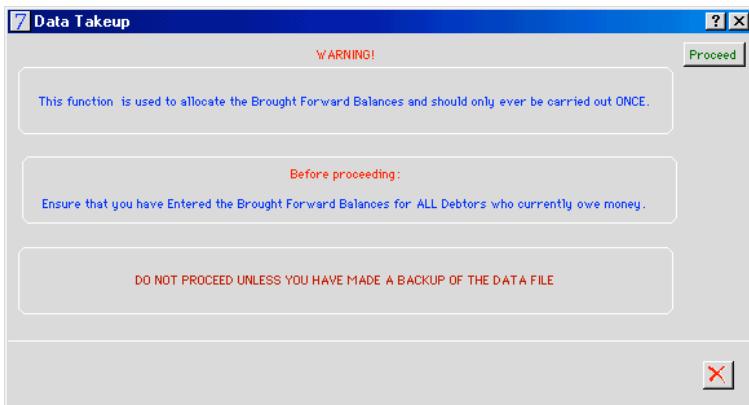
10. After ensuring that your printer *is* turned on and the stationery correctly setup, click **Yes**. MxSolutions will then proceed to print the Audit Trail reports then delete the transactions according to the option specified, e.g. ledgers paid-up prior to a given date, excluding those of ledgers on hold.

11. Upon completion of the deletion process you should *file the Audit Trail reports as a permanent record of transactions* that have been in the system. It is advisable to retain this report for taxation records. You will also find this report useful when pursuing queries of old accounts and the creation of manual Copy Accounts should they be requested.

Note: If **No** is answered to any of the questions displayed, the culling process will terminate at that point. You should not proceed unless you are certain that you have the necessary back-up. The back-up taken at this point should be archived permanently (burnt onto a CD) so that it is available should you ever need to refer to any data contained within it, e.g. analysis purposes.

Data Take-up

Data Take-up displays a window enabling outstanding balances to be correctly setup in the system.



Ensure that you make an **Archive Backup** of your data file before you proceed with this function

After selecting **Data Take-up** from the **Maintenance** menu, a menu is displayed which enables you to initiate the function which places the Brought Forward Balances into the correct overdue balance periods. This process is based on the transaction date of the balance brought forward transaction, which should have been entered as the date that the last debit was raised. The Account Age date is also set to the date of the last debit and the transactions are set to have been printed.

NOTE: This process can be executed only once as it transfers amounts which have been initially put into the 'Current' account balance field into the appropriate overdue fields as determined by the transaction date of the balance brought forward transaction, i.e. date of the last debit raised. The amount in the 'Current' account balance field is then cleared to zero.

If you were to execute this process more than once, then you will inadvertently wipe out all of the Brought Forward Balances which were initially setup.

Patient Numbers Used

Patient Numbers Used provides a report of all Patient Numbers used in MxSolutions. Note: Patient Number is an alphanumeric field and therefore you will note that the numbers are not listed in numeric order. Alphanumeric sequence lists in order from left to right; i.e. 1, 10, 100, 11, 111, ... etc.

Number Generator

Number Generator enables an A4 page of numbers to be printed. You are asked to indicate the start number. These may be used to allocate numbers to patient's ledgers and case notes.

Map Fee Categories

This facility provides for the setup of the Fee Categories used by this system to be mapped against the fees provided by MxSolutions from the MxSolutions Web site when new fees are provided by Medicare, DVA and the Health Funds.

This occurs on the 1st Day of November each year. Some funds provide their fee updates in December each year and also others have interim fee updates during the year. MxSolutions endeavours to provide these updates via the MxSolutions Web site as required.

Initial Transfer to MD

Initial Transfer to MD enables the existing demographic data from the Patient Details file be passed to a **new** Medical Director database. Click **Proceed**, else **reject** the process by clicking .

Note: This process may take a while as any duplicate patient ledgers are excluded from the Transfer file.

Inactive Patients/Archive Patients

Ensure that you make an archive BACKUP of the Data-file before you proceed with any of these functions.

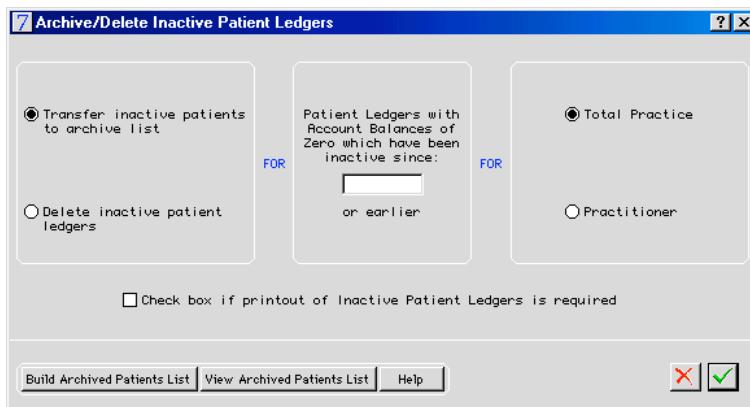
Selecting **Inactive Patients** from the Maintenance menu displays a hierachal menu of different options for Inactive Patients. These include the following:

Archive/Delete Inactive Patients

This facility can **only** be carried out in **single user**, i.e. only one user can be logged onto the database for the duration of the process.

NOTE: This process may take some considerable time to complete.

Selecting **Archive/Delete Inactive Patients** displays the following screen:



Click the required button to either **Transfer Inactive Patients to the Archive List** or **Delete Inactive Patient Ledgers**.

Enter the period which is deemed 'inactive'. Ledgers which have the 'Zero Account Date' older than this period are included in the option selected. The selection can be made for either Total Practice or Practitioner.

A report of the ledgers being included in the option selected may be obtained by clicking the check-box to indicate that the printout is required. This has been made an option as the report may have been obtained already from the Inactive Patients report available from the General Reports menu under Ledger Reporting.

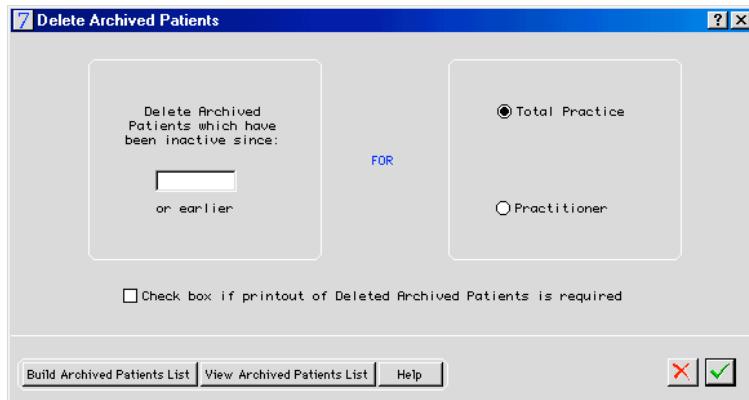
Having completed the option selected, click the button to **Build the Archived Patients List**. The Archived Patient List may now be viewed by clicking the button to **View the Archived Patients List**.

Delete Archived Patients

This facility can **only** be carried out in **single user**, i.e. only one user can be logged onto the database for the duration of the process.

NOTE: This process may take some considerable time to complete.

Selecting **Delete Archived Patients** displays the following window:



Enter the period which is deemed 'inactive' for the archived patients. Ledgers which have the 'Zero Account Date' older than this period are included in the option selected. The selection can be made for either Total Practice or Practitioner.

A report of the ledgers being included in the option selected may be obtained by clicking the check-box to indicate that the printout is required. This has been made an option as the report may have been obtained already from the Archived Patients report available from the General Reports menu under Ledger Reporting.

Having completed the option selected, click the button to **Build the Archived Patients List**. The Archived Patient List may now be viewed by clicking the button to **View the Archived Patients List**.

Rebuild Archived Patients list

This facility is provided so that the Archived Patients list may be rebuilt at any time.

Change HIC Claim Sent Flag

Selecting **Change HIC Claim Sent Flag** from the Maintenance menu displays a hierachal menu of options which include either Changing the Flag of a Direct Bill Claim or a PCI/PCS/Eclipse Claim.

Direct Bill

This facility allows a claim to be selected from the List of Direct Bill Claims and the Claim Sent flag can be edited and changed from 1 to 0. Click the Green tick to store the change.

This enables the Claim to be retransmitted via the Medicare Online Menu > Retransmit Failed Direct Bill Claim.

PCI/PCS/Eclipse

This facility allows a Patient to be selected from the Patient List.

Having selected the Patient record required, click on the Transactions button and look-up the Claim Number of the Claim that is to be retransmitted.

Enter the Claim Number of the Claim that is to be Unset so that it can be retransmitted.

Click the Green Tick.

To retransmit the Claim, choose the Patient from under the Print Menu. If a PCI/PCS Claim is to be retransmitted, click the Medicare Button on this window and click on Lodgement Authorised then Send Claim. If it is an Eclipse Claim that is to be retransmitted click the IMC Button and complete the windows as appropriate. On the Transmission window, click on Lodgement Authorised then Send Claim.

Mx Admin Functions

This facility is **not** available to Users.

Change Practice Password

The Practice Password is initially set by MxSolutions staff.

Functions that are password protected are: Cashbook, Practice Balances, Item Analyses, Delete Functions and Archive Inactive Patients. To access these, the user is still initially required to login with the Master Level password.

If the Practice Password is in place the user is then prompted to enter the Practice Password to enable access, thus providing a further level of security in the use of these functions.

Provided the user has logged in using the Master Level Password, they can change the Practice Password by selecting the menu line 'Change Practice Password' in the Maintenance menu. Thus the Practice Manager is able to reset the Practice Password if there is a suspicion that the security in MxSolutions has been breached.

THE MxCALENDAR

There are two components which make up the MxCalendar:

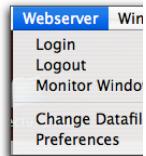
1. The Mx Web Calendar Server which is used to define the preferences of the MxCalendar.
2. The MxCalendar is accessed from the web browser Firefox.

For Macintosh users the Mx Web Server is usually installed so that it will automatically startup when the computer is turned on. For PC users the system will be setup so that the Calender Web Services are automatically launched when the computer is turned on. This ‘service’ is stopped as part of the Backup Process and restated at the end of the Backup Process. The Web Calendar will load up the various modules, connect to the datafile and start listening for requests. To enable the various preferences to be initially set, Select Webserver (Macintosh), or stop the Omnis Web Services in the Services tools (shortcut placed on the desktop) PC users, > Login from the menu bar and the following login window will be displayed.

A default username of “Master” is created with no password. Enter the username “Master” and click “Logon”.



Select Webserver > Preferences to open the Preferences window for the Web Server.



Setting Preferences

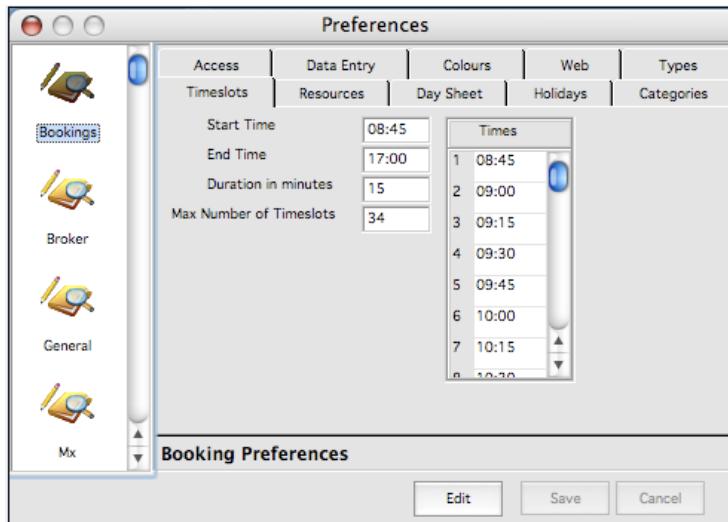
Selecting Preferences from under the Webserver window will display a window from which the various settings may be made and saved.

These preference options need to be set before the calendar can be used.

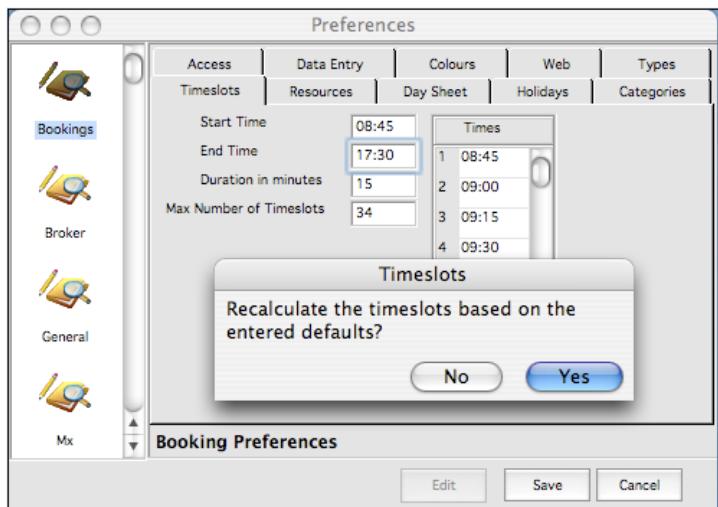
Down the left hand side of the window are various icons which cover the preferences that must be set. Depending on the icon on the left that is selected, a set of tabs are displayed at the top of that option selected.

These should be completed as follows:

When the Bookings icon is selected, the following screen is displayed

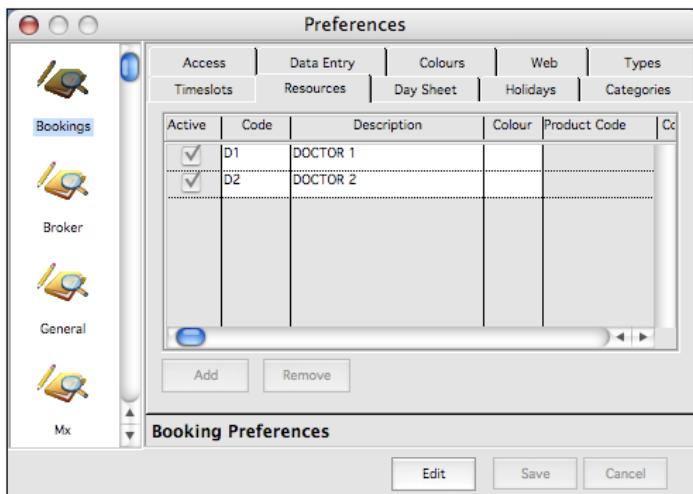


From here, firstly click on the Timeslots tab, click the edit button and enter the time (24 hour clock) of the earliest appointment time that may occur. Tab to enter the last appointment time, then tab to enter the default Duration of an appointment, then click Save. If this is the first time that this setting has been made, the Max Number of Timeslots will be calculated and displayed. If this is a change to the original setup a dialog box will be displayed asking confirmation of the timeslots to be recalculated based on the entered defaults.



Answering Yes will recalculate these settings. Click Save to store the settings of the Timeslot tab.

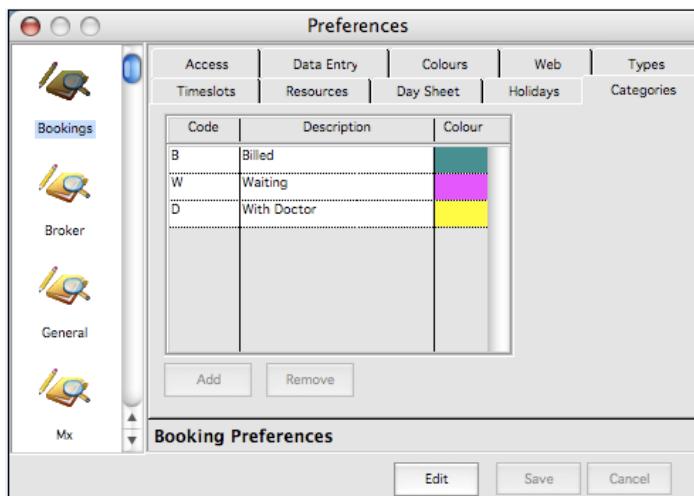
Next, select the Resources Tab. A resource may be defined as a Doctor, Nurse, or Room , for example. A Resource will constitute a 'column'.



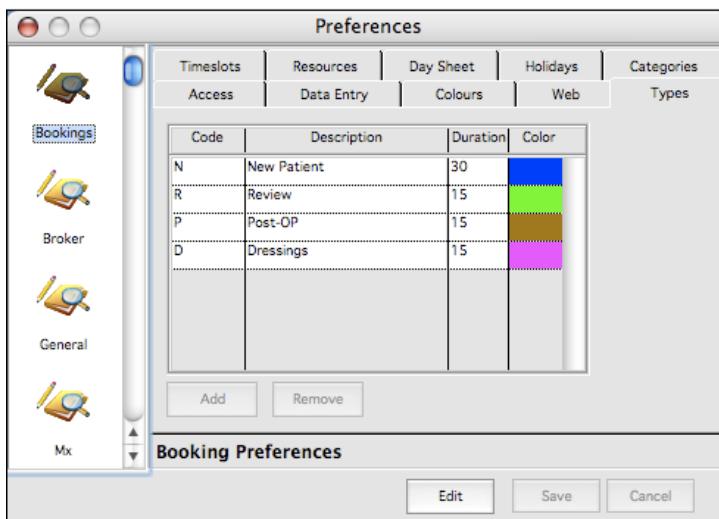
Click the Edit button, then click the Add button, and complete the details for each Resource that is to be setup. Resources no longer required may be removed. Complete the fields, Code and Description. Click Add for each Resource to be setup, then click Save.

Next, select the Categories Tab to define the various categories that are required. There are two uses of the Categories Tab, a) to define Headings of an Appointment Session, b) to define the Status of the movement within the Timeslot. For example, a Category may be defined for 'Waiting' to indicate to users on the network that this Patient has arrived, 'With Doctor' to indicate that the Patient is now with the Doctor, 'Billed' indicating when the Patient has been 'billed'. The Billed category may be manually altered through the appointment timeslot although MxSolutions will automatically change the status when the Patient has been 'billed'.

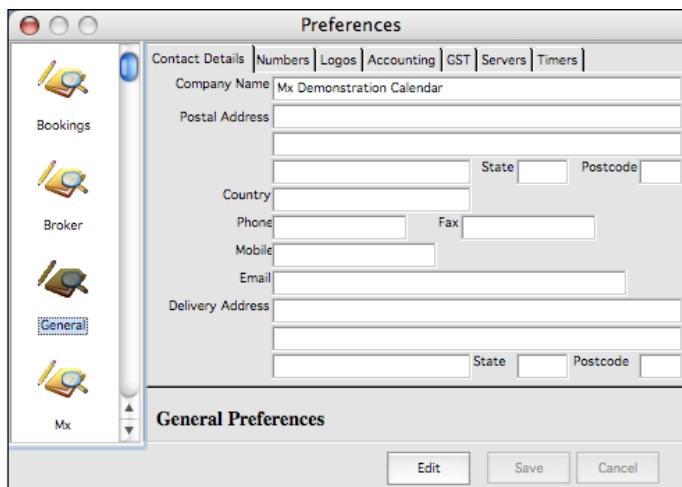
To set the Categories, click the Edit button, then click Add to add a Category, assign a unique code, enter the description, and assign a colour. Choose a dark Colour for the categories denoting the status (Waiting, With Doctor, etc.) as this will be the colour of the 'text' within the appointment timeslot. To save the entries, click the Save button.



Next, select the Types Tab to define the various appointment types that may be made. These may be, for example, New Patient, Review, Post Op, Dressings, etc. Click the Edit button, then click Add to enter each required appointment Type. Assign a colour from the colour wheel. This colour is used on the Appointment Timeslot as a colour bar to the left of the appointment details. A bright colour is recommended, each Type having its own colour. If you are setting up a Heading, then use a pale colour as this colour will be the colour of the Heading and the text will need to be seen through the colour. When all Types have been entered, click the Save button.

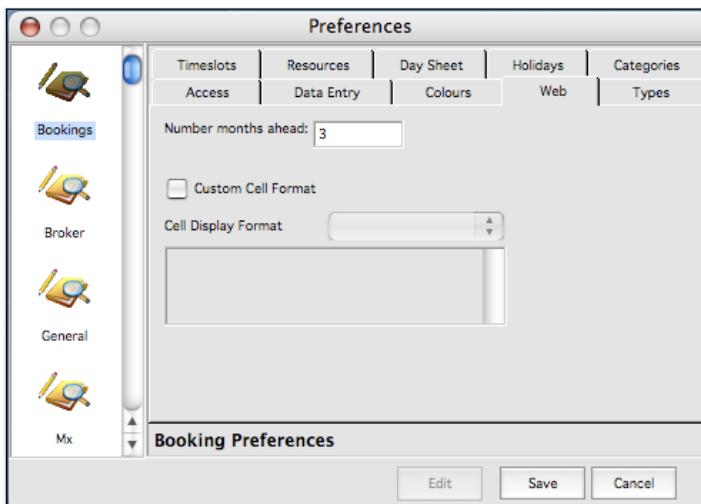


Click on the General icon on the left hand side of the Preferences window. This will display a screen enabling the Practice/Company Name to be entered.

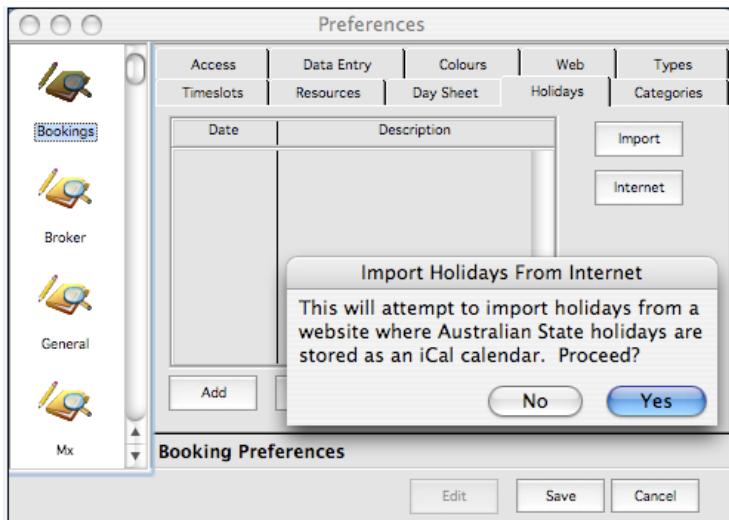


Click the Edit button, enter the Practice/Company Name only. The remaining fields may be left blank as they are not used. The Company Name is the name displayed at the top of the Calendar screen. Click the Save button to store the information.

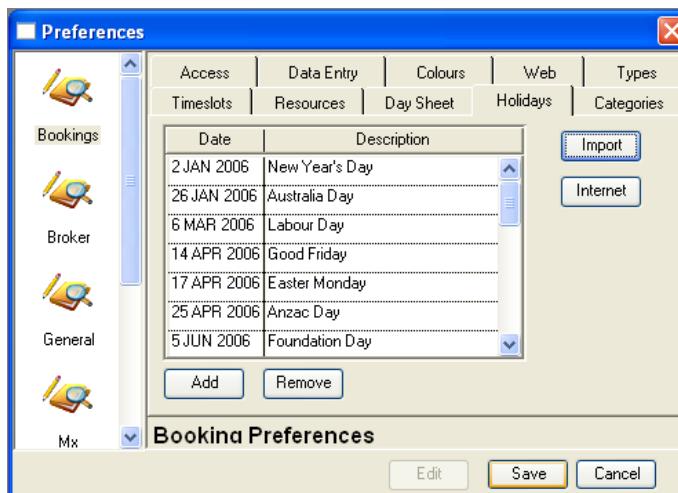
Next, click on the Web Tab. Click the Edit button and enter the Number of Months Ahead that you wish to display to the left of the Time Slots. Enter 3, as this is the most common selection but can be changed to 4 or 5 if desired. Click the Save button to store the setting.



Next, click on the Holidays Tab. The following screen is displayed. Click the Edit button and then click the Internet button.

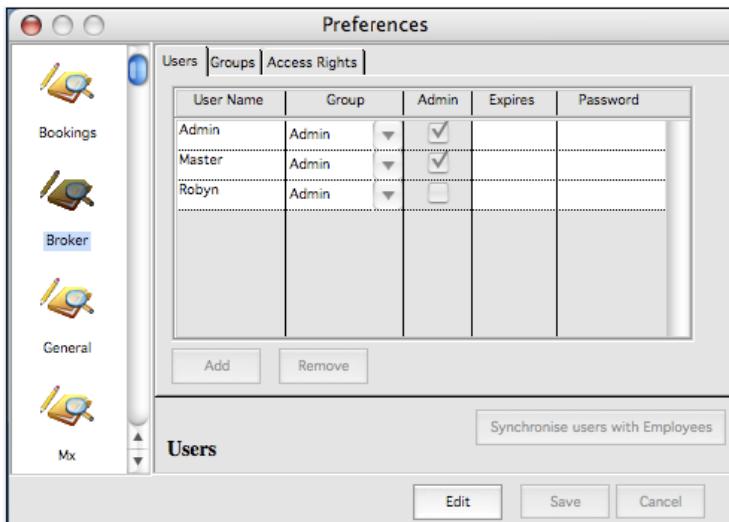


Browse to select the Public Holidays for the required State. Click Yes to Proceed. Select the required State from the drop down menu. Click Ok and the holidays will be downloaded. Click the Save button to store the settings. If there is no Internet facility, the user can manually add the Public Holidays by clicking the Add button, entering the Date and the description of the Public Holiday for each Public Holiday to be defined. Click the Save button to store the Public Holiday information.



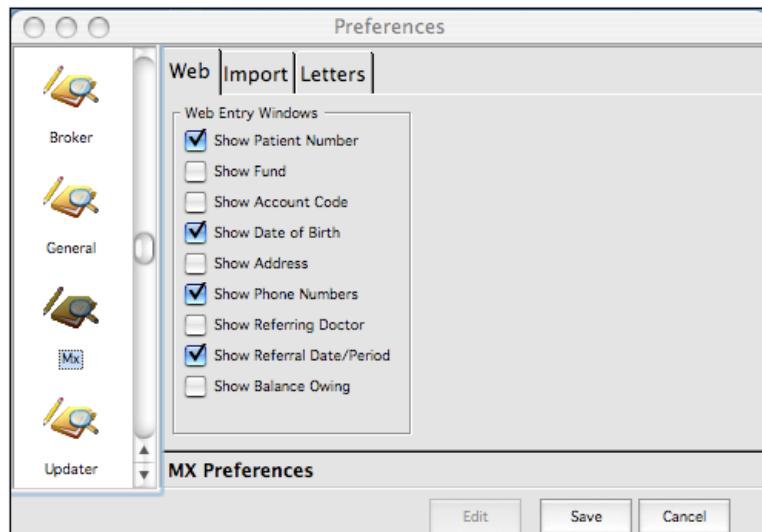
The Bookings icon is now setup.

Now click on the Broker icon on the left hand side of the Preferences window. Click on the Users Tab to define the various Login settings, preferably one for each User. This information is stored against an Appointment so that it is possible to verify who made the appointment based on the Login Code from that workstation.

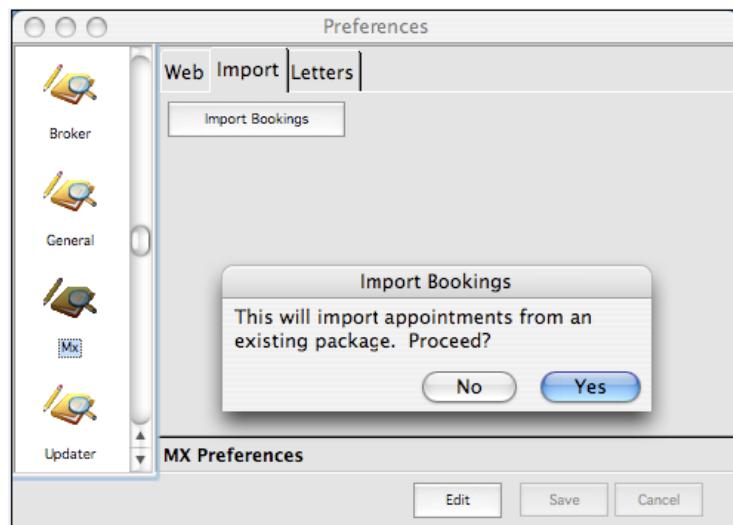


Click the Edit button, then click Add to assign the various Login Use Names, one for each Login user. Click the Save button to store the information.

Finally click on the Mx icon on the left hand side of the Preferences screen. This will display a window with three Tabs at the top of the screen.



The Web Tab enables the user to define the fields that are displayed in a Timeslot when making an appointment which is loading data from the MxSolutions database. Click the Edit button and check the boxes of the fields that are to be included in an appointment Timeslot.



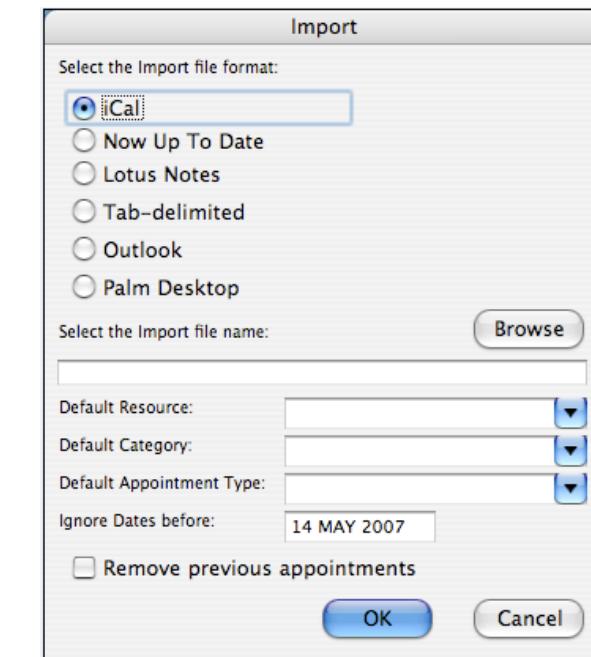
The Import Tab enables the user to Import Data from existing Appointment Schedulers.

Although this facility is available, it should only be used with caution. The data created in the MxCalendar is created as a string for each record, not drawing from the MxData as new appointments do. For this reason 'searching' for appointments is not easily achieved. It is better to not import data from an existing scheduler, but enter new appointments from a period when the appointment calendar is not as busy. e.g. if the next 2 months are fairly heavily booked in the current system, then start entering data manually into the MxCalendar from 2 months hence. This enables a user to know if an appointment is being made for the next week, then the existing appointment diary is used, if the appointment is for 9 weeks hence then the MxCalendar is used. One is not running two systems simultaneously and confusion possible.

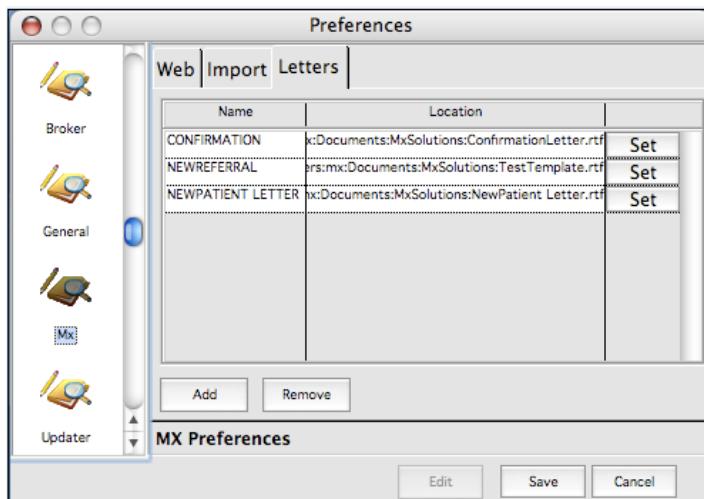
If you do decide to Import data from another scheduler, click on the Import Bookings button and a dialog box will display asking confirmation that you wish to proceed with the import of data from another Calendar.

NOTE: Before taking this step, it is recommended that you take a backup of the MxData file, in case the process has to be redone.

Click Yes to proceed and then a window enabling the format of the Import File can be selected.



Click the button defining the required format of the Import File. Click Browse to locate the file to be Imported. This file is created by exporting the data out of the Previous Calendar. Select the default Resource of the imported records, the default Category of the imported records, the default Appointment Type of the imported records. Rather than importing ALL records from the previous Calendar it is possible to exclude records prior to a given date. If an attempt has been made to import records which have not transferred as expected, it is possible to remove the previous appointment import and reimport. If this is the case, click the button, Remove Previous Appointments, then click OK.



Confirmation Letters

To setup confirmation letters which may be printed from an Appointment Timeslot, click the Letters Tab from the Mx icon on the Preferences window.

These letters consist of Word templates saved as RTF formats. It is recommended that they are stored in a folder named Templates which is placed in the same subdirectory as where the MxData.Df1 resides. The data elements that may be contained in the body of a template are fields defined in square brackets. E.g.

[PatientName]
[Address]

Dear [FirstName]

This is to confirm your appointment on [AppointmentDate] at [AppointmentTime] with [Resource].

Please ensure that you bring your referral letter with you.

We look forward to seeing you on this day.

Kind regards,

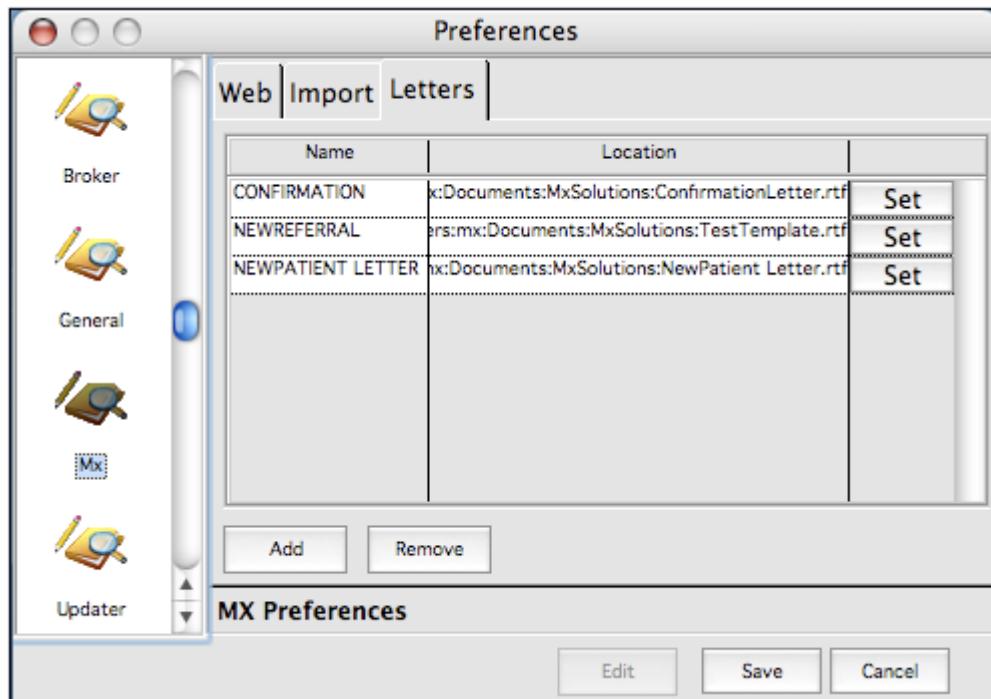
Mary Doherty
Practice Manager

The field names that may be imbedded are as follows:

PatientNumber
PatientName
Address
AppointmentDate
AppointmentTime
Resource
AppointmentType
AccountTo
FirstName
Surname
Title
FirstInitial

Having defined the letter template, save it in the LetterTemplates folder where the MxData.Df1 resides in an RTF format.

To link this template up to the enable it to be printed from within the MxCalendar, click the Letters Tab on the Mx Preferences window.



Click the Edit button, click Add and give the letter type a name that is useful when selecting it from within the Calendar, now click the Set button and browse to locate the letter in the Template folder where the data file resides. The path is now displayed. Click Save to store the information. Repeat this process for each letter required to be used from within the Mx Calendar.

When the details are complete, close the window, and logout of the calendar server app, but do not quit the application.

Using the MxCalendar

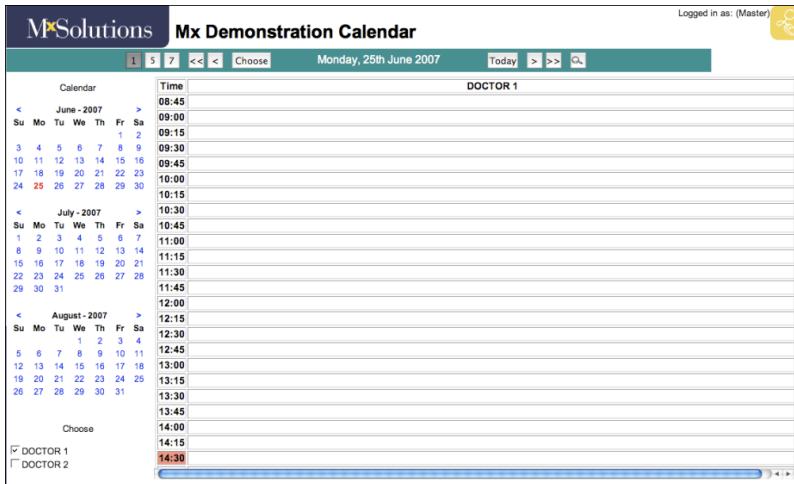
To run the MxCalendar, launch Firefox.

Firefox should have been setup as per the Installation Instructions so that it defaults to open the MxCalendar.



The image shows a login screen for the MxSolutions Mx Demonstration Calendar. It features a dark blue header with the 'MxSolutions' logo. Below the header is a white input area with fields for 'Username' and 'Password', and a 'Login' button. The background of the main area is light gray.

Enter the Username, and Password if applicable and click Login.



The image shows the main MxSolutions Mx Demonstration Calendar interface. At the top, there's a header with the 'MxSolutions' logo, the title 'Mx Demonstration Calendar', and a 'Logged in as: (Master)' status. Below the header is a toolbar with buttons for navigating months, choosing a date, and viewing today's schedule. The main area is a calendar grid for June 2007. The grid shows days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and timeslots (08:45, 09:00, 09:15, 09:30, 09:45, 10:00, 10:15, 10:30, 11:00, 11:15, 11:30, 12:00). A specific slot is highlighted in yellow and labeled 'DOCTOR 1'. To the right of the grid, there's a vertical scroll bar. At the bottom left, there are checkboxes for 'Choose' and 'DOCTOR 1' and 'DOCTOR 2'. The bottom right shows a scroll bar.

The MxCalendar will be displayed as shown above.

Adding an Appointment

To add an appointment, choose the date of the required appointment either by clicking on the required date on the calendar month on the side of the screen, or choose the required date from the 'Choose' button and enter the required date. The screen will then be displaying the calendar timeslots for the selected day and selected resource.

Click on the required timeslot and a drop down menu will be displayed from which you can choose the function that you wish to carry out.



To add an appointment, select 'Add Appointment' and the following window will be displayed.

Patient Details
Existing Patient New Patient
Patient Details: _____
Create Patient

Appointment Details
Type Select Resource DOCTOR 1 Duration 15
Date 25 JUN 2007 Time 09:00

Recurring Details
 Recurring Period Select Select

Notes

Entered By master Save Cancel

To enter a New Patient not in the MxSolutions data file, click the New Patient tab.

You can either just type into the field labelled Patient details and enter the Patient Name, and telephone number and any other detail as necessary. Select the Appointment Type of 'New Patient'. Now click the Save button.

Alternatively you may click on the Create Patient button and a screen will be displayed from which you can enter the Patient Details directly into the MxSolutions Data file.

Patient Number

Title

First Name

Surname

DOB

Fund Name

Membership Number

Account To

Address

Address

State Postcode

Phone

Home

Work

Mobile

Medicare information

Medicare Number

Reference #

DVA Number

Practitioner

Fee Category

Entered By master

Save Cancel

If the automatic number generator has been set in the MxSolutions Practice Details, the Patient Number will be automatically assigned, otherwise you will be required to enter the Patient Number as normal. Click save to store the record.

Note, the Patient list will **not** be updated with entries entered through the Calendar. This should not be a problem however, as presumably when the patient does present for the appointment, the Patient details list will be refreshed upon launching MxSolutions on subsequent days.

Locating an Existing Appointment for a Patient

To locate an existing patient, click the Existing Patient tab.

Patient Details

[Existing Patient](#) [New Patient](#)

Patient Name	smith	<input type="button" value="Find"/>
Patient Number		
Practitioner		
DOB (dd/mm/yyyy)		
Phone Number		

Appointment Details

Type	Select	Resource	DOCTOR 1
Date	25 JUN 2007	Time	09:00
Duration 15			

Recurring Details

<input type="checkbox"/> Recurring Period	Select	Select
---	--------	--------

Notes

Entered By master

To locate an existing patient, you may either enter the surname and click Find or press Enter/Return. If there are multiple matches, a list of Patients with the matching surname will be displayed from which you can click on the Patient Number of the required record.

Patient Details

[Existing Patient](#) [New Patient](#)

There are 2 matches to your query. Please select one from the list below:

Patient #	Surname	Given Name	DOB	Suburb	Address	Practitioner
15	SMITH	Robyn	8 AUG 1959	HIGHBURY	56 Cormack Circle	C
17	SMITH	Evan	12 NOV 1962	THE VINES	123 The Next Street	A

Appointment Details

Type	Select	Resource	DOCTOR 1
Date	25 JUN 2007	Time	09:00
Duration 15			

Recurring Details

<input type="checkbox"/> Recurring Period	Select	Select
---	--------	--------

Notes

Entered By master

If the list of matches is deemed too large and hence not all records are listed, then narrow the search by typing in the first 3 or 4 characters of the surname, comma, and one or more characters of the given name, then click Find or press Enter/Return.

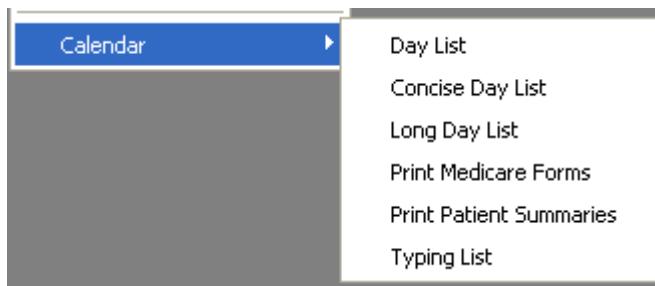
Having obtained the required Patient, complete the details of the appointment.

Select the 'Type' of Appointment from the dropdown menu as setup in your preferences. The default duration for this 'Type' of Appointment will be set but you may override this with what you require for this particular appointment. You may enter any information in the 'Notes' field which will be printed when you print the Day List. You may also view this information when looking at the Appointment details in the Time Slot, via 'Edit' Appointment.

Click 'Save' to store the Appointment Details.

Printing a Day List from the MxCalendar

To print a copy of the DayList, if the Calendar is in use, these are printed from under the Print Menu in MxSolutions. The same formats as are available under the Schedules Menu, Day Lists, are able to be printed from the Calendar.



LINKING FILES TO PATIENTS IN MxSOLUTIONS

Introduction

This function allows the ability to electronically link files to patients selected by the user.

Users are able to link any file (e.g., document, attachment, test results, photographs, etc.) in their computer system to a selected patient and store the full pathway (link) to where the file is located in MxSolutions. A list of such linked files can then be displayed for each patient, which allows users to select and open any file on display from within MxSolutions.

When a file is linked to a patient, the file is moved from its existing location into the central storage folder, MxLinkedFiles. This folder is located in the same folder as the MxSolutions data file. However, it must be stressed that linked files are **not stored within the MxSolutions data file**.

This facility can operate on a single computer (PC or Macintosh) or in a network of computers including cross-platform (e.g., PC and Macintosh) networks. In cross-platform installations, MxSolutions will not allow Macintosh users to link a file to a patient until an appropriate extension has been added to the file name (e.g.,'.doc' for a Microsoft Word document) so that it can be opened and read by a PC.

Linking files to patients in MxSolutions is done through the Linked Files button in the Patient Details window.

WARNING: Do not change the location of a file in the MxLinkedFiles folder after it has been linked to a patient as the file will no longer be found by selecting the patient in MxSolutions.

The MxLinkedFiles Folder

This folder is created automatically by MxSolutions when the user checks the check box MxLinkedFiles in the Practice Details menu. Within the MxLinkedFiles folder, 26 empty folders are then created, each with a single letter name (A to Z).

A patient folder is created when a file is first linked to the patient. The folder is named as the 'Patient Number' and located in the appropriate 'alphabet' folder, as determined by the first letter of the patient's surname.

To illustrate, a patient named Errol Patient with a patient number EPAT123 would have a patient folder created with the name: 'EPAT123', which would be located in Folder P.

Please note that if a patient number contains any of the characters '\', '/', ':', '*', '?', '<', '>' or '|', these characters will be replaced by '_' in the name for the patient folder. For example, 'E\PAT123' would become 'E_PAT123'.

Once a patient folder has been created, all subsequent files that are linked to the patient are added to that folder.

Key Points to Note of when using the MxLinkedFiles

1. Files in the MxLinkedFiles folder must not be renamed manually once the folder has been created.
 - When linking a file to a patient, whose folder in the MxLinkedFiles folder already contains some linked files, an alert is given if the patient folder is missing from its correct location.
 - To avoid confusion, files should not be stored in the MxLinkedFiles folder *before* they are linked to individual patients via the Patient Details window in MxSolutions and automatically moved to the MxLinkedFiles folder.
2. MxSolutions will not allow you to link a datafile or a program (e.g., Word or Excel) to a patient and move it into the patient folder.

Backup of Linked Files

It must be stressed that creating a link between a file and a patient using this enhancement does not mean the file will be automatically backed up as part of your routine backup of the MxSolutions Datafile.

If you are planning to link files to patients, you must also implement a strategy to protect against the accidental loss of such files. Backup copies of all your linked files must be made on a daily basis and stored in a secure place, preferably off-site.

It is strongly recommended that the backup equipment you use should be tested from time to time to ensure it is functioning correctly.

Please contact your IT support person if you require further advice on backup matters.

Using 'Link Files to Patient'

Setting the location for storage of linked files

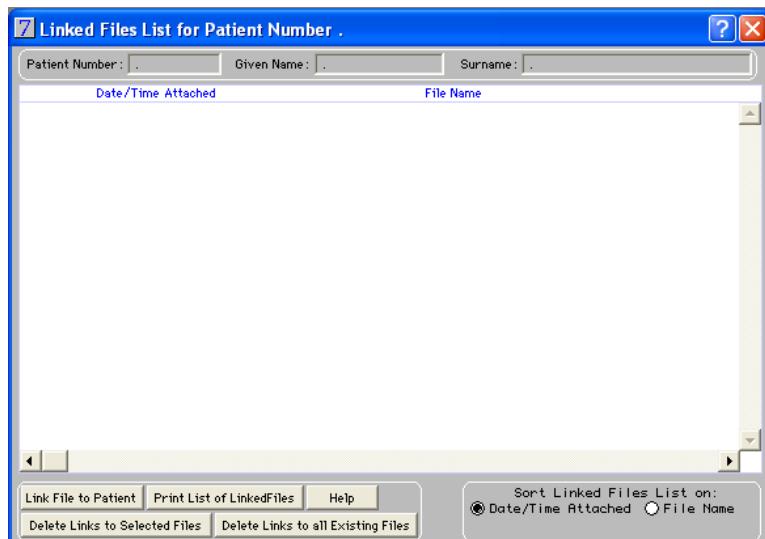
Before using this function you must select **Practice Details** in the **Reference Files** menu, and in the window labelled 'Medical Director and Link Files to Patients', check the check box **MxLinkedFiles**.

Setting the Network Type

If you are using a cross-platform network you need to check the check box 'Cross-platform' in the window labelled 'Medical Director and Link Files to Patients' referred to above. This ensures that when you link a file to a patient using a Macintosh computer, if the file does not have an appropriate Extension (e.g., '. doc' for a Microsoft Word letter) you are reminded that this must be added before the file can be linked.

Linking a file to a Patient

The Link Files to Patients function is accessed from the Patient Details window by clicking on the **Linked Files** button after a Patient has been selected. (Note: If there are no files linked to the patient, the colour of the text of the **Linked Files** button will be black. When information is stored in the Linked Files, you will note that the button on Patient Details is displayed in **Green**.) A window entitled '**Linked Files for Patient Number xx**' is then able to be opened.



This window shows the name of the patient and also indicates (in blue text) that 'All Linked Filers are stored in the Folder MxLinkedFiles'. Two main options are provided on the window: **Link File to Patient** and **Print List of Linked Files**. A **Delete Links to Selected Files** button, and a **Delete Links for all Existing Files** button are also displayed.

'Link File to Patient' button

Clicking this button allows the user to link a file to a patient, and store the link in MxSolutions. The file is moved to the MxLinkedFiles folder. A window is opened which provides the user with access to all files in the computer system. The file when originally saved should be in a **Files to Link** folder for example.

- Find the file that you want to have linked to the patient, e.g. from the Files to Link folder. Place the cursor on the file and click once.
- To complete the process double click on the selected file or click on the Open button (Macintosh) or the OK button (Windows). The pathway from the file to the patient is stored in MxSolutions and the file is added to the list of linked files for the patient.

NOTE:

1. If the file you wish to link and move to the patient's folder, already exists in that folder you will be asked whether you wish to replace the file with the current one of the same name. If you respond 'Yes', the existing file will be overwritten with the new file. If you respond 'No', the new file will not be linked to the patient or moved to the patient's folder.
2. If the check box MxLinkedFiles (see above) is not checked, clicking on this button will result in the display of the message - 'Option to use linked files is not selected. Existing linked files can be opened, but no new linked files can be added.'

Opening a Linked File

Linked Files button on Patient Details

Clicking on this button displays the list of files currently linked to the patient and allows the user to select and open a file.

- Double Click on the required file in the list to open it.

After viewing the file it can be closed using the Close Box or by closing the application that opened the file. The Linked Files List window in MxSolutions is then displayed to enable

another linked file to be opened. Alternatively, closing this window will return you to the Patient Details window.

Print List of Linked Files for Patient

Clicking the button **Print List of Linked Files** will print a report that provides the date/time that the link between the file and the patient was made, the link (full pathway) from the file to the patient that has been stored and the patient number. Please note that this process does NOT delete any records from your computer system.

Fixing an Error

'Delete Links to Selected Files' button

Clicking this button will display a list of all the files linked to the patient. If you wish to delete a link, click on the row. (For multiple files, click on each row while holding down the Ctrl Key (Windows) / Comnd Key (Macintosh). Then click on the **Delete** button to delete the link(s) from the list.

'Delete Links to all Existing Files' button

Clicking on this button will result in the deletion of all existing file links for the patient from your data file. A message will be displayed asking you to confirm that you wish to delete all links to files for the patient.

Using these Delete buttons does NOT delete files from your computer system or change their location. Only the links to the files are deleted.

To relink the file/s to the correct Patient, the MxLinked Files folder will need to be located and opened, the Alphabet folder of the Incorrect Patient opened and the file/document moved from this folder to elsewhere e.g. Files to Link folder. Close the MxLinkedFiles folder, and return to the correct Patient Details window to link to the correct Patient from the Files to Link folder.

TEMPLATES

Introduction

This facility provides for User Defined Templates which are prepared in Microsoft Word (MS Word) and saved in an RTF format (Rich Text Format). When required, a template may then be merged with data from MxSolutions to produce the required letter as a MS Word document. All the word-processing options, e.g., style, formatting, spelling and grammar checking are then available for use.

Steps to using User Defined Templates

Creating a Template

Open MS Word and after selecting your blank Letterhead Template (or blank document if you are using pre-printed stationery), proceed to type the text you require. Where you want specific data from MxSolutions to be included in the letter, you need to type the data element field enclosed in square ([]) brackets. (The key to the text for the data fields is provided in the **Help** window, which is available after you open the Letter Templates window in MxSolutions by choosing the **Reference Files** menu, then selecting the menu line **Preferences** and clicking on the button **Letter Templates**. This may be printed to obtain a copy for future reference.) When typing is complete the template **must** be saved in Rich Text Format (RTF) in MS Word.

Placing the Template in MxSolutions

Templates should be stored in a folder named **LetterTemplates**. It is recommended that this folder be located in the same folder as the MxSolutions datafile.

Storing a Template for future use

Select the **Reference Files** menu, then select **Preferences** and click the button **Letter Templates**. To add a letter, click on the button **Add Letter**, type in your name for the letter and then click the **Set** button. Locate the Letter Template from the **LetterTemplates** folder. Repeat this process for the number of letters you wish to add, and then click the button to update the Temporary Letter templates file.

Storing and Printing a Letter using the Letter Templates

Open the Patient Details window and select a Patient. Click the **Templates** button and a list of the Letter Template Names currently available is then displayed. Click on the Template you require.

If you are using **MxLinkedFiles**, and you require the letter to be automatically linked into the Patient folder you may name the resulting letter to the name of your choice, e.g. use the Name of the Referring Dr to whom you are writing. If you choose **not** to name the letter with a name of your choice, the Template Name will be used in naming the resulting file. Click the button and the letter for the Patient will be created and displayed on your screen in MS Word with the merge fields added. The letter may be altered or amended as required. You can then print the letter.

After you have made any changes and selected Close in MS Word the dialogue “Do you want to save the changes....?” is displayed. If you select “Save” the changes are stored in the new letter. The new letter is given the name that has been given or the template name used and appended with a date/time stamp. The original template remains unaltered. The letter is automatically stored in the MxLinkedFiles folder for the patient, and therefore can be retrieved at any time for editing and/or reprinting as required.

However, if you select “Don’t Save” although the changes are not stored, the original letter is still stored in MxLinkedFiles unless the button DO NOT Link to the Patient File has been checked in which case the letter will be saved in the folder named TemporaryLetters (see section below).

Storing a Temporary Letter in MxSolutions

If you are **NOT** using **MxLinkedFiles**, or you choose the option to **NOT** link a particular letter to the patient file when using MxLinkedFiles, a folder named TemporaryLetters is automatically created in the same folder as the MxSolutions datafile, and used for storing all the Temporary Letters produced which are not linked. The dates of the letters in the folder are checked daily by MxSolutions and automatically deleted when they are more than 7 days old.

SECURE MESSAGING

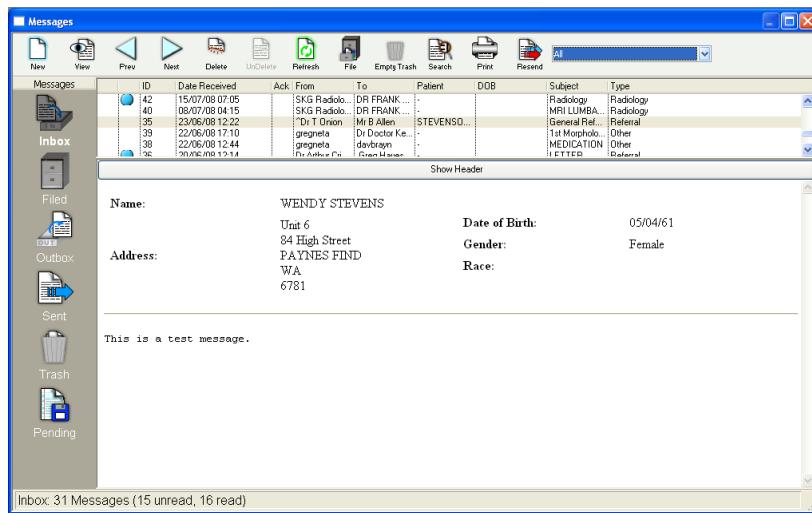
MxSolutions includes secure messaging for PIT and HL7 (inbound and outbound) using the [HealthLink](#) Messaging System. MxSolutions also has functionality to receive messages from laboratories that *don't* use HealthLink as their transport provider.

Pathology and Radiology Reports (LAB2), Referral summaries, Discharge summaries, and letters (RSD) can all be received through MxSolutions, and then *linked to a specific patient* for future reference. MxSolutions also provides the ability to electronically transfer letters and reports to General Practitioners and Referring Doctors, which saves you time.

Inbound Messages

When messages are received, they are able to be viewed and acted upon via the Messaging window as shown.

Messages are accessed from MxSolutions > Messaging > Messages. When selected, the following window is displayed:



To check for new messages, click "Refresh".

The window has a toolbar with the following buttons:

Icon	Name	Description
	New	Compose a new message (Outbound Messages)
	View	View the selected message in a separate viewer window.
	Previous	Display the previous message in the list.
	Next	Display the next message in the list.
	Delete	Place the selected message in the trash.
	Undelete	Restore a message previously put in the trash.
	Refresh	Manually check for new messages and update the display. Note that the system will automatically check for new messages every 5 minutes by default.
	File	Link a message to a particular patient. Once a message has been linked, it is moved out of the inbox.
	Empty Trash	Permanently remove messages which have been put in the trash. Note that once the trash is emptied, these messages cannot be recovered.
	Search	Locate a particular message based on a number of search criteria.



Print

Print the selected message to the printer



Resend

Resend Queue a message to be sent a second time

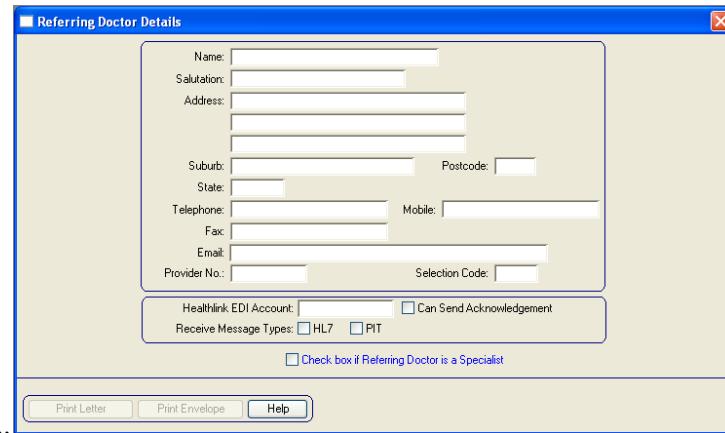
The sidebar has the following buttons:

Icon	Description
	Inbox Display messages in the Inbox. These are messages which have not been viewed, or filed against a patient.
	Filed Display messages which have been filed against a patient.
	Outbox Display messages which have been queued to be sent. This option is only available for recipients who can send acknowledgements. If the recipient cannot send acknowledgements, then the message is put in the Sent mailbox immediately.
	Sent Display messages which have been sent.
	Trash Display messages which have been placed in the trash. Messages placed in the trash can be retrieved using the "Undelete" function in the toolbar.
	Pending Display draft messages which have been saved to Pending.

Outbound Messages

To be able to send an Outbound Message, the EDI codes for the Referring Doctors must be first setup. This is done from the Referring Doctor window, from under the Reference Files Menu.

Choose **Referral Details** from the Reference Files menu and the following window is displayed.



Healthlink EDI Account code. If the Messaging facility is being used for Outbound Messages, the Healthlink EDI Account code for the Referring Doctor may be entered here, ensuring the if the format is to be HL7, then the 'HL7' checkbox is checked together with the 'Can Send Acknowledgement' checkbox checked. If the message is to be sent in a PIT format then the 'PIT' checkbox must be checked, but **not** the 'Can Send Acknowledgement' checkbox. The format type to be checked depends on the PMS Software being used by the Referring Doctor practice.

NOTE: This information is able to be obtained from Healthlink.

Import EDI Codes

Select **Import EDI Codes** from the commands menu to import the file of EDI Codes which may be used to update the EDI Codes for each Referring Doctor on file together with the format type being used by the receiving practice. This facility is only available to users in WA

as Healthlink provide a file of EDI Codes based on Provider Numbers. This file is in a comma delimited format. Users in other States must obtain the EDI Codes for the Referring Doctors in their state from Healthlink and enter them into this file manually at present.

Update Patient Provider Nos and EDI Codes

Select **Update Patient Provider Numbers and EDI Codes** from the commands menu to update the EDI Codes on Patient Details for each Referring Doctor whose Referral information has an EDI Code associated with it. This is useful so that a Referring Practitioner is able to be easily identified as being able to receive encrypted reports through the Messaging Facility of MxSolutions.

This process also updates provider numbers on Patient Details if these have been entered on the Referring Doctor records.

Note: MxSolutions is using the Provider Number of the Referring Doctor to update the EDI codes on Patient Details. If the Provider Number is not present on the Patient Details screen, then the EDI Code will have to be entered manually for this Referring Doctor.

Linked Files

If you wish to attach documents against the Patient Details for the patient, click the **Linked Files** button which displays a screen into which you may link any number of files against the Patient. Click on the **Link File to Patient** button and navigate to where the document that you wish to link is currently stored, double click on it and you will note that the path to where the document is stored is now displayed on the screen. You can double click in the document and it will open. You may make changes and save them. Just click **Save** to resave. When information is stored in the Linked Files, you will note that the button on Patient Details is displayed in **Green**.

Templates

The **Templates** facility provides for more user friendly and flexible letter writing solutions. Templates prepared by you in Microsoft Word (MS Word) and saving these in an RTF format (Rich Text Format). When required, a template may then be merged with data from MxSolutions to produce the required letter as a MS Word document. All the word-processing options, e.g., style, formatting, spelling and grammar checking are then available for use.

When a letter is created using this Templates facility, it is **automatically** stored against the Patient record in the Linked Files. When information is stored in the Linked Files, you will note that the button on Patient Details is displayed in **Green**.

Sending an Outboud message.

Provided there is an EDI code displayed on the Patient Details window you can send an outbound message to this Referring Doctor.

The EDI Code will show on Patient Details as shown below.

The Patient Details window displays the following information:

- Practitioner:** A Dr N McMahon
- Fee Category:** A Private
- Referred By:** Dr D Sosth
- Suburb:** BULL CREEK
- Referral Letter Date:** 21 AUG 09
- Provider No:** 0951523K
- EDI Code:** dharis
- Referral Period:** 12 Months
- Sex:** F
- Date Of Birth:** 12 APR 1976
- First Seen:** 5 AUG 06
- Age:** 33
- X-Rays Held:** No Yes
- Fund:** NIL
- Time Payment:** No Yes
- Hold:** No Yes

Billing Notes: [Text Box]

Dates: [Account Age: Last Debt 30 JAN 08, Zero Balance]

Balance: [Current Month: 1251.25, O'due 30 Days: 60 Days: 90+ Days: Total: 1251.25]

Transactions: [Medicare/DVA, Case Header, Mult Item Debit, 2nd Ledger, Rcpt Sing Acct, Summary, Clinical, WC-MVA, Letter, Labels, Mult Date Debit, Comb Acct/Rcpt, No Charge, Linked Files, Prescription, Instalment, Surgical Audit, Diagnosis, Mult Proc Debit, Estimate, Notes, Templates]

With the version of MxSolutions 5.32 or greater, you will find that there is a button on the Linked Files window for the Patient which will enable a quick path to the New Message window for that Referring Doctor directly. The button is labelled “Create New Message” located at the bottom left of the window.

The Linked Files List window for Patient Number 11.H shows the following:

- Patient Number:** 11.H
- Given Name:** Doreen
- Surname:** MASSON
- Linked Files:** [Messages]
- Date/Time Attached:** 20 JUN 07 17:32:20, 29 JUL 07 15:32:22
- File Name:** MyTestEstimate.rep, 11.HRELetter Test29070755942.rtf

Toolbar:

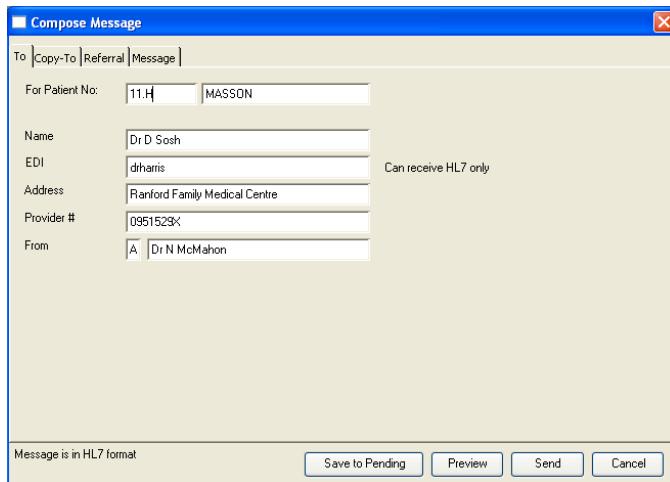
- Link File to Patient
- Print List of Linked Files
- Help
- Delete Links to Selected Files
- Delete Links to all Existing Files
- Create New Message

Sort Linked Files List On:

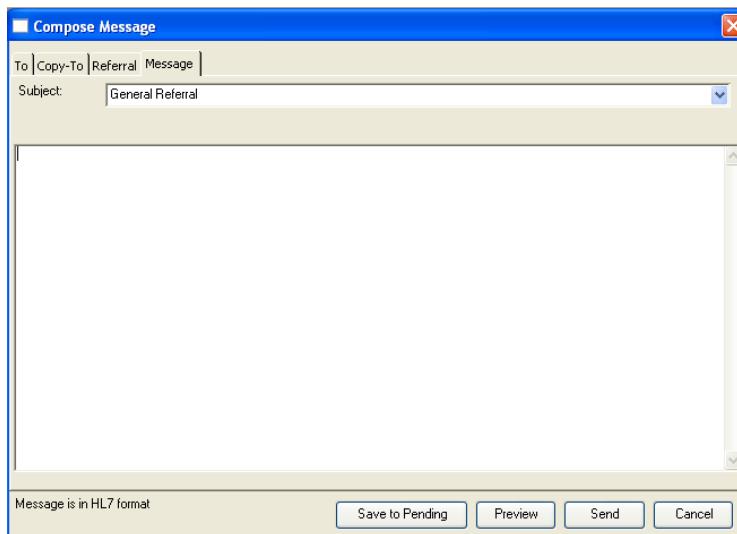
- Date/Time (ascending)
- Date/Time (descending)
- File Name

To send a message to this Referring Doctor, Open the document displayed in the Linked Files that you wish to send. Select the **body** of the message only and choose Copy from under the Edit menu (or press Ctrl C), close the document, click on the Create New Message button.

The following window will be displayed with all of the information displayed:



Now click on the Message Tab at the top of the window and the following window is displayed:



Place the cursor in the empty box and and paste the body of the letter which comprises the 'message', then click send.

The message will now be ready to forward via the HealthLink messaging facility to the EDI address of the Referring Practitioner.

When it is 'sent' it will leave the Outbox and be transferred to the Sent box and also be stored in the Messaging window of the Patient's Linked Files window.

If there are issues whereby the receiving doctors inform you that they are not receiving messages, please ring the Healthlink Help Desk on 1800 125 036 extn 2. The Help desk should be able to identify what any issues are and assist in troubleshooting any problems.

MEDICARE ONLINE PROCESSING WITH MxSOLUTIONS

Introduction to Medicare Online

The Medicare Australia has developed new online services that allow practices to do business quickly and securely over the internet. Public Key Infrastructure (PKI) security enables secure communication within the health sector.

Medicare Online creates an electronic claim from your practice's patient demographic information. There is no need to re-key information. It then uses the internet to send the claim to Medicare for processing and payment.

Functions currently available using Medicare Online include:

Patient Claims (private claims) can be transmitted in real time (PCI), or by the store and forward method (PCS).

If the patient pays the gap (the difference between the Medicare Benefit and the cost of the consultation) or does not pay for the consultation, a cheque in favour of the doctor will be sent to the patient, who will need to forward the cheque on to the practice. As currently happens, cheques are **not** sent directly to the doctor or practice.

If the patient **pays for the service in full** they can elect to have their Medicare benefit paid by cheque and sent to them, or paid by Electronic Transfer (EFT) directly into their nominated bank account. If the patient chooses EFT they will need to provide their bank account details to Medicare. This is best done Online or when they are next in a Medicare office by registering their banking details with Medicare. (Credit card accounts are not accepted by Medicare at this stage). An EFT payment will be made in 1 to 3 working days, and a cheque payment up to 15 days.

Same-day Delete for Medicare patient claims allows practice staff to request the deletion of a transmitted patient claim from the Online Claiming system if an error has been discovered, e.g. wrong item number used, or wrong payment type. The deletion can only be carried out on the same day that the claim is transmitted and processed. This facility eliminates the need to phone a Medicare operator to organize the deletion of an incorrect claim.

Real-time eligibility checking to confirm a patient's **Medicare** eligibility before transmitting a claim. Eligibility checking may also be carried out for **DVA** patients before DVA transmissions are sent.

Electronic lodgement of Bulk Bill claims. No paperwork is required to be sent to Medicare.

Electronic lodgement of DVA medical claims. DVA related processes now support a paperless environment.

Inpatient Medical Claims (Eclipse) enabling registered 'gap-cover' doctors to electronically lodge financial claims for an admitted patient's episodes of care for processing by Medicare and the Private Health Funds in the one transmission. The relevant Private Health Fund must be registered for Eclipse Processing.

A 'Get Participants' function enables the practice to obtain updated information on the participation of Private Health Funds for Eclipse processing.

Real-time eligibility of Health Fund Membership checking to confirm a patient's **Private Health Fund** eligibility before transmitting a claim.

Fewer rejections in claims processing is provided by the tighter controls set prior to the transmission of claims. Any details wMedicare Online Claimingh are either incomplete or incorrect are able to be corrected prior to the transmission of a claim.

When a claim is transmitted, if there are any errors a message will be displayed explaining the problem. In some instances, when an error code is returned, a claim may be directed through to a Medicare operator to process. The operator may contact the practice or patient to advise on matters relating to the claim.

Medicare Online offers the practice an improved cash flow. Payments made in full by the patient at the time of a consultation provide cash flow instantly. Medicare payments made via the patient are much faster since the claim is processed more quickly. Savings on postage required to send account rendered notices and debt collection are significant.

Medicare Online provides improved claims processing for the Patient. The patient no longer is required to take or send an account to a Medicare Office for the payment to be made. The confusion brought about by the manual processing of Inpatient Medical Claims between the Medicare and the Private Health Funds is also eliminated.

Installation of Medicare Cryptostore and Certificates

Installation of the Medicare Online Client Adaptor will be carried out by your MxSolutions support person.

You should have received the Medicare Location Certificate on a CD from HeSA. Patient and provider details are protected during transmission through the use of the Public Key Infrastructure (PKI).

You should also have called for the PIC password or received it by mail from HeSA.

Both of these items are necessary for Online Claiming to be setup on your computer system.

MxSolutions Setup of Medicare Online

Launch MxSolutions as per normal.

Select **Practice Details** from under the **Reference Files** menu, and press the Return Key to each window until you reach the window headed **Online**. Check the box to indicate that Medicare Online is being utilised.

Complete the details as follows:

Location of Crypto store (HCL cert) - **This is automatically setup as part of the MxSolutions installation of Online Claiming.**

Server Details - **www2.medicareaustralia.gov.au/pext**

Recipient Details - **ebus@medicareaustralia.gov.au**

Location Id - as supplied by MxSolutions Australia Pty Ltd

Press the Return Key or click

Complete the following Online details as required.

Check the box to indicate that an Online agreement has been signed for each practitioner as appropriate.

If a check box is not 'checked' for a practitioner, then the I-Key must be used for transmitting Bulk Bill or DVA claims for that practitioner. This I-Key process is not recommended. It is preferable that each practitioner sign an Online Agreement for the Location Certificate.

For each practitioner, enter the Contact Person Name and Telephone number (no imbedded spaces are allowable in the telephone number) for queries from either Medicare or a Health Fund regarding an Inpatient Claim.

If a Practitioner is a GP yet the version of MxSolutions is a Medical Specialist version then check the box indicating that the Practitioner is a GP for the purpose of transmitting a GP Claim in a Specialist version.

Press the Return Key or click .

Select the **Medicare Online Menu** from under the MxSolutions menu and choose **Set/Reset Passphrase**.

Enter the Passphrase details as decided by the practice for the location certificate. Click . This must correspond to the Passphrase details originally set by the location certificate supplied by the HESA and then modified by your MxSolutions support person using the PKI Certificate Manager. The Passphrase when entered is not able to be viewed on the screen. An error will occur if the data entered does not correspond with the location certificate setup.

MxSolutions has supplied a file containing **Return Codes** with descriptions and also **Medicare Reason Codes** and descriptions. These now need to be imported into your MxData file.

- Copy these files into the MxSolutions folder.
- Select **Import Return Codes** from the Medicare Online menu under the MxSolutions menu. Select the **Return Codes** file from the MxSolutions folder and click start.
- Select **Import Medicare Reason Codes** from the Medicare Online menu under the MxSolutions menu. Select the **Reason Codes** file from the MxSolutions folder and click start.

The codes may be **Viewed** from the Medicare Online menu under the MxSolutions menu and a copy may be printed by highlighting the **Printer icon at the top of the screen on the left** if required.

Preparing Existing Data for Online Claiming

The contents of existing data in MxSolutions requires checking and modifying as necessary. Some existing referring doctor provider numbers contain only 7 characters when they should contain 8 characters to pass the Medicare validation routines. MxSolutions will check all existing referring doctor provider numbers and place a leading zero in front of all those that contain 7 digits only. Patient Details records also need to be updated with Provider Numbers now contained in the Referring Doctors File.

To ensure that these data elements are updated as required, choose **Verify Ledgers** from under the **Maintenance** menu under the **MxSolutions** menu. When asked if Online checking is required, answer YES.

In addition to updating the existing data as described above, this process will also check the balances of every ledger in the MxData file. Any out of balance ledgers will also be reported along with ledgers in credit. If any of these occur, bring them to the attention to the MxSolutions representative so that they can be rectified.

To ensure that no unprinted debits from old data is not inadvertently transmitted to Medicare with new debits to be transmitted using Medicare Online, it is also important to run the report of **Unprinted Debits** which is under the **General Reports** menu under the **Ledger Reporting** menu. Please action these unprinted debits and ensure that they are cleared before embarking on the use of Medicare Online Claiming. Debits that are deemed unprinted will be transmitted to Medicare with new debits. Outstanding unprinted debits will be an issue if in fact Medicare has issued a benefit manually.

Setting/Modifying Reference Files

Various Reference files need setting up or modifying to provide information required for Medicare Online transmissions.

- **Referral Details** file.

Medicare Online requires that the Provider Number of the Referring Doctor is present in the Referring Doctor file.

If MxSolutions is being used for Medicare Online, a debit cannot be raised if the referring practitioner Provider Number is not present here and in the Patient Details record. If the Provider Number of the Referring Dr has been added to the Referring Doctor File but not the Patient Details window, press Ctrl/E or Command/E, place the cursor at the RHS of Referred By on Patient Details and press Tab. You will note that the Provider No. has been added/refreshed. Press the Return Key or click to store this change.

Exceptions to this are as follows:

- For a referral from within a hospital, enter HOSPITAL in the *Name* field and leave remaining fields blank.
- For a referral that is an Emergency referral, enter EMERGENCY in the *Name* field and leave remaining fields blank.
- For a referral that is Lost, enter LOST in the *Name* field and leave remaining fields blank.
- For a self determined referral, enter SD in the *Name* field and leave remaining fields blank.
- Certain services may not require referral details. If no referral details are valid, enter ' - ' (dash) in the *Name* and *Suburb* fields, and leave the remaining fields blank.

- **Item Details** file.

Medicare Online requires that **Inpatient** Item numbers include the * to the right of the Item Number in MxSolutions.

Items that can be considered to be 'Not Normal Aftercare' or 'Not Duplicate Service' can be setup as items with a subgroup category to ease the billing process.

For example, an item 105 that is considered **not normal aftercare** can be setup for each fee category as 105N/x (where x is the fee category) with a description of 'NNAC Subsequent Consultation'. MEDICARE ONLINE CLAIMING Online requires that NNAC precedes the service description on printed forms. Setting this up for each fee category in the Item file simplifies the billing data entry process for this type of service. Use 105N as the item number to bring up 'NNAC Subsequent Consultation' on the billing window.

Similarly, an item 105 that is considered **not duplicate service** can be setup for each fee category as 105D/x (where x is the fee category) with a description of 'NDS Subsequent Consultation'. Medicare Online requires that NDS precedes the service description on printed forms. Setting this up for each fee category in the Item file simplifies the billing data entry process for this service type. Use 105D as the item number to bring up 'NDS Subsequent Consultation' on the billing window.

NOTE: Please ensure that two-line Item Descriptions are **NOT** utilised. The second line of any Item description may be deleted from the Item File so that this will not occur. Alternatively, when entering a debit which contains a second line of description, please ensure that this second line is 'wiped out' as the debit is being input. This is because Medicare Online requires an Item Number to be present on each debit being transmitted. The description is NOT normally transmitted, only the Item No is transmitted. Additional text, where required, is included using a different method depending on the claim type. The sending of Service Text is described separately in this documentation.

- **Fund/Hospital Details** file.

Two new fields have been added to this file, namely Health Fund Brand Id and Hospital Facility Provider Number.

For any Hospital records, the **Hospital Facility Provider Number** must be entered prior to any transmissions for **Inpatient Medical Claims**. This provider number is supplied by your MxSolutions representative or may be obtained by the Hospital concerned.

For any Health Fund records, the **Fund Brand Id** must be entered. This is a unique identifier for each Health Fund Name and is required for the processing of Inpatient Medical

Claim transmissions. It is also required for the Online Patient Verification with Health Funds. This information is listed on the report provided by the 'Get Participants' function. It is also known as 'Participant Id'.

Please Note: The Check box indicating that the Fund/Hospital record is being used for Direct Billing a PUBLIC Hospital (Fee for Service), should **NOT** be checked.

- **Fund Payee Details** file.

For each Health Fund that transmissions are being made for a Servicing provider, a record is required in this file. The **Fund Code** in this record must match the Fund Code in the Fund/Hospital Details file and in the Fund field on Patient Details. The **Fund Payee Details** field is the Health Fund Agreement identifier for the practitioner (Medicare Online Claiming at a Fund is mapped to payment arrangement details). The **Fund Payee Details** field is mandatory. This is frequently, but not always, the Provider Number of the Payee Provider. e.g. **BUPA** funds have a totally different Fund Payee identifier which is known as a **Practice ID**.

If the practitioner is a registered '**Gap Cover**' doctor for this Health Fund, then the check box indicating this *must be checked*.

Contact the Health Fund to obtain this information and also establish what type of agreement the Servicing Provider has with the Fund.

If the Practitioner is not a Gap Cover Provider then the transmission can only be set as a PC Claim whereby the Benefit is sent to the patient on behalf of the Practitioner by the Fund.

- **Location Details – Provider Number** file.

If a servicing provider has different provider numbers for different locations, then the Provider Numbers may be entered in here, one record per location for that servicing provider. **Assisting Provider** details must also be entered here.

NOTE: MxSolutions uses the Practitioner on Patient details as the Payee Provider and the Provider number as selected from this list as the Servicing Provider if this is selected on the transmit window.

If multiple provider numbers exist for a servicing practitioner, then an alternate number may be chosen from this list to that on Patient Details when making the transmission.

Transmissions for Assisting Providers must be transmitted as a separate claim.

- **Location Details – LSPN** file.

If the practice uses diagnostic imaging equipment, the associated LSPN must be entered here.

An LSPN record must exist for each item of diagnostic imaging equipment at each location. This data is used for the transmissions relating to diagnostic imaging services.

Patient Details requirements.

Before an invoice can be created using Medicare Online, MxSolutions validates all of the necessary data elements that are required for a transmission.

Patient Identification information:

- The patient's given name must be present and correct. If the patient does not have a given name then 'Onlyname' must be entered here.
- The patient's address details must be present and correct. It is assumed that the Account To address is the patient's address, not a third party address. The address can be the Claimant's address if the claimant is not the patient. If the address is a PO Box address, then a message will be displayed to indicate that the address held by Medicare will be used should transmission of this address be attempted.
- The Date Of Birth of the patient must be present and correct.
- The Medicare Card Number and Reference Number must be present on the Medicare/DVA screen to identify the patient fully.
- If the patient is under 12 years of age, or the Claimant is a person other than the Patient, then Claimant details must be entered. A claimant is identified by Given Name, Surname, the Claimant's Medicare Card Number and Reference Number, and Date of Birth. This information is entered from the Medicare window from Patient Details under the button titled 'Claimant Details'.
- If the Patient is a DVA patient, the Fund on Patient Details must be set to 'DVA'. The DVA Number should be present on the Medicare/DVA screen. If the DVA Number is not present, this information may be obtained by carrying out an OVV (Online Veterans Verification) function on a billing window where the patient can be identified alternatively by the Patient Family Name (Surname), Patient Given Name, Patient Gender, Patient Date of Birth, and (optionally) Patient Address Suburb and Postcode. The OVV will return the correct DVA Number which must be entered as part of the transmission.
- There is also provision now for the DVA Card type to be present on the DVA screen with the DVA Number. Press Tab to choose the card type. If the Card is to be a **White** Card then the Disability information must also be present. This can also be verified using the OVV facility on the OPV button from one of the Billing screens. The card type must be present prior to transmitting a DVA Claim.

- For Inpatient Medical Claim transmissions the Fund Membership Number must also be present.
- Fund 'Universal Patient Identifier' (UPI) may also appear on the Patient's fund membership card to uniquely identify individuals. This is the Fund equivalent of Medicare Reference Number. If the Health Fund UPI is applicable, this must be present.
- If the patient is identified at the Health Fund by a different name, Patient Alias details must be entered from the Medicare/DVA screen. If present these details will be transmitted with an Inpatient Medical Claims transmission. The Fund Membership details should also be verified prior to transmission of a claim using the OPV facility from one of the Billing screens. This can be checked at the same time as checking the Medicare details by choosing the Medicare and Health Fund Check option on the OPV screen.

Referral information

- The Referring Doctor details must be entered. These must include the Provider Number of the Referring Doctor, Referral Letter Date and Referral Period.

Exceptions to this are as follows:

- If the referral is from within a hospital, enter HOSPITAL in the *Referred by* field and leave referral letter date and referral period blank. Provider number will also be blank.
- If the referral is an Emergency, enter EMERGENCY in the *Referred by* field and leave referral letter date and referral period blank. Provider number will also be blank.
- If the referral is a Lost Referral, enter LOST in the *Referred by* field and leave referral letter date and referral period blank. Provider number will also be blank.
- If the referral is a Self Determined referral, enter SD in the *Referred by* field and leave referral letter date and referral period blank. Provider number will also be blank.
- If a service may be un-referred, enter ' - ' in the *Referred by* field and leave referral letter date and referral period blank. Provider number will also be blank.

Online Patient Verification

Having opened a Billing window for a patient, a button labelled OPV (Online Patient Verification) is displayed. Clicking this button will open a window from Medicare Online Claiming one of four or five choices of online eligibility check may be selected.

- OPV provides a check of the patient information against Medicare records and Health Fund records
- OPM provides a check of the patient information against Medicare records
- OPF provides a check of the patient information against Health Fund records only
- OCV provides a check of the patient concessional status before processing a Bulk Bill Claim. If the claim is transmitted for a GP practice this facility will also check whether the GP practice is entitled to a bulk bill incentive item.
- OVV provides a check of the DVA details for a DVA Patient.

If an online verification has been previously made then a message displaying the date of the last eligibility check will be displayed, and asks if another verification is required.

Upon transmitting an online eligibility check, a report is returned. A status code of zero indicates a successful verification. If an error code is recorded, the message corresponding to this code may be viewed from the list of error codes under the Medicare Online menu.

If an error is reported, the correct details are usually returned from Medicare. Note: the correction to be made or highlight the Printer Icon at the top LHS of the screen and Print the Page. Close the screen, click on the Patient Details button at the bottom LHS of the window to return to the Patient Details window and correct the entry as required: either Given Name, Medicare Number or Reference Number as supplied by Medicare on the report or DVA number or Card Type if for a DVA Patient.

Ensure that another OPV function is carried out to confirm that the new details are in fact now correct.

Billing processes

Various business rules apply when invoicing using Medicare Online.

Prior to the entry of a debit for an Online Transmission, if there are any unprinted debits in the system from previous billing, a message will display asking if these debits are to be printed and cleared before new debits are entered. To avoid old debit entries being accidentally transmitted, please ensure that they are printed and cleared before entering new debits.

For Bulk Billing and DVA Billing, these patient ledgers must be setup in MxSolutions as normal. Bulk Bill ledgers are identified with the Bulk Bill flag set to Bulk Bill 'Yes', and DVA ledgers set with the Fund set to DVA and the Bulk Bill Flag set to 'Yes'. If the Fee Category field is not *Turquoise* when about to create an invoice, then return to the Patient Details screen and correct the settings. The correct fee category must be set so that the fees displayed are accurate.

A service is identified by an item number, a description, and a monetary amount. A monetary amount cannot be entered without an Item number present. A description must also exist.

The description should be contained in the **first** line of item description only. If two lines of description exist, please **delete the description in the second line** as this will not be able to be transmitted and will fail the requirements described in the paragraph above.

Service text will not normally be transmitted in a voucher (account).

There are cases, however, when service text **is** required as part of the transmission. Such cases will deem the transmission to be referred to a Medicare Operator and processing will be less expedient.

The following rules apply to all billing types: Bulk Billing, DVA billing, PCI and PCS billing, and Inpatient Medical Claim billing.

When a service is to be flagged as Not Normal Aftercare, **NNAC must** precede the Item Description.

When a service is to be flagged as Not Duplicate Service, **NDS must** precede the Item Description. For Bulk Bill and DVA billing processes, the user will be prompted to enter the **Reason** for this NDS.

When a service is to be flagged as a Multiple Procedure Override Service, **MPO must** precede the Item Description. For Bulk Bill and DVA billing processes, the user will be prompted to enter the **Reason** for this MPO. This is to indicate that Multiple Procedure Scaling is not applicable.

For a Bulk Bill or DVA transmission, when a service is to be flagged to send Service Text, **ST: must** precede the Item Description.

When a service is for an Inpatient, the Item Number **must** include the * denoting an Inpatient Service. The user will be prompted to enter the **Hospital** for this Inpatient Service. **NOTE:** A voucher (account) cannot contain a mix of inpatient and outpatient services. The services can only be for **all** inpatient services or **all** outpatient services.

When a service is for a Diagnostic Imaging Service, the line 1 description field must include LSPN x, where x is the number of the LSPN.

Where the referral is a HOSPITAL referral, the hospital name must be included in the service text to the left of the LSPN.

Once the details of a voucher (account) have been entered correctly, click . If the account is for a PCI or PCS type transmission, a payment may be received from a patient prior to sending the transmission. To do this click the **Acct/Rcpt** button from either the **Mult Item Debit** screen or **Mult Date Item** screen or **Mult Procedure** screen and receipt the Account as per normal. After clicking to store the receipt details, click the **MEDICARE** button.

If a payment is **not** being made and the transmission type is PCI, PCS, Bulk Billing or DVA then click the **Medicare** button directly from the billing window.

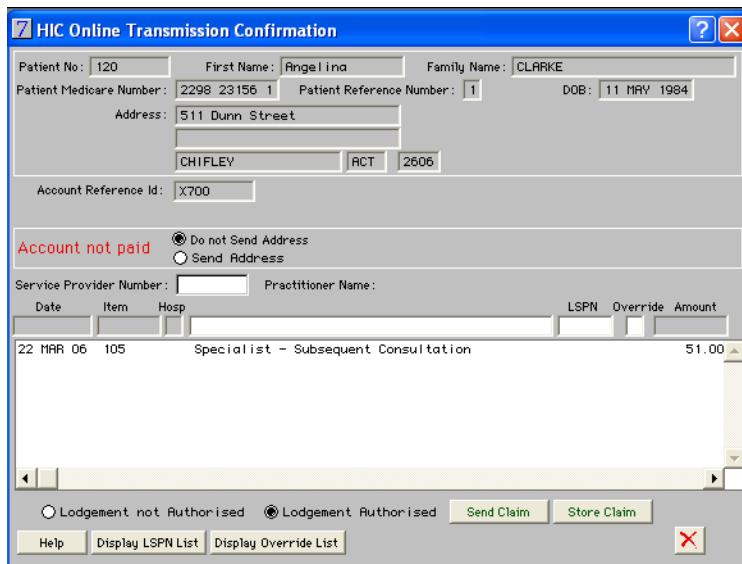
MEDICARE button - Bulk Bill, DVA

If the voucher is for a Bulk Bill ledger, then a copy of the DB4 will be printed according to the original setup. It is mandatory that the patient be offered a copy. The DB4 is to be given to the patient. If manual vouchers are being used, it is not necessary to also print the Medicare Bulk Bill vouchers from MxSolutions. It is not necessary to send any copies to Medicare. It is also no longer required that the Practice retain copies of the DB4.

If the voucher is for a DVA ledger, one copy of the DVA Voucher will be printed. These need to be either signed by the patient or marked to indicate that the patient is unable to sign. The signed/unsigned copy is to be retained by the practice.

MEDICARE button - PCI, PCS Claims

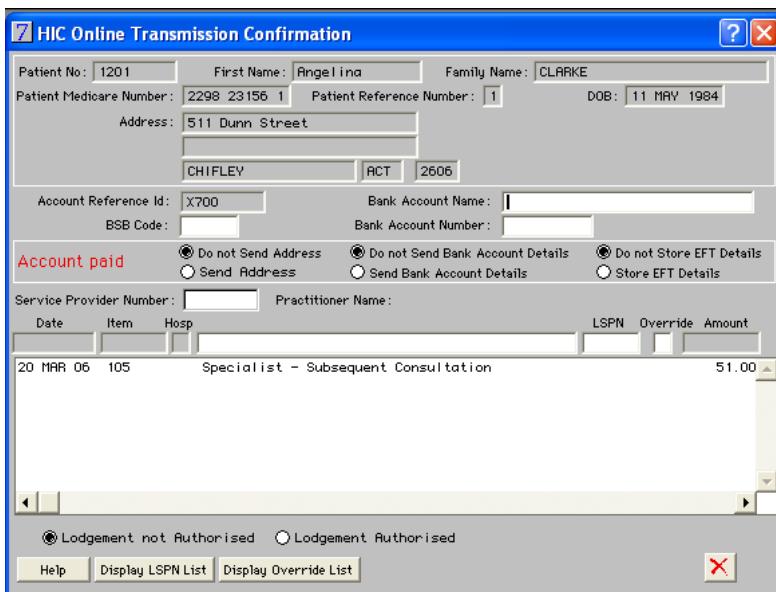
If the transmission is for a PCI or PCS claim, the Transmit window will be displayed.



The transactions shown are the unprinted debits that are about to be transmitted. The following details may be inserted in this window:

- If the account **has not** been fully paid, text indicating this is displayed in red. Two radio buttons are displayed beside this text, giving the user the option of not sending the Address in Medicare. In this case the Medicare will use the address that is known to Medicare from the Medicare Card. By sending the Address to the Medicare that is displayed on the Patient Details screen this address is used to forward payment to in the form of a cheque made out to the doctor who provided the service.
- If the account **has** been paid, text indicating this is displayed in red as shown in the window below. Two radio buttons are displayed beside this text, giving the user the option of not sending the Address, in which case Medicare will use the address that is known from the Medicare Card, or sending the Address that is displayed on the Patient Details screen. This address is used to either forward payment to in the form of a cheque made out to the claimant, or send a statement to indicating that the funds have been deposited into the nominated bank account.

- If the option to Send Address has been made, this **cannot** be in the form of a PO Box. If this option has been set then Medicare can use this new address to update their records.



- If the account has been fully paid, then EFT details may be entered and the radio button indicating that the Bank Account details are to be sent will be set automatically. If the Bank Account details have been stored from a previous transmission, then the patient has the option of sending EFT details with this transmission or not sending EFT details, in which case the user needs to check the appropriate radio button to indicate that the Account details are not to be sent.

If Bank Account details are entered, then the patient has the option of authorizing these to be stored for use on future occasions, or not to have Bank Account details stored. The user must click the appropriate radio button as required.

If the patient has registered their Banking Details with Medicare themselves, the benefit will automatically be put into their nominated bank account. These EFT details are not required therefore to be sent or stored by MxSolutions.

- If MxSolutions has been setup with multiple location provider numbers for a practitioner, then a field is displayed where a user can select from a list an alternate provider number from that corresponding to the provider displayed on patient details.

- If a Service Description displayed in the list contains an LSPN, then this number must be inserted into the field labelled 'LSPN'. It must also still be present in the description field, as it is required to be printed on the Statement. Click on the row to Medicare Online Claiming the LSPN applies and load it in the line above the list. The LSPN can be selected from a list by clicking on the button Display LSPN List. Either enter the LSPN or select it from the list displayed, and TAB the row back into the list below.
- If a Service Description displayed in the list below is to be accompanied by an Override option, then the number corresponding to the override option type must be inserted into the field labelled 'Override'. The abbreviation corresponding to the Override option must also still be present in the description field, as it is required to be printed on the Statement, e.g. NNAC=Not Normal After Care, NDS=Not Duplicate Service, MPO=Multiple Procedure Override, SS=Substituted Service, SD=Self Deemed service, or ST=Send Service Text. Click on the row to Medicare Online Claiming the Override option applies and load it in the line above the list. The Override number can be selected from a list by clicking on the button Display Override List. Either enter the Override number or select it from the list displayed, and TAB the row back into the list below.

Once the details on the Transmit window have been completed, then click the **Lodgement Authorised** button, and either click **Send Claim** or Store Claim.

Depending on the processing, either a Statement of Claim and Benefit will be printed indicating to the patient the authorization of the claim and how payment will be made, or a Lodgement Advice will be printed advising the patient that the claim has been referred to a Medicare Officer.

The **Send Claim** button is clicked if the claim is to be transmitted immediately. If the information transmitted is validated correctly by Online Claiming then a 'Statement of Claim & Benefit' is printed immediately indicating the charges, the patient contribution amount if a part payment has been made by the patient, and the benefit payable by the Medicare. If the claim transmitted has not been validated correctly but has been deemed *acceptable*, then a Lodgement Advice will be printed indicating that the claim has been referred to a Medicare Officer.

The statement or lodgement advice will indicate how the payment is to be made, either EFT or Cheque, and where the benefit statement will be sent. If the patient has registered their banking details with Medicare, although the statement printed indicates that the benefit is to be paid by cheque, in fact the benefit will be made by EFT. This statement or lodgement advice is to be handed to the patient.

The **Store Claim** button is clicked if the claim is to be stored and transmitted at a later time. This is usually only used if the internet connection is 'dial-up', or the MEDICARE ONLINE CLAIMING Server is unavailable. A 'Lodgement Advice' is printed immediately indicating the charges and the patient contribution amount if a part payment has been made by the patient. The 'Lodgement Advice' will indicate how the payment is to be made, either EFT or Cheque, and where the benefit statement will be sent. This Lodgement Advice is to be handed to the patient.

If an error has occurred whereby a transmission is invalid and not acceptable, then the transmission is rejected and a manual account is to be printed for the patient to take to a Medicare Office for manual processing.

If the patient decides that the Lodgement is **not to be authorized**, then click the leaving the Lodgement Not Authorised button set, and the billing screen Medicare Online Claiming was used to enter the debits will be returned and a normal account may be printed.

If the **Medicare** button has been clicked on the Billing screen and the account was intended to be receipted before preceding to the Transmit window, then click the and you will be returned to the billing screen and the **Acct/Rept** button may be clicked in order to enter the receipt details as normal. If the paid account is to be transmitted then click the **Medicare** button Medicare Online Claiming will display the Transmit window allowing the details to be finalized and the transmission made, or clicking the **Print** button will print a manual Combined Account/Receipt.

IMC (Inpatient Medical Claim) button

If the transmission is for an IMC claim, the IMC window will be displayed

where the following details may be completed:

Claim Type

- AG - Agreement - indicating that the servicing practitioner is a Gap Cover Provider
- SC - Scheme - indicating that the servicing practitioner has a financial interest in the service.
- PC - Patient Claim - indicating that the Patient is responsible for the payment of the claim. Unpaid Claim = Benefit Payable to Servicing Provider, Paid Claim = Benefit Payable to Patient.

Disclosure of any Financial Interest

- No - Financial Interest has not been disclosed.
- Yes - Financial Interest has been disclosed.

Hospital

- Press Tab to display the list of Hospitals with their corresponding Facility Id's.
- Select the required Hospital where the service was provided by clicking on the required record.

Admission Date

- Enter the Date of the Admission if available. This date cannot be after the Discharge Date. This field is not essential.

Discharge Date

- Enter the Date of Discharge if available. This date cannot be entered if no Admission date exists and cannot be before the Admission date.

Informed Financial Consent details

- Not Issued
- Verbal
- Written
- Not Obtained

One of the above options must be selected. A transmission cannot be made without informed financial consent being provided to the patient.

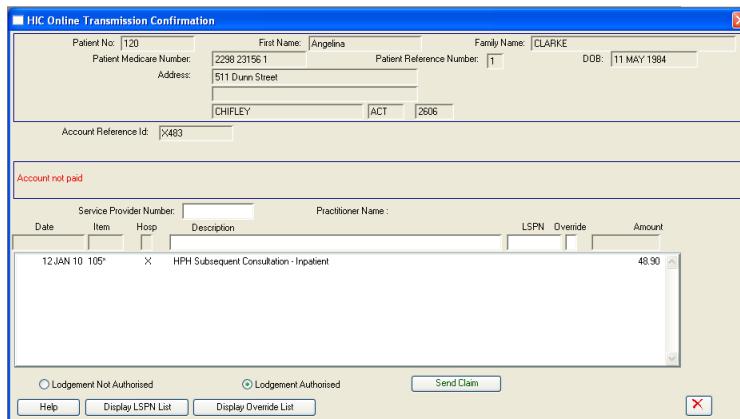
Compensation Claim

- Check the *check-box* if the claim is subject to a Compensation Claim. If this box is checked, then MEDICARE will provide a benefit for the claim and afterwards seek to obtain a reimbursement from the Insurers for the benefit paid.

Claim is a result of an Accident

- Check the *check-box* if the claim is as a result of an Accident.

After clicking , the Transmit window will be displayed where the remaining details may be completed and the claim transmitted.



The transactions shown are the unprinted debits that are about to be transmitted. The Item numbers and Hospital Name are shown with the description or service text to be transmitted.

If MxSolutions has been setup with multiple location provider numbers for a practitioner, a field is displayed where a user can select from a list an alternate provider number for the Servicing Provider to that corresponding to the provider displayed in patient details (the Payee Provider). **This is required particularly when the Servicing Provider is an Assistant.**

If an item number in the list of unprinted debits is to have an associated LSPN (a Diagnostic Imaging Item), click on the row to which the LSPN applies and load it in the line above. Tab to place the cursor In the LSPN box. The LSPN can be selected from a list by clicking on the button Display LSPN List. Either enter the LSPN into the LSPN field or select it from the list displayed, and TAB the row back into the list below.

If a service is to be accompanied by an Override option, then the number corresponding to the override option type must be inserted into the field labelled 'Override' for that debit entry. Click on the row to which the Override option applies and load it in the line above the list. The Override number can be selected from a list by clicking on the button Display Override List. Either enter the Override number into the Override field or select it from the list

displayed, and TAB the row back into the list below. e.g. If the description of the Item is to provide clarification i.e. Left or Right side, the Override Code of **Send Service Text (4)** must be entered in the Override box and tabbed back into the list so that this is transmitted with the claim.

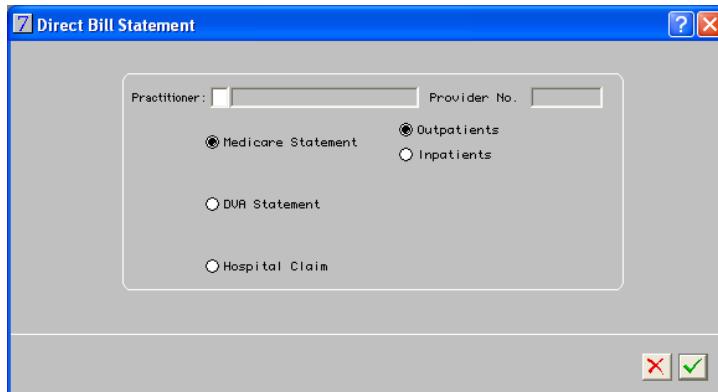
NOTE: It is not necessary to have the Item Description as well as the clarification, just the **clarification** is required **with the Override Option of 4**. If the service is for a 51303* (Assist Fee), the Servicing Provider No is selected from the List and the Surgical Item Nos need to be added to the Item Description field as a string and the **Override Code of 4** needs to be part of the transmission. There is no need for Assist Fee to be part of the description as the Item No including the asterisk defines what it is.

Once the details on the Transmit window have been completed, then click the Lodgement Authorised button.

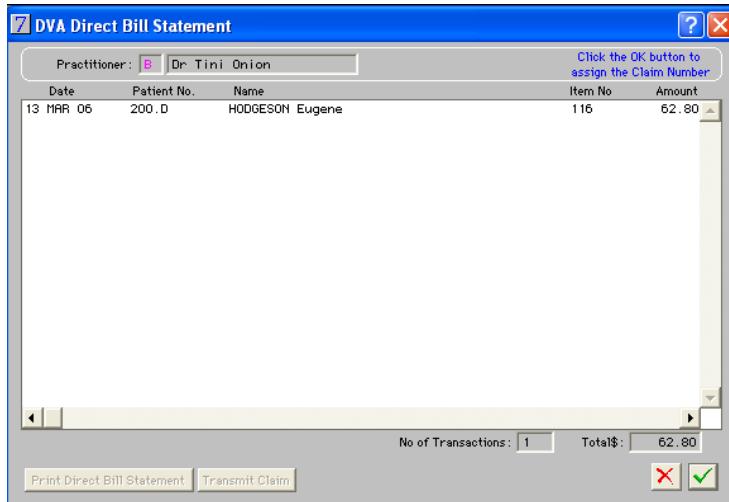
The **Send Claim** button is to be clicked and the claim is transmitted immediately.

Transmitting a Bulk Bill/DVA Claim

- After choosing **Direct Bill Statement** from the Print menu, enter the **Practitioner Code** of the Practitioner for whom the Direct Billing Statement is required.



- Click the radio button to indicate the **Type** of Claim being produced, **Medicare**, **DVA** or Hospital. Hospital type claims are not transmitted through Medicare Online.
- The computer searches the database for transactions that have been entered since the last Direct Billing Statement for this claim type, and displays them on the window.



- Check to ensure that all required entries are present. Any missing entries will be

as a result of the parameters in Patient Details not being set correctly.

- For a Medicare transaction to appear on a Direct Billing Statement, the Medicare Number must be present in Patient Details and the Bulk Bill flag must be set to 'Yes'.
- For a DVA transaction to appear on a Direct Billing Statement, the Fund field in Patient Details must contain **DVA** and the Bulk Bill flag must be set to 'Yes'.
- If entries are missing, and Patient Details parameters are to be corrected, then **reject** the process by clicking .
- If all required transactions are displayed, and the system has been set for using Medicare Online, click . The computer will automatically generate an Online Claim Number applicable to the type of claim being generated and assign the Claim Number to each transaction on the Claim.

The Claim Number will be shown on the statement subsequently printed for the Medicare or DVA Claims. A button enabling the Statement to be printed will be highlighted. Click the **Print Direct Bill Statement** button once for each copy required. For a Bulk Bill or DVA claim type the statement is a list of the vouchers in the claim. This is retained in the practice as a record for receipting the claim against when the direct credit is deposited in the practitioners bank account.

- If the practitioner has signed an Medicare Online Agreement, then clicking the Transmit button will result in the claim automatically being transmitted.
- If the practitioner has not signed an Medicare Online Agreement, then a screen asking for the required authorisation will be displayed. The practitioner is required to insert their iKey containing the required Individual Certificate and enter the corresponding Passphrase before the Transmit button may be clicked and the claim subsequently transmitted.
- If the practitioner has signed an Online Agreement, then clicking the Transmit button will result in the claim automatically being transmitted.
- A message will be displayed indicating a successful transmission.
- If a transmission has been unsuccessful for a technical reason, it may be retransmitted by selecting the **Retransmit Failed Direct Bill Claim** option in the Medicare Online menu, under the MxSolutions menu.

The Medicare Online menu

Request Same Day Delete

- If an error has been made on a PCI transmission that has been completed successfully and a Statement of Claim and Benefit produced, it is possible to delete this transmission from the system so that the benefit payable is not completed by the MEDICARE ONLINE CLAIMING.
- To do this, select the **Same Day Delete** function from under the MEDICARE ONLINE CLAIMING Online menu. A screen will display all successful transmissions made so far for the day. From this list, click on the transmission that is required to be deleted. The transmission is identified by the 'Claim Reference' Medicare Online Claiming is printed on the Statement of Claim and Benefit document. Having selected the required transmission to be deleted, click the **Delete** button at the bottom of the screen.
- At the commencement of MxSolutions upon startup of the following day, this file of successfully transmitted claims from the previous day is deleted.

List Stored Claims Log File

- It is possible to view the list of claims that have been stored for later transmission. NOTE: The claims that were too large to store will not be listed. They have already been transmitted and are awaiting processing at Medicare.
- To do this, select the List Stored Claims File function from under the Medicare Online menu. A screen will display all Store & Forward transmissions. Those that have been transmitted are marked with a 'Yes' under the column headed **SENT**. The report shows also the Transaction Id and also the contents of the transmission.

Send Stored Claims

- When you wish to transmit the list of claims that have been stored, select the Send Stored Claims function from under the Medicare Online menu. This will transmit the claims that have been stored.
- To do this, select the List Stored Claims File function from under the Medicare Online menu. A screen will display all Store & Forward transmissions. Those that have been transmitted are marked with a 'Yes' under the column headed **SENT**. The report shows also the Transaction Id and also the contents of the transmission.

- Claims transmitted will be marked as having been **SENT** in the Stored Claims Log File.

Delete Stored Claims Sent

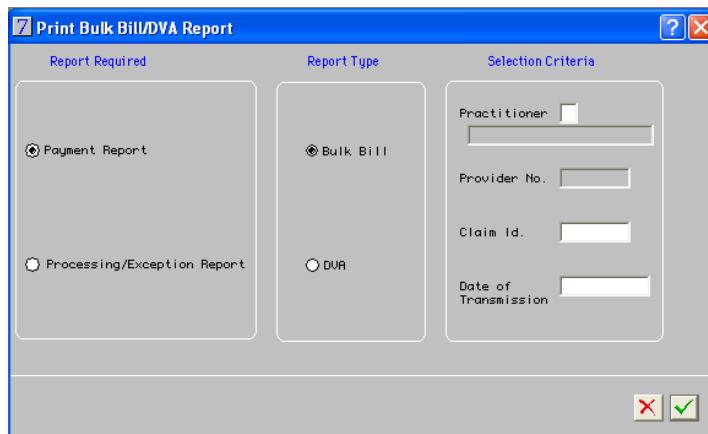
- When you wish to delete the list of claims that have been sent from the Stored Claims Log File, select the Delete Stored Claims Sent function from under the Medicare Online menu. This will delete the claims that have been **sent** from the log file. Any stored claims pending transmission in the Stored Claims Log File will remain.

Retransmit Failed Direct Bill Claim

- If a transmission of a Direct Bill Claim for either Bulk Bill or Medicare fails to complete successfully, then it may be retransmitted using this facility. Select the Retransmit Failed Direct Bill Claim function from under the Medicare Online menu.
- A window will be displayed allowing the Practitioner to be selected from the List of Practitioners. Tab to display the list. The Practitioner Name and Provider Number will be displayed. The Claim to be retransmitted may be selected from the list of Claims. Tab to display the list. Depending on the Claim No selected, the appropriate button will be highlighted, either **Medicare** for Bulk Bill or **DVA** for DVA.
- When the details for the retransmission have been selected, click . This will print the transactions that make up the claim. Clicking the Transmit button will retransmit the claim.
- A message will be displayed indicating a successful transmission.
- If a transmission *has* been successfully transmitted, it **may not** be retransmitted. Contact your MxSolutions support representative for assistance for help.

Print Bulk Bill/DVA Report

- Upon selecting this option, a window will be displayed enabling either a Payment Report or processing/Exception Report for either Bulk Bill or DVA Claim types to be obtained.



- Choose the report type required from the selections on the left, and enter the required Practitioner Code (press Tab to select this from a list), press Tab at the Claim No field and **select** the required **Claim No** from the list displayed.
- When the required details have been entered, click . The request will be transmitted and the required report will be returned and may be displayed on the screen or printed.
- If the Amount indicated as being Deposited in the Bank is the same as that sent in the original Claim, then No Processing Report will exist. If there is a discrepancy between that Billed and that in the Payment Report, then a Processing/Exception Report for that Claim should be requested. The Processing/Exception Report indicates the reason why debits have not been paid, or why amounts differ.
- The return code of **8002** when requesting a 'Payment Report' indicates that the report is not yet available.
- Having received the Payment Advice through the system, the **ledgers will need to be receipted accordingly**. Use the '**Receipt Direct Bill Claim**' window to receipt these ledgers. NOTE: Ledgers may be receipted for a lesser amount than originally billed and the difference written off only if required, or ledgers may be receipted for greater amounts than that billed and MxSolutions will automatically create a debit adjustment record for the difference amount.

View IMC Status Report

- Upon selecting this option, a window will be displayed enabling an IMC Status Report to be requested.

- Press Tab at the Fund Brand Id field and select the required Fund Brand Id from the list displayed. Choose the required Report Type based on the status code: READY, REPORTED, PROCESSING, or ALL. It is recommended that ALL is chosen. Enter the period to be reported **within a 30 day period**.
- When the required details have been entered, click . The request will be transmitted and the required report will be returned and may be displayed on the screen or printed.

View IMC Claim Report

- Upon selecting this option, a window will be displayed enabling an IMC Claim Report to be requested.
- This report type is based on the Transmission Id of the particular claim to be reported on. The Transmission Id is obtained from the IMC Status Report wMedicare Online Claimingh lists the transmission details of each claim. Enter the Transmission Id for the required IMC Claim by clicking Tab and selecting the required Claim from the List.
- When the required details have been entered, click . The request will be transmitted and the required report will be returned and may be displayed on the screen or printed.

List IMC Transactions

- Upon selecting this option, a window will be displayed listing all an IMC Transactions that have been sent. The report shows the latest transactions at the top of the screen. These may be printed by highlighting the P at the top of the scroll-bar and selecting print page, or print report.

View ERA Status Report

May be used only for Funds with ERA Functionality

- Upon selecting this option, a window will be displayed enabling an ERA Status Report to be requested.
- Press Tab at the Fund Brand Id field and select the required Fund Brand Id from the list displayed. Choose the required Report Type based on the status code: READY, REPORTED, PROCESSING, or ALL. It is recommended that ALL is chosen. Enter the period to be reported **within a 30 day period**.
- When the required details have been entered, click . The request will be transmitted and the required report will be returned and may be displayed on the screen or printed.

View ERA Report

- Upon selecting this option, a window will be displayed enabling an ERA Claim Report to be requested.
- This report type is based on the Transaction Id of the particular claim to be reported on. The Transmission Id is obtained from the ERA Status Report Medicare Online Claiming lists the transmission details of each claim. Enter the Transaction Id for the required ERA Claim by clicking Tab and selecting the required Claim from the List.
- When the required details have been entered, click . The request will be transmitted and the required report will be returned and may be displayed on the screen or printed.

View Return Code List

- Upon selecting this option, a screen will be displayed showing a list of all the return codes that are used by Medicare Online together with the error messages. This may be useful if a message code is displayed without an appropriate error message.

View Reason Code List

- Upon selecting this option, a screen will be displayed showing a list of all the

Medicare Reason codes that are used by Medicare Online together with the corresponding messages. This may be useful if a reason code is displayed or printed without an appropriate message.

Import MEDICARE ONLINE CLAIMING Return Codes

- If new Return codes are issued by Medicare, a disk will be mailed to the practice enabling the file of return codes in the MxSolutions data file to be updated.
- Insert the CD into your computer and copy the contents into the MxSolutions folder. Select Import Medicare Return codes from this menu option. A message asking if you are sure that you wish to delete the existing error codes and import new codes. If 'Yes' is clicked, then the existing file of codes is deleted. Indicate the location of the file of new codes and these will be then imported into the data file.

Import MEDICARE ONLINE CLAIMING Reason Codes

- If new Medicare Reason codes are issued by Medicare, a disk will be mailed to the practice enabling the file of reason codes in the MxSolutions data file to be updated.
- Insert the CD into your computer and copy the contents into the MxSolutions folder. Select Import Medicare Reason codes from this menu option. A message asking if you are sure that you wish to delete the existing Medicare Reason codes and import new codes. If 'Yes' is clicked, then the existing file of codes is deleted. Indicate the location of the file of new codes and these will be then imported into the data file.

Set/Reset Passphrase

- Before Medicare Online can be used, the Passphrase must be set. This must correspond to the Passphrase set by the location certificate supplied by the HeSA. If the Location Certificate Passphrase is changed, then the Passphrase in MxSolutions must be altered to correspond.
- The Passphrase when entered is not displayed on the screen. An error will occur if the data entered does not correspond with the location certificate.

View Participating Health Funds (Get Participants)

- A list of Health Funds that are now participating in Medicare Online processing

may be obtained by selecting this option from the Medicare Online menu. The list may be displayed or printed.

- The list will indicate Medicare Online Claiming Health Funds have Medicare Online Claiming functionality and also what functions in particular are available.

This is a useful facility to use to determine the communication to Medicare that is available.

It is recommended that whilst Health Funds are still joining the Online Claiming processes that this report be checked monthly to establish new members joining or increased functionality of existing members.

CLINICAL RECORDING

This section describes the Clinical Recording associated with MxSolutions

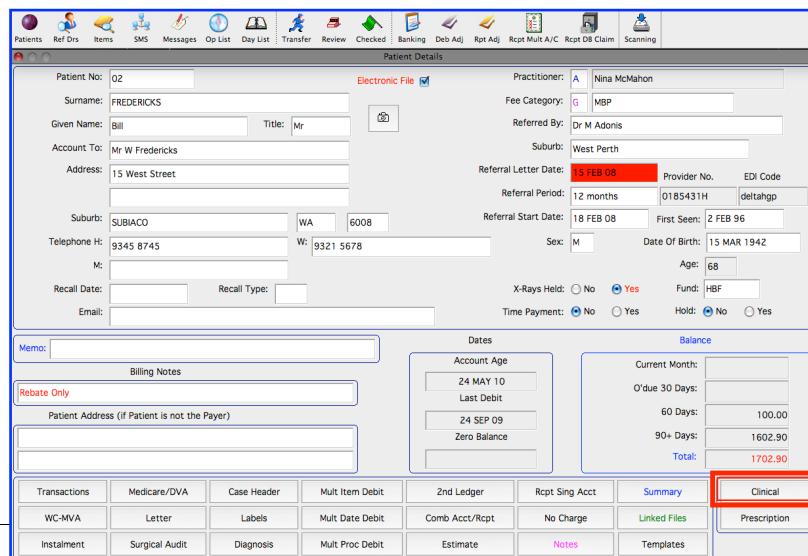
Introduction

Comprehensive patient medical records can be stored within MxSolutions, resulting in the one program providing for all your practice management and medical consultation needs.

The clinical details are based largely on using templates that can be tailored to your exact recording requirements. This means that any specialty can be catered for within MxClinical.

The clinical module allows for consultation notes to be recorded; image templates can be used and appended with information; pathology and radiology request forms, prescriptions, and letters can be produced; patients can be flagged for operations to be booked; results and referral letters are readily accessible.

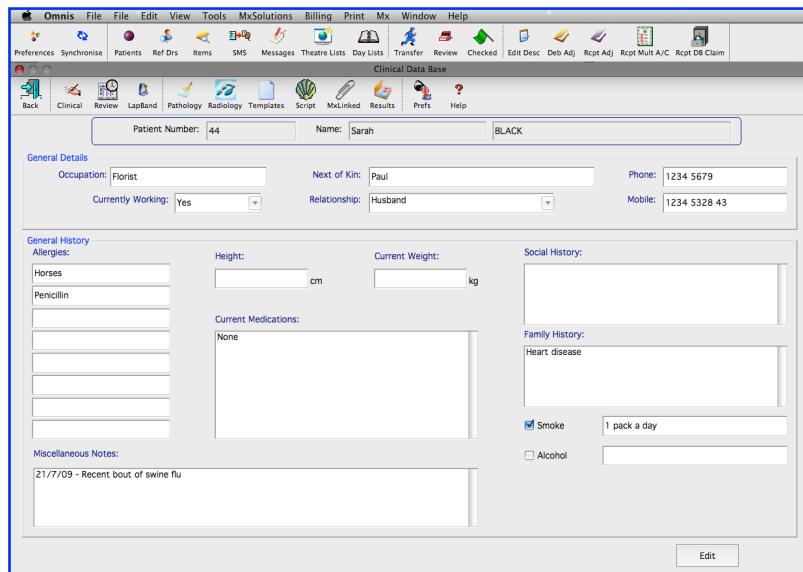
The Clinical module is accessed from the Patient Details window by clicking on the **Clinical** button. By clicking on this button, you will then open the **General Clinical** window.



The screenshot shows the 'Patient Details' window in MxSolutions. The 'Clinical' button in the bottom right corner is highlighted with a red box. The window displays patient information (Patient No: 02, Surname: FREDERICKS, Given Name: Bill, Title: Mr, Account To: Mr W Fredericks, Address: 15 West Street, Suburb: SUBIACO, WA: 6008, Telephone H: 9345 8745, W: 9321 5678, Mc:), practitioner details (Practitioner: A Nina McMahon, Fee Category: G MBP, Referred By: Dr M Adonis, Suburb: West Perth), and various clinical and administrative fields. The 'Clinical' button is located in the bottom right corner of the main content area.

General Clinical Window

Accessible directly from the patient details window, are the general medical details. Here you can store next of kin information, allergies and current medications, as well as important details about family and social history. Fast access to a detailed medical overview is also available from this window.



Entering Information

To enter data into this window, simply click on the **EDIT** button in the lower right-hand corner of the window. The cursor will be placed in the Occupation field, and you can either tab or click through the fields and type in your values. Click either to **Save** the information, or to **Cancel**.

The window has a toolbar with the following buttons:

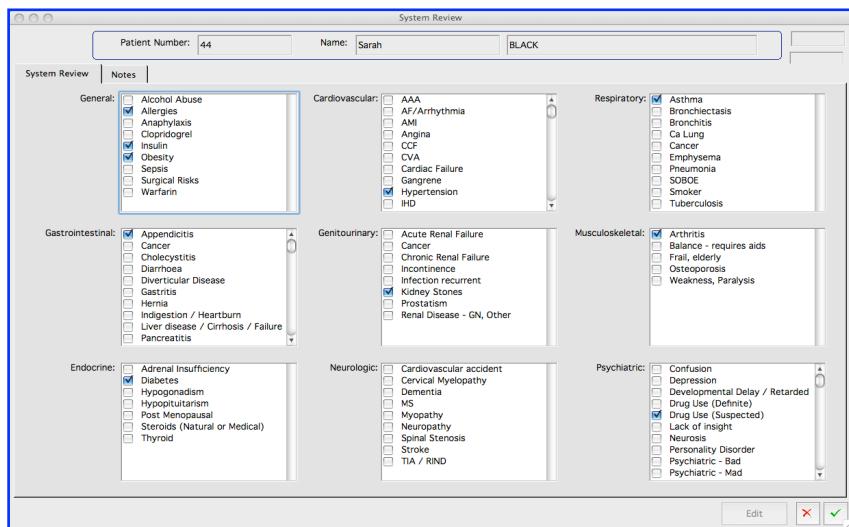
Icon	Name	Description
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	Back	Return to the previous window (in this case, Patient Details)
	Visits	Opens the Clinical Consultations module
	Review	Opens the System Review window
	Lapband	Opens the Lapband recording module
	Pathology	Opens the Pathology Requests window
	Radiology	Opens the Radiology Requests window
	Templates	Opens the Letter Templates window
	Script	Opens the Patient's Prescriptions window
	MxLinked	Opens the Patient's Linked files window
	Results	Opens the Patient's Messages window
	Prefs	Opens the Preferences window
	Help	Opens the Help window

System Review Window

Here, you have the ability to record specific medical information regarding each body system. Each patient with system review information stored against them will be highlighted, alerting you to these important medical notes. The system review can be set up to your individual requirements through a preferences window, allowing this functionality within MxSolutions to satisfy any medical practitioner's needs.

This window can be opened anywhere from within the clinical module, by clicking on the **Review** button on the toolbar at the top of any of the clinical windows.



Entering Information

To enter data into this window, simply click on the **EDIT** button in the lower right-hand corner of the window. The first tab, System Review, will be enabled and you can then select or deselect options in any of the lists by clicking on the checkboxes. There is a second tab called Notes, and you can click on this to then enter data into the large free text field that is enabled. Click either to **Save** the information, or to **Cancel**.

To close this window, simply click the Close Box at the top of the window – you will then return to the window that you were using, prior to opening **System Review** window.

General Consultation List and Problem List Window

The clinical recording capabilities begin with a summary list of all the visits/consultations of an individual patient to your clinic. Every visit is assigned a unique Consult Identification number.

The **Visit Summary** list contains entries of each consultation and displays the Date, Consult ID number, Reason for Visit, Consultation Summary and Classification, as well as icons representing whether a letter, script, pathology or radiology request was written, as well as whether the patient has been flagged for an operation to be booked.

The screenshot shows the 'General Consultation List' window in the Omnis software. The menu bar includes: Omnis, File, Edit, View, Tools, MxSolutions, Billing, Print, Mx, Window, Help. The toolbar includes: Preferences, Synchronise, Patients, Ref Drs, Items, SMS, Messages, Theatre Lists, Day Lists, Transfer, Review, Checked, Edit Desc, Deb Adj, Rcpt Adj, Rcpt Mult A/C, Rcpt DB Claim. The main window has tabs: Back, Review, Initial, Followup, Print, Pathology, Radiology, Templates, Script, MxLinked, Results, Prefs, Help. The 'Visit Summary' tab is active. The grid shows columns: Visit Date, CND, Reason for Visit, Consultation Summary, Letter, Script, Path, Rad, Op, Classification. The 'Classification' column contains icons for Elective, Emergency, Trauma, Ongoing problem, and Ongoing procedure. The 'Current Problem List' tab is also visible. A floating panel titled 'PATIENT VISIT HISTORY' provides detailed information for Patient Number 02: Bill FREDERICKS, Gender: Male, DOB: 15 MAR 1942, Age: 68, Address: 15 West Street, SUBIACO WA 6008, Referring Dr: Dr M Adonis, Suburb: West Perth, Phone: 9345 8745, Mobile: 0408958844. It includes sections for Date of Visit, Clinical Practitioner, Reason for Visit, Classification, and History. The 'EXAMINATION DETAILS' section lists systems and findings.

Quick-View of Consultation(s)

By clicking ONCE on the Visit Summary list and selecting one, or several lines in the **Visit Summary** list, you can then view the consultation record for the appropriate

visits on the right-hand side of the window. This allows you to quickly view past visit records.

Adding a Problem to the Problem List

A problem can be added by clicking on the **Add** button. A new window will open and you can then enter the date, the problem and any additional notes. Click either  to **Save** the information, or  to **Cancel**.

Editing a Problem in the Problem List

To make changes to an existing entry, DOUBLE CLICK on the entry in the list. A new window will open with the details of the problem – make the necessary changes and then click either  to **Save** the information, or  to **Cancel**.

Deleting a Problem from the Problem List

A problem can be deleted by clicking on the **Delete** button. A Yes/No message will appear confirming that you want to delete the problem.

Consultation records have been separated into 2 categories – Initial and Followup. The Initial consultation record contains numerous fields for you to record extensive clinical details under the subjects of History, Examination, Diagnosis, Investigations, Treatment and Complications. The Followup consultation record is simplified by only containing a large multi-line entry field for you to enter in clinical details of the subsequent visits.

*Adding a New **Initial** Consultation*

To begin a new Initial Consultation record, simply click on the **Initial** button on the toolbar at the top of the window. This will open up a new window for you to begin entering your consultation details.

*Adding a New **Followup** Consultation*

To begin a new Followup Consultation record, simply click on the **Followup** button on the toolbar at the top of the window. This will open up a new window for you to begin entering your consultation details.

Full-View of an Existing Consultation record

By DOUBLE-CLICKING on a line in the **Visit Summary** list, you can open up the full consultation record for the particular visit, and gain access to all the data that you have entered, as well as viewing letters, prescriptions, and requests that have been produced.

The window has a toolbar with the following buttons:

Icon	Name	Description
 Back	Back	Return to the previous window (in this case, the General Clinical window
 Review	Review	Opens the System Review window
 Initial	Initial	Add a New 'Initial' Consultation
 Followup	Followup	Add a New 'Followup' or 'Subsequent' Consultation
 Print	Print	Print the Consultation Record(s)
 Pathology	Pathology	Opens the Pathology Requests window
 Radiology	Radiology	Opens the Radiology Requests window
 Templates	Templates	Opens the Letter Templates window
 Script	Script	Opens the Patient's Prescriptions window
 MxLinked	MxLinked	Opens the Patient's Linked files window

 Results	Opens the Patient's Messages window
 Prefs	Opens the Preferences window

Initial Consultation

This window is opened by clicking on the **Initial** button on the toolbar at the top of the General Consultation List window or by DOUBLE CLICKING on an existing consultation record in the Visit Summary list. This window opens up displaying the patient name and number, and consists of 8 separate tabs.

If a new consultation is being made, the window will open up ready for you to enter data in and will automatically assign the visit with a unique consultation identification number.

If you double clicked on an existing consultation, the window will not open up in enter data mode. In order for the record to be edited, click on the **EDIT** button in the lower right-hand corner of the window. Data entered into all fields on all tabs (except the Append tab) can only be edited on the **SAME DAY** that the visit was initially made. After that, no changes can be made to the original data entry, however additional information can be added to the entry field on the *Append* tab (see below)

Click either  to **Save** the information, or  to **Cancel** once you have completed your data entry.

The History, Examination, Diagnosis, Investigations, Treatment and Complications tabs utilise **TEMPLATES** for you to enter your clinical information. The settings for your templates are recorded in the **Clinical Preferences** section of MxSolutions (see **Preferences** of this document for more details). The window will open displaying the default templates that you have set for each of these sections.

General

The first tab contains information about the Date of Visit, the Practitioner, the Reason for Visit, the Summary and the Visit Classification. If you tab directly out of the date field, it will default to today's date. The Practitioner will also initially default to the billing practitioner however this can be changed by entering in an appropriate practitioner code. You can tab or click through the fields on this tab to enter in your data.

History

Click on the second tab to enter in your clinical history details. This tab will display your default History Template, however if you wish to change this, click on the **Pop-Up Menu** in the top right-hand corner of the tab, and select the desired template. Enter in your information.

Examination

Click on the third tab to enter in your clinical examination details. This tab will display your default Examination Template, however if you wish to change this, click on the **Pop-Up Menu** in the top right-hand corner of the tab, and select the desired template. Enter in your information.

Diagnosis

Click on the fourth tab to enter in your diagnosis details. This tab will display your default Diagnosis Template, however if you wish to change this, click on the **Pop-Up Menu** in the top right-hand corner of the tab, and select the desired template. Enter in your information.

Investigations

Click on the fifth tab to enter in your investigation details. This tab will display your default Investigations Template, however if you wish to change this, click on the **Pop-Up Menu** in the top right-hand corner of the tab, and select the desired template. Enter in your information.

Treatment

Click on the sixth tab to enter in your treatment details. This tab will display your default Treatment Template, however if you wish to change this, click on the **Pop-Up Menu** in the top right-hand corner of the tab, and select the desired template. Enter in your information.

Complications

Click on the seventh tab to enter in your complications details. This tab will display your default Complications Template, however if you wish to change this, click on the **Pop-Up Menu** in the top right-hand corner of the tab, and select the desired template. Enter in your information.

Append

The final tab contains an entry field for you to append any additional clinical information. This field is primarily used when a visit needs to be edited after the date of the visit. Any information that is saved in this field will be stamped with the date and time of entry. That way, clinical consultation records cannot be readily altered and they serve as a legitimate medical record.

The window has a toolbar with the following buttons:

Icon	Name	Description
	Back	Return to the previous window
	Previous	Displays the previous consultation record
	Next	Displays the next consultation record
	Visit List	Return to the Consultation List and Problem List window.
	Review	Opens the System Review window
	Pathology	Opens the Pathology Requests window
	Radiology	Opens the Radiology Requests window
	Templates	Opens the Letter Templates window
	Script	Opens the Patient's Prescriptions window
	MxLinked	Opens the Patient's Linked files window
	Results	Opens the Patient's Messages window
	+ Path	Add a new Pathology Request
	+ Rad	Add a new Radiology Request

 + Script	Add a new Prescription
 + Letter	Add a new Letter using the Clinical Letter Templates
 + Image	Add a new Image using the Image Templates
 Book Op	Flag the Patient for an operation to be booked
 Prefs	Opens the Preferences window

The toolbar is only active once a consultation visit has been saved, or is no longer in Enter Data mode.

+Path

Click on this button on the toolbar to add a new pathology request. Once you have saved your request, it will be linked to this consultation, and can then be viewed again by DOUBLE CLICKING on the particular request in the **Pathology Requests** list box displayed on the first **General** tab of the Initial Consultation window. An icon will also appear in the Consultation List and Problem list window, showing that a pathology request was made through this visit.

+ Rad

Click on this button on the toolbar to add a new radiology request. Once you have saved your request, it will be linked to this consultation, and can then be viewed again by DOUBLE CLICKING on the particular request in the **Radiology Requests** list box displayed on the first **General** tab of the Initial Consultation window. An icon will also appear in the Consultation List and Problem list window, showing that a radiology request was made through this visit.

+ Script

Click on this button on the toolbar to add a new prescription. Once you have saved your prescription, it will be linked to this consultation, and can then be viewed again by DOUBLE CLICKING on the particular script in the **Prescriptions** list box displayed on the first **General** tab of the Initial Consultation window. An icon will also appear in the Consultation List and Problem list window, showing that a prescription was made through this visit.

+ Letter

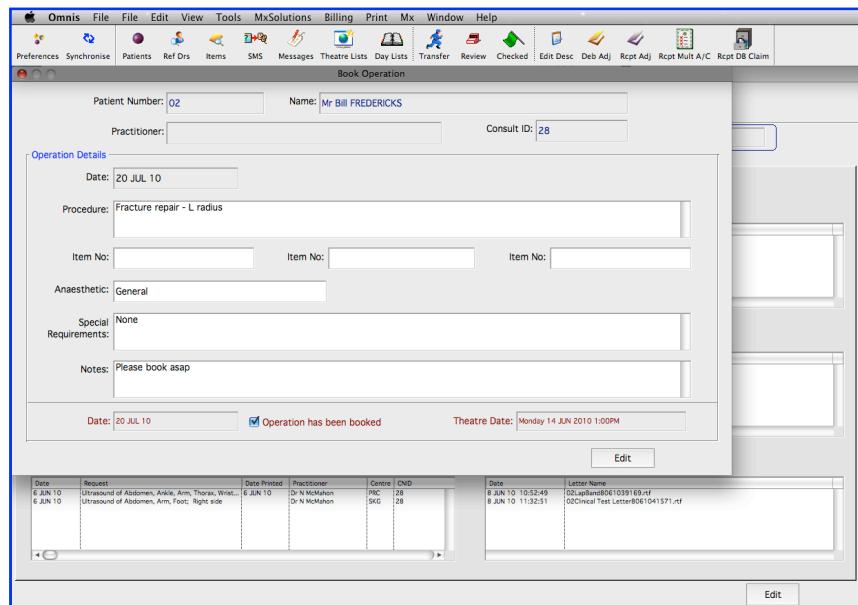
Click on this button on the toolbar to generate a new letter. Once you have saved your letter, it will be linked to this consultation, and can then be viewed again by DOUBLE CLICKING on the particular letter in the **Letters** list box displayed on the first **General** tab of the Initial Consultation window. An icon will also appear in the Consultation List and Problem list window, showing that a letter was generated through this visit.

+ Image

Click on this button on the toolbar to add a new Image, which you can then annotate specifically for this patient. Once you have saved your image, it will be linked to this consultation, and can then be viewed again by DOUBLE CLICKING on the particular request in the **Image Templates** list box displayed on the first **General** tab of the Initial Consultation window. An icon will also appear in the Consultation List and Problem list window, showing that an image was created through this visit.

Book Op

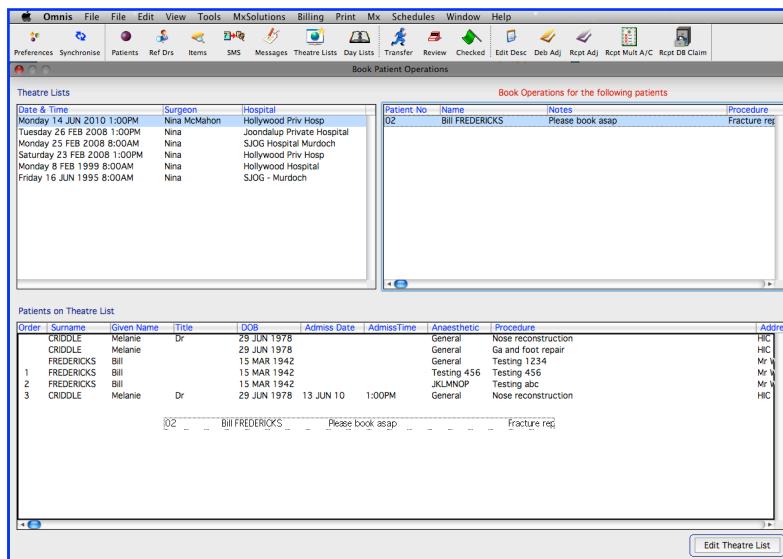
Click on this button on the toolbar to flag this patient as needing an operation booked. A new **Book Operation** window will open and you can then enter in the required details of the operation.



Once you have saved your data entry by clicking either to **Save** the information, or to **Cancel**, it will be linked to this consultation, and can then be viewed again by clicking on the SHOW DETAILS button on the first **General** tab of the Initial Consultation window. If you need to edit any of the Book Operation details, click on the **EDIT** button on the bottom right-hand corner of the Book Operation window, and make the necessary changes. Click either to **Save** the information, or to **Cancel**.

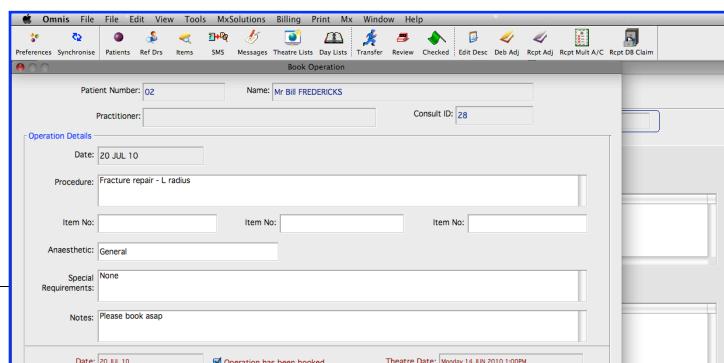
An icon will also appear in the Consultation List and Problem list window, showing that the patient was flagged as needing an operation to be booked.

To place a patient on a theatre list, go to the MxSolutions menu and select **Schedules**. Under the Schedules menu, select **Book Operations** from **MxClinical**. This will open the **Book Patient Operations** window.



A list of all patients needing to be placed on a theatre list will be displayed in the list in the top right-hand corner of the window. The list in the top left-hand corner of the window shows all theatre lists available. By selecting a theatre list from this list, the lower box on the window will then display all patients currently on this list. You can add a patient to this list by simply dragging a patient from the list in the top right-hand corner of the window, to the list box in the lower half of the window. The selected theatre list can also be edited further by clicking on the **EDIT THEATRE LIST** button in the bottom right-hand corner of the window.

Once the patient has been placed on a theatre list, the details of this will be updated in the Book Operation window.



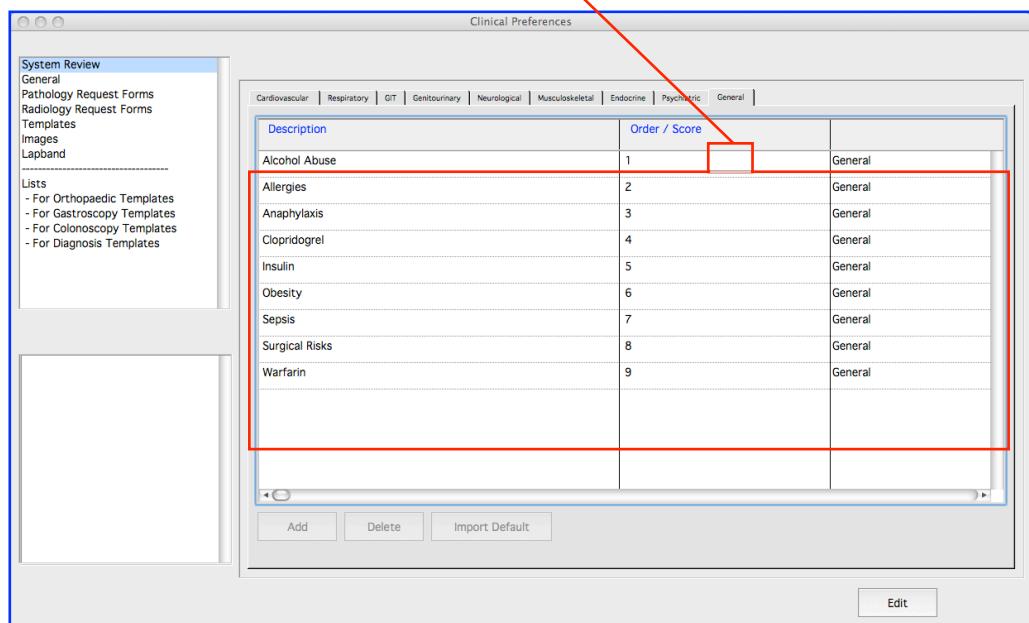
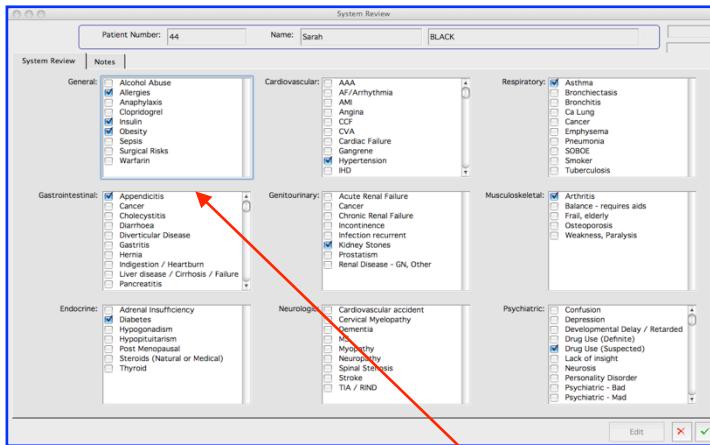
Preferences

The clinical preferences need to be set up prior to using the clinical module. A lot of the windows contain lists that can be developed to suit your individual needs, and these need to be in place for the clinical windows to operate effectively.

There are many preferences to put in place, and the following is a guide to help you set them up to satisfy your requirements.

System Review

This window contains all of the item entries for each of the body systems displayed on the System Review Window (shown below).



By clicking on the System Review line in the box in the top left-hand corner, a subwindow with 9 separate tabs will then be displayed. Each tab contains a list for

you to enter descriptions into, which will then be used in the lists on the System Review window (shown above).

To add, edit or delete entries in the lists on any of these tabs, begin by clicking on the **EDIT** button at the bottom right-hand corner of this window. Select the desired tab – Cardiovascular, Respiratory, GIT, Genitourinary, Neurological, Musculoskeletal, Endocrine, Psychiatric, or General.

Add an item to a list

To add an entry to the list, click on the **Add** button, and then type in a description and a code (this can be whatever you like). Repeat this each time you wish to add an entry to a list.

Delete an item in a list

To delete an entry, select the line in the list that you wish to delete by clicking ONCE on the line, and then click on the **Delete** button. Repeat this each time you wish to delete an entry in a list.

Import Default

Some of the lists have an option for you to import standard entries into the lists – designed to save you some time with setting up your lists. Click on the **Import Default** button to do this. If there are some descriptions that you then wish to delete, you can do so by following the instructions above.

Once you have finished your System Review preferences, click either  to **Save** the information, or  to **Cancel**.

General

This window contains all of the item entries for the **Reason for Visit** and the **Case Classification** in the GENERAL tab of the Initial Consultation record.

By clicking on the General line in the box in the top left-hand corner, a subwindow with 2 separate tabs will then be displayed. Each tab contains a list for you to enter descriptions into, which will then be used in the lists on the GENERAL tab of the Initial Consultation record.

To add, edit or delete entries in the lists on any of these tabs, begin by clicking on the **EDIT** button at the bottom right-hand corner of this window. Select the desired tab – Case Classification or Visit Reason.

Add an item to a list

To add an entry to the list, click on the **Add** button, and then type in a description and a code (this can be whatever you like). Repeat this each time you wish to add an entry to a list.

Delete an item in a list

To delete an entry, select the line in the list that you wish to delete by clicking ONCE on the line, and then click on the **Delete** button. Repeat this each time you wish to delete an entry in a list.

Import Default

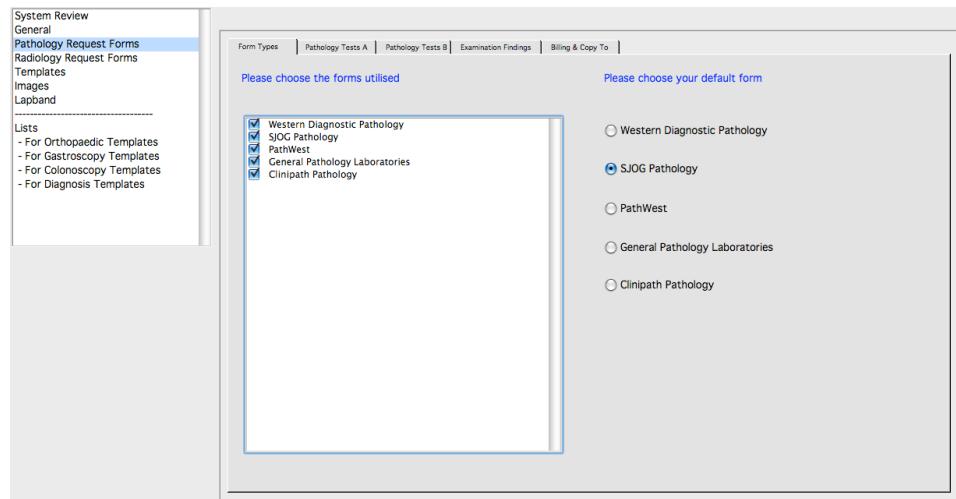
Some of the lists have an option for you to import standard entries into the lists – designed to save you some time with setting up your lists. Click on the **Import Default** button to do this. If there are some descriptions that you then wish to delete, you can do so by following the instructions above.

Once you have finished your General preferences, click either  to **Save** the information, or  to **Cancel**.

Pathology Request Forms

This window contains all of the item entries for lists displayed on the Pathology Request window.

By clicking on the **Pathology Request Forms** line in the box in the top left-hand corner, a subwindow with 5 separate tabs will then be displayed.



To add, edit or delete entries in the lists on any of these tabs, begin by clicking on the **EDIT** button at the bottom right-hand corner of this window. Begin the preference setting by selecting the desired tab – Form Types, Pathology Tests A, Pathology Tests B, Examination Findings, Billing & Copy To.

Form Types (shown in image above)

This tab displays all the pathology request forms that are currently able to be printed on, within MxSolutions. Please select which forms you would like to utilise in the checklist on the left-hand side of the subwindow, and then select which form you would like to set as your default (this would be the form that you plan to utilise most frequently).

Pathology Tests

There are 2 ways in which you can store pathology tests that you commonly utilise – either listing each individual test, or listing groups of tests.

Pathology Tests A

By selecting this option, you **enter each individual test as a new entry**, for example, Full Blood Count, Magnesium, Parathyroid Hormone etc...

Test Description	Test Code	Billing & Copy To
Full Blood Count	FBC	PathTests
Calcium	Ca	PathTests
EUC'S	EUC	PathTests
Fasting Insulin	FI	PathTests
Iron Studies	Fe	PathTests
LFT'S	LFT	PathTests
Lipids including HDL and Glucose TFT's	Lipids	PathTests
Magnesium	Mg	PathTests
Parathyroid Hormone	PTH	PathTests

Buttons at the bottom: Add, Delete, Import Default.

Add an item to a list

To add an entry to the list, click on the **Add** button, and then type in a description and a code (this can be whatever you like). Repeat this each time you wish to add an entry to a list.

Delete an item in a list

To delete an entry, select the line in the list that you wish to delete by clicking ONCE on the line, and then click on the **Delete** button. Repeat this each time you wish to delete an entry in a list.

Import Default

Some of the lists have an option for you to import standard entries into the lists – designed to save you some time with setting up your lists. Click on the **Import Default** button to do this. If there are some descriptions that you then wish to delete, you can do so by following the instructions above.

Pathology Tests B

By selecting this option, your pathology test lists is based on **grouping several individual tests together**. For example, you might call the test 'Pre-Op' and then in the test description, type Full Blood Count, EUC's, LFT's, Fasting Insulin, Lipids including HDL & Glucose, TFT's. So using this method, you can assign a Test Name, and then type in the test description which can be whatever you require.

The screenshot shows the 'Pathology Tests B' section of the software. At the top, there are tabs for 'Form Types', 'Pathology Tests A', 'Pathology Tests B' (which is the active tab), 'Examination Findings', and 'Billing & Copy To'. Below the tabs is a checkbox labeled 'I wish to use this format for the pathology test list' with a radio button next to it. The main area displays a table with three columns: 'Test Name', 'Test Description', and 'List Name'. Two entries are listed: 'Pre Op' with the description 'PRE OP NUTRITIONAL STATUS (Patient must be fasting 8-12 hrs)' and 'List Name' 'PathTestsB', and 'Nutritional Follow Up' with the description 'NUTRITIONAL FOLLOW UP (Patient must be fasting 8-12 hrs)' and 'List Name' 'PathTestsB'. Below the table, there is a 'Test Name:' field containing 'Pre Op', a 'Test Description:' field with the detailed test instructions, and two buttons at the bottom right: 'Add Test' and 'Delete Test'.

This method is useful if you are regularly requesting several tests together – it saves you having to select each test individually when it comes to generating the request for a patient.

Add Test

To add an entry to the list, just begin typing in the **TEST NAME** and **TEST DESCRIPTION**. Once you have finished, click on **Add Test** and the data will be added to the list.

Edit Test

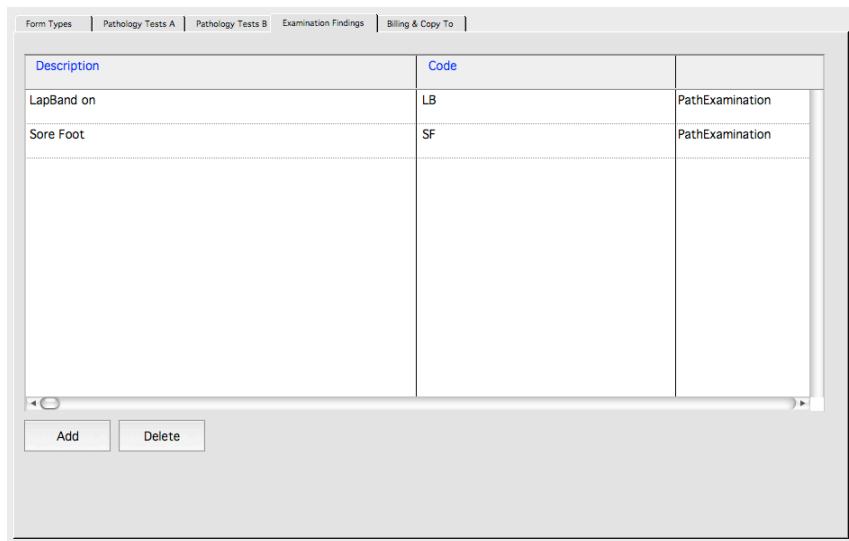
To edit an entry in the list, select the line in the list by **CLICKING ONCE** on the line, edit the data, and then click on **Add Test** to reload the data back into your list.

Delete Test

To delete an entry in the list, select the line in the list by CLICKING ONCE on the line, and then click **Delete Test**.

Examination Findings

If you have examination findings that you commonly note on a laboratory request form, then you can enter them into this tab to save you having to type them out on a regular basis.



Description	Code	
LapBand on	LB	PathExamination
Sore Foot	SF	PathExamination

Add **Delete**

Add an item to a list

To add an entry to the list, click on the **Add** button, and then type in a description and a code (this can be whatever you like). Repeat this each time you wish to add an entry to a list.

Delete an item in a list

To delete an entry, select the line in the list that you wish to delete by clicking ONCE on the line, and then click on the **Delete** button. Repeat this each time you wish to delete an entry in a list.

Billing & Copy To

Please choose your default billing

Private

Concession

Bulk Bill

Please enter in a default COPY TO (optional)

Referring Doctor

This tab allows you to set the default billing type – Private, Concession or Bulk Bill. This is a common check box on most pathology request forms. It is just a default, and can be changed within the individual request.

You can also set a default **Copy To**. You can either type in a default eg a hospital name, or you can set the default Copy To to be the referring doctor of the patient. Select the applicable radio button. Again this setting is just a default when a new request is made, and can be changed within the individual request.

Once you have finished your Pathology Form preferences, click either to **Save** the information, or to **Cancel**.

Radiology Request Forms

This window contains all of the item entries for lists displayed on the Radiology Request window.

By clicking on the **Radiology Request Forms** line in the box in the top left-hand corner, a subwindow with 5 separate tabs will then be displayed.

To add, edit or delete entries in the lists on any of these tabs, begin by clicking on the **EDIT** button at the bottom right-hand corner of this window. Begin the preference setting by selecting the desired tab – Form Types, Radiology Requests, Body Region, Examination Findings, Billing & Copy To.

Form Types

This tab displays all the radiology request forms that are currently able to be printed on, within MxSolutions. Please select which forms you would like to utilise in the checklist on the left-hand side of the subwindow, and then select which form you would like to set as your default (this would be the form that you plan to utilise most frequently).

Radiology Tests

This tab allows you to store the common test requests that you make. You will need to **enter each individual test as a new entry**, for example, Ultrasound, Xray, CT, MRI etc... You only need to enter the test description – you don't need to enter the body part that you are imaging, as that is stored in a separate tab.

Add an item to a list

To add an entry to the list, click on the **Add** button, and then type in a description and a code (this can be whatever you like). Repeat this each time you wish to add an entry to a list.

Delete an item in a list

To delete an entry, select the line in the list that you wish to delete by clicking ONCE on the line, and then click on the **Delete** button. Repeat this each time you wish to delete an entry in a list.

Import Default

Some of the lists have an option for you to import standard entries into the lists – designed to save you some time with setting up your lists. Click on the

Import Default button to do this. If there are some descriptions that you then wish to delete, you can do so by following the instructions above.

Body Region

This tab allows you to store the common body regions that you image eg Foot, Hand, Abdomen etc...

Add an item to a list

To add an entry to the list, click on the **Add** button, and then type in a description and a code (this can be whatever you like). Repeat this each time you wish to add an entry to a list.

Delete an item in a list

To delete an entry, select the line in the list that you wish to delete by clicking ONCE on the line, and then click on the **Delete** button. Repeat this each time you wish to delete an entry in a list.

Import Default

Some of the lists have an option for you to import standard entries into the lists – designed to save you some time with setting up your lists. Click on the **Import Default** button to do this. If there are some descriptions that you then wish to delete, you can do so by following the instructions above.

Examination Findings

If you have examination findings that you commonly note on a laboratory request form, then you can enter them into this tab to save you having to type them out on a regular basis.

Add an item to a list

To add an entry to the list, click on the **Add** button, and then type in a description and a code (this can be whatever you like). Repeat this each time you wish to add an entry to a list.

Delete an item in a list

To delete an entry, select the line in the list that you wish to delete by clicking ONCE on the line, and then click on the **Delete** button. Repeat this each time you wish to delete an entry in a list.

Billing & Copy To

This tab allows you to set the default billing type – Private, Concession or Bulk Bill. This is a common check box on most radiology request forms. It is just a default, and can be changed within the individual request.

You can also set a default **Copy To**. You can either type in a default eg a hospital name, or you can set the default Copy To to be the referring doctor of the patient. Select the applicable radio button. Again this setting is just a default when a new request is made, and can be changed within the individual request.

Once you have finished your Radiology Form preferences, click either  to **Save** the information, or  to **Cancel**.

Images

Within the clinical module, MxSolutions provides the functionality to be able to import an image template, which you can then annotate specifically for a patient. For example, you may like to use a template of an ear, which you can annotate to show the patient's particular areas of concern. Or you might like to utilise an image to demonstrate a surgical procedure that has been performed on the patient.

This tab allows you to link an image template into MxSolutions, for use within the clinical module (refer to information about Initial Consultation for more details).

The images that you wish to use must be stored in the **ImageTemplates** folder. This is located in the same place that your datafile and the **MxLinkedFiles** folder is located.

To link an image to be used as a template, click on the **Add Image** button. Type in a name for your image template, and then scroll the window across to the right. Click on the **SET** button, and then locate the image file in the ImageTemplates folder. Once you have selected your template, click **ok** and the path to your template will be stored.

Once you have finished linking up the image templates that you wish to use, click either  to **Save** the information, or  to **Cancel**.

IMPORTING PATIENT DETAILS FROM PUBLIC HOSPITAL SYSTEM

This facility imports data from a file (Delimited (tabs) format) provided by a hospital system, into the Patient Details and the Referring Doctor files in MxSolutions to allow private billing of these patients to be undertaken. (Note: Prior to using this procedure the Servicing Provider (Practitioner) details that match the patient data being imported must be entered in MxSolutions (i.e., in Practice Details under the Reference Files menu.)

Patient Details File

The fields imported into the Patient Details file are, in order (format shown in brackets):

Patient Number (Upper Case)
Surname (Upper Case)
Given Name (Capitalised)
Title (Capitalised)
Address Line 1 (Capitalised)
Address Line 2 (Capitalised)
Suburb (Address Line 3) (Upper Case)
State (Upper Case)
Postcode
Telephone Number Home
Telephone Number Work
Telephone Number Mobile
Referring Doctor Name (Capitalised)
Referring Doctor Suburb (Upper Case)
Referring Doctor Provider Number
Referral Letter Date
Referral Period (Capitalised)
Patient Gender (Upper Case)
Patient DOB
Medicare Number
Medicare Reference Number
Medicare Expiry Date
Patient DVA Number (Upper Case)
Servicing Provider Number (Upper Case) used to calculate Practitioner Code.

The following fields are automatically calculated from the imported data:

Date First Seen: calculated as the date of import of the data

Account To: calculated as the combination of the first initial of the patient's given name and the surname

Medicare Number: The 10 character input is reformatted as 4 characters, space, 5 characters, space, 1 character, as shown on a Medicare Card.

Practitioner Code: If the Provider Number in an imported record matches an existing Provider Number in MxSolutions, the Practitioner Code for the record is automatically set to the code for the existing provider. If there is no match with an existing provider in MxSolutions, the Practitioner Code will be blank in the imported record.

The following fields are set by MxSolutions for each of the imported records:

Fee Category

If the DVA number field in an imported record contains data, the Fee Category is set to 'D' (DVA) and the Fund field is set to DVA. If there is no data in the DVA number field, the Fee Category is set to 'C' (Rebate) and the Fund field is empty.

Bulk Bill flag is set to 1 (= Yes)

Time Payment flag is set to No

Hold flag is set to No

X Rays Held flag is set to No

Referring Doctor File

The fields imported into the Referring Doctor file are, in order (format shown in brackets):

Referring Doctor Name (Capitalised)

Referring Doctor Suburb (Upper Case)

Referring Doctor Provider Number

The check box indicating if the Referring Doctor is a Specialist, is based on the Referral Period in the imported data; if the Referral Period is shown as '3 Months' the checkbox is automatically checked, indicating that the Referring Doctor is a Specialist.

Rules governing the addition of a Doctor to the Referring Doctor file.

1. A record will **not** be added to the file unless the fields, Referring Dr Name, and Suburb in the imported record, all contain data.
2. A doctor will **not** be added to the file if it already exists in the file (i.e., Name, Suburb and Provider are identical to the record being imported).
3. If an imported record contains the same name as an existing doctor in the file, but a different provider number, the imported record will be entered, but with a '1' appended to the doctor's name. Thus if, Dr I Smith, NEDLANDS, 123456EA, exists in the Referring Doctor file and a new record containing Dr I Smith SUBIACO, 654321XF is imported, this latter record would be added to the file but with /1 appended to the name and shown as

Dr I Smith/1. This process can be continued, e.g., /2, /3, /4, /5 as required if there are doctors with the same name but different provider numbers.

Creation of Servicing Provider (Practitioner) Details File

When a user selects Practice Details in the Reference Files menu, after Clicking OK in the 'Import Demographics for Hospital Systems' window, the file *prspdata.csv* (comma delimited file) is created and stored in the same directory as the MxSolutions datafile. This file provides a current list of names of all the Service Providers in MxSolutions, together with their corresponding Practitioner Code and Provider Number. **(Note:** This procedure is active only when the Checkbox Import Patient Details in the 'Import Patient Demographics for Hospital Systems' is checked.

SYSTEM MANAGEMENT

This section describes the System Management procedures associated with MxSolutions.

These include:

- Manual Procedures
- Miscellaneous Procedures
- Backup Procedures
- Restoring from a Backup
- Data Utility Tools
- Trouble Shooting
- Glossary

Manual Procedures

This section describes the manual procedures that are associated with the efficient running of MxSolutions.

Manual Procedures associated with Getting Started

1. Ensure that all Practice details are correctly setup:
 - the printer and letterhead types are defined, and graphic letterheads present if applicable;
 -the provider number for each practitioner is present;
 - the Bank details are present for each Bank Account: Bank Name, Branch, and Account Number;
 -the Cheque Payable details are present;
 - the Insurance Categories are Configured and the Overdue Notice aging periods are defined.
2. Setup the Item Details. An entry should be present for each Item that you use in your practice, for each fee category.
3. Enter the Referral Details for each practitioner who commonly refers patients to your practice.
6. Enter the Fund/Hospital details, so that standardisation of Fund is established.
7. Enter Cheque details for commonly used cheques.
6. Enter the Patient Details for each debtor, and enter Referring Doctors for those not in the system. Enter Third Party details as required by tabbing at Account To.
7. Take-up outstanding balances, if applicable, and perform the Data Take-up function to place the balances in the relevant period buckets before commencing operation of MxSolutions. (Refer to the section on Implementation Considerations).

Manual Procedures associated with Normal Operation

1. Ensure that the Patient Details for the attending patient are in the MxSolutions system.
2. Enter the debit transactions for the attending patient.
3. Print the Account.
4. For payments received at the time of consultation, enter the payment details and print the Receipt.
5. Payments which are received by mail, enter the payment details and print the Receipts if required. It is not necessary to print a receipt if the patient has already received and forwarded the payments from Medicare and their Private Health Fund if applicable. Click 'No Recpt' if a receipt is not required.
6. Accounts which are to be posted, may be raised and printed. Post.
7. At the end of the day, a Daybook may be printed or displayed onto the screen to check the details against the appointment book to ensure that all entries have been entered into the computer system.
8. Before closing the system at the end of the day, a **Backup** of the data file should always be made.
9. Print the **Bank Deposit** and balance this with the money immediately prior to going to the bank.

Print Recall Notices and other reports as required.

10. Outstanding Accounts may be produced each week, fortnight, or other period, although **weekly** is recommended. Only those accounts which have 'aged' since the last Overdue Accounts were produced will be printed. Accounts age automatically each given period as configured in the system setup for the Practice Details. Prior to printing Outstanding Accounts, print the report which lists Overdue Debtors for the required category. This report indicates those Accounts that **are to be printed** in the Outstanding Account run, and is useful in determining the follow up action necessary for slow paying debtors.

11. **Prior** to printing the Overdue Debtors Report and corresponding Outstanding Accounts, the **Ledgers for Collection** and corresponding **Debt Collection Letters** should be run.

12. At the **end of the month**, you may choose to print the Debtor Balances Report (Total Debtors, Total Practice) which lists all debtors with account balances. Entries that should be checked are those with unprinted debits, no account age date, or an account age date which is greater than 30 days prior. The 90+ day period amount should also be monitored to ensure that debt collection is being achieved successfully. You can also print the Practice and Practitioner Balances, to give you a summary of the financial totals for the month. You should also print the report listing Adjustment Transactions for the period so that you can evaluate writeoffs and keying errors.

13. It will be necessary to periodically cull (delete) transactions of paidup ledgers from the system. You will find that the system becomes slower as the data file grows excessively. Culling transactions of paid-up ledgers, periodically, ensures a fast and efficient system.

Culling transactions from the system becomes a compromise, however. While frequent culling will enable you to maintain a fast and efficient system, the data in the system is **no longer available for analysis**, nor can transactions be displayed once they have been deleted from the system. This can be a problem when reviewing patient enquires. Although MxSolutions does produce an audit trail with the deleted transactions being printed, it would be cumbersome to search through a large number of audit trail reports to research patient queries if culling was carried out at frequent intervals.

Experience has shown that the system maintains reasonable efficiency and speed if culled each 12-18 months. For faster, more powerful machines, culling less frequently is adequate. Any analysis required for a given period should be carried out **prior** to deleting any data.

Procedures associated with Catchup Operation

1. If your Computer has been out of action for some reason, e.g. hardware failure, then it is important that you bring your MxSolutions System up to date **before** any current transactions are entered.
2. Ensure that the *date and time* stored in your Computer is '**correct**.'
3. Ensure that the Patient Details are entered into the MxSolutions system for all new patients who have attended during the period that your Computer has been out of action. These are to be entered into the MxSolutions system first, so that when you enter the transactions, the patient/debtor details are present.
4. Enter the debit transactions for the all patients who attended whilst the Computer was out of action.
5. When you have entered all debits that have occurred to bring the system up-to-date, select 'All Current Accounts' from the Print menu. This will enable all accounts for which debits have been entered to be printed in a batch. If you gave patients *manually produced* accounts during the period that your computer system was out of action, then the accounts just produced from the MxSolutions system will not require posting to patients. If you did **not** hand accounts to patients during the period that the MxSolutions system was unavailable, then the accounts just printed as part of the catch-up process *are* to be posted.

(Before printing the batch of accounts, be sure that you have set on 'hold' those ledgers that you do not wish to print).

6. For payments received during the period that the MxSolutions system was unavailable, enter the payment details and print all of the Receipts in a batch. If manual receipts have **not** been given to the patients, then you will need to post the receipts just printed to the patients concerned. If you raised a manual bank deposit covering the period that the computer system was unavailable, then you will need to print the Bank Deposit now in your MxSolutions system prior to entering any new receipts.
7. After you have entered all transactions that were involved in the backlog, print a Period Daybook covering the period concerned, and check the details against the appointment book to ensure that all entries have been entered into the MxSolutions system. Provided all entries have been put into the computer system, you can *now* enter new transactions as they occur.
8. Run your MxSolutions system, now, as you would normally.

Miscellaneous Procedures

This section describes various miscellaneous procedures that are sometimes required by users of MxSolutions.

Q How can I enter onto the Bank Deposit monies received from sources other than Patient Accounts.

A. Set up a 'Sundries ledger' for each source of income; e.g. SUND.1 = Ledger Number for Rent received from a tenant. SUND.2 = Ledger Number for Income from Hospital Sessions.

When a cheque is received from one of the above sources, then Receipt it against the appropriate Sundry Ledger. It will then appear on the Bank Deposit as required, and be included in the financial Practice Balances.

Periodically, a corresponding debit entry should be input to ensure that the Sundry Ledgers do not stay in credit by large amounts. When you produce a 'Total Debtors' report, the Total Amount Outstanding will be affected by the Credit Ledgers.

To ensure that the sundry ledgers always have a zero balance, use the combined account receipt window to enter a debit amount indicating the transaction details together with the receipt amount. Click and then click the **No Print** button to suppress the printing of an account, but flag it as being printed.

Q How do I cater for the situation where there is a split family, and the Debtor is at one address and the Recall is to be forwarded to another address.

A. First create the ledger (Patient Details) for the Debtor. Any billing functions are to be against *this* ledger.

Create a second ledger using the 'Second Ledger' button, for the Recall. Delete the '/A' and append a suffix to the Patient Number of '.R'. Change the Account To address to where the Patient is living. Put the recall details to this second .R (Recall) ledger. When the Recall Notices are printed, the letter will be addressed to the patient at his/her address, not the debtor's address. Accounts, Receipts and Overdue Notices are printed to the address of the Debtor.

Q.How do I cater for the situation where there is more than one debtor responsible for a patients account. e.g. There is an insurance company responsible for part of the account, a solicitor responsible for another part of the account, and the patient responsible for part of the account.

A.First create the ledger (Patient Details) for one of the Debtors, ensuring that the Account To details are correct, and the Fee Category is correct. If the ledger is for the Insurance company, append a suffix '.I' to the Patient Number.

Create a second ledger using the Second Ledger button for the next debtor. Ensure that the suffix to the Patient Number is '.S' if it is for the Solicitor's ledger. Change the Account To address to the Solicitor, and ensure that the Fee Category is correct.

Bill and receipt the appropriate ledgers as required. They are easily identifiable using the Patient Number 'suffix' scheme. Accounts, Receipts and Overdue notices will be forwarded to the correct debtor responsible.

Q.How do I send details of an individual bad debtor to the Debt Collector.

A.Ensure that the Debt Collector details are setup under Reference Files. Locate the required Patient on the Patient Details window, choose Debt Collection from the Commands menu and print the required letter. Note: There has to be an outstanding balance.

Q.I have noted that there are some ledgers on the debtor balances report with an amount in the Current period, yet the date-of-last debit was some considerable time ago. It seems that Overdue Notices are not being generated for these ledgers.

A.Check that there are no unprinted debits. Check also that an Account Age Date is present, and recent. Check that the ledger is not on hold or set to Bulk Bill. Check that the ledger does not just have an adjustment balance owing which was not printed.

To enable a ledger to be active once again, if there *are* unprinted debits present, then print the account using the **Single Account** facility under the Print menu.

If there does not seem to be a reason for the ledger to be 'stuck', then print an overdue account using the **Single O'Due Account** facility under the Print menu. This should enable the ledger to become active again. Check that the ledger appears on the overdue run in a month's time if there is still a balance outstanding.

Q.How do I deal with Medicare cheques from manually bulk-billed patients. I do not wish to Bulk-bill using the computer as my volumes do not warrant the expense of buying a second printer for the Medicare continuous stationery.

A.Create a Patient Details ledger as normal. Enter the Medicare number and ensure that the ledger is put onto 'Bulk Bill' = 'Yes'.

Enter the debits into the computer using the **Combined Account/Receipt** window. After the debit/s have been entered, click and then click the **No Print** button to suppress the printing of an account, but flag it as being printed.

Q.How do I deal with DVA cheques from manually billed DVA patients.

A.Create a Patient Details ledger as normal. Enter the DVA number and ensure that the ledger is put onto 'Bulk Bill' = 'Yes'. Also make sure that the Fund field contains 'DVA'.

Enter the debits into the computer using the **Combined Account/Receipt** window. After the debit/s have been entered, click and then click the **No Print** button to suppress the printing of an account, but flag it as being printed.

Q.What do I do when I need to prepare a Direct Bill Statement to either Medicare, DVA or a Hospital.

A.When a batch of Bulk Bill vouchers are to be forwarded to Medicare, DVA or a Hospital, select Direct Bill Statement from under the Print Menu, enter the Practitioner code and click the appropriate button to indicate that a **Medicare, DVA, or Hospital** Direct Bill Statement is being produced.

Click and the debits corresponding to those on the vouchers for Medicare or DVA, or the debits for a Hospital, will be displayed. If any are missing, cancel the window and correct the ledger that is missing, i.e. for Medicare Vouchers make sure that the 'Medicare Number' is present and that the ledger is on 'Bulk Bill'; for DVA vouchers make sure that the Fund is DVA and that the ledger is on Bulk Bill; for Hospital debits make sure that the Fund = the Hospital Code which has been set to Direct Bill in the Fund/Hospital Table and that the ledger is on Bulk Bill. Repeat the process to produce the appropriate Direct Bill Statement, assign the Claim Number, and print the Claim.

For Medicare Statements, print 1 copy, and retain for your records to check against the statement from Medicare when the cheque payment is received. For DVA and Hospital Statements print 2 copies. For DVA, retain one for your records and send the other with the accounts to DVA (HIC). For Hospital Statements, send one statement to the Hospital and retain the other for your records.

Q...How do I identify those doctors who commonly refer to me.

A.Run the report **Referral Totals** in order of **Frequency** under **Referral Analysis** to obtain this information.

Q..... How do I print labels for a **selected** group of Doctors.

A.Using the Referring Practitioner window, locate in turn each of the Doctors required and set the Selection Code field of each to a code to identify those for which labels are required; e.g. LR (Label Required). Select **Print Labels • All Doctors** under the Commands menu to enable the required option **By Selection Code** to be selected and the labels so produced.

Backup Procedures

The need to protect against the loss of data cannot be over-emphasised. All the information stored by MxSolutions is retained in a file named **MxData.Df1**. Losing this information would be catastrophic, and to recreate the information a very costly exercise. To safeguard against the loss of this information it is most important to take a copy of the data at periodic intervals. This process is commonly known as taking a **Backup**.

Provided you have made backup copies as advised, in the event of a data file becoming corrupt and the data lost, all that is necessary to recover the information is to restore the latest backup copy and enter any transactions made since the backup copy was taken.

The frequency that backup copies should be made is determined by the time and effort, hence cost, involved in reprocessing the transactions lost as a result of a corrupt data file. If it is a major task to reprocess a full days transactions then a **Backup** should be taken twice daily, at lunch time and at the close of the day.

BACKUP ON THE HARD DISK (MACINTOSH) OF MXDATA

When you first install MxSolutions onto your hard disk, you should create a folder and title it 'MxBackup'. Keep this folder closed. Your 'current live' MxSolutions system should be in a folder titled 'MxSolutions'. Create a copy of the current Data file by choosing **Duplicate** from the File menu. The current data file will be duplicated and given a title 'MxData.Df1 Copy'.

When you want to backup the current data file onto your hard disk, select the 'MxData.Df1 Copy' (click the 'MxData.Df1 Copy' icon by pressing and immediately releasing the mouse button once).

Drag the **MxData.Df1 Copy** to the **MxBackup** folder. **Click OK** (You Do want to replace items of the same name).

You will notice that the icon disappears from the MxSolutions folder and transfers itself to the folder that it is being copied to.

Now select the current data file titled 'MxData.Df1' (click the 'MxData.Df1' icon by pressing and immediately releasing the mouse button once) and choose **Duplicate** from the File menu.

The current data file will be duplicated and given a title 'MxData.Df1 Copy'.

At the beginning of the next backup session this process is repeated. i.e. first take the copy of the data file from the MxSolutions folder and place in the MxSolutions Backup folder; then duplicate the live data file and leave it in the MxSolutions folder. Tidy up the window.

BACKUP ONTO A CARTRIDGE

Backing up a file onto the hard disk is not a sufficient safeguard. Should a head-crash or other disk malfunction occur then data cannot be retrieved.

For this reason the data should *also* be copied onto another external medium such as a Removable Cartridge.

The file that you wish to copy is the one named 'MxData.Df1' which resides in the MxSolutions folder. Drag this to the 'Cartridge' icon.

Ensure that a different 'cartridge' is used each *alternate* day. Rotating several cartridges should provide additional protection of the data should one of the cartridges become corrupt.

BACKUP ON THE HARD DISK (PC)

When MxSolutions is installed onto your hard disk, a script to provide Backup facilities will also be supplied and a shortcut placed on the desktop. This should be executed daily on the close of business. If a dedicated server is in place then backup procedures need to be put in place for the backup of any data that is retained on the server. e.g. MxData.Df1, Letters, MxLinked Files, Appointments, etc.

Restoring from a Backup

In the event of the **MxData.Df1** becoming corrupt and the data lost, it will be necessary to restore the information using the most recent backup copy from the last used 'cartridge'. Drag the **MxData.Df1** from the cartridge back into the **MxSolutions** folder. **Close** the cartridge icon after restoring the file.

Rekey data as described in 'Procedures associated with Catchup Operation' above.

Data Utility Tools

When using your MxSolutions system in single user mode you will find that there is a **Utilities** function under the File Menu. This provides several facilities useful in maintaining the datafile in line with the MxSolutions application. Should the datafile become corrupt you can also attempt to repair a damaged Datafile. Although your Datafile is protected by the software, it is possible that a hardware malfunction may perform an incorrect disk write during adverse conditions and corrupt the file. These utility functions may not necessarily be successful in recovering a damaged datafile; it may be necessary to restore from a backup copy.

Examine Data File enables you to view the number of records contained in the data file.

Check Data File provides a facility where the data file is checked against the file formats and identifies the data file elements which need to be reorganised with an asterisk. If any elements are checked, then click Reorganise and click OK, otherwise click Cancel. **This facility should be run whenever you receive an upgrade of your MxSolutions program so that you can check your data file against the new program.**

What to do when your data file becomes corrupt.

1. Check Data File - Click box to check data file. Click Start.
 - If errors are indicated then click 'Repair'.
2. Recheck the data. - If it is still corrupt, restore from a backup copy.

Before executing any Utilities functions against your Datafile, ensure that you have taken a duplicate **backup**. Avoid overwriting the previous Backup. It is possible that data may be lost due to a system failure or insufficient room on the disk, or if the power supply is interrupted during execution. **You will need to restore from the most recent backup copy if any of the above occur.**

When you have finished using the Utility functions, remove Utilities from the menu by selecting Utilities from the File menu.

It is advisable to Quit from MxSolutions and reopen the application in the usual manner after any Data Utility functions.

Trouble Shooting

Error messages can occur when operating your MxSolutions system. Usually, the problem can be rectified and you can continue processing. The following list presents some messages and problems that may occur, and suggestions on how to deal with them.

A Dialog Box with a Bomb icon appears.

There is a serious problem. There may have been a power surge or there is a serious problem with the software. Try restarting the Computer. If the problem persists try a backup copy of the software. If the problem still persists then contact the dealer from whom you purchased your MxSolutions system.

A Dialog Box with a message 'Data Damaged' is displayed.

You will have to go back to your last good backup copy of the Datafile.

A Dialog Box with a message 'Attempt to read beyond End of File' is displayed.

You will have to go back to your last good backup copy of the Datafile.

A Dialog Box with a message 'Data Files are Full' is displayed.

There is insufficient room on the Datafile to store the record currently being written to the disk. Data may have been lost. Once you have made sufficient disk space available by deleting unwanted files from the Desktop, you will need to revert to your most recent good backup copy of the MxSolutions Data.

Check that there is storage space available on the hard disk. If this is adequate, then the disk volume that the datafile is on may have reached its maximum size and will need to be increased. Contact the dealer from whom you purchased your MxSolutions system or the MxSolutions hotline on 0419 449 110 to discuss the problem..

The 'Date' in your Computer is incorrect.

If the date is incorrect, immediately Quit from the MxSolutions system. It is possible that the battery in the computer is flat, or there is a hardware problem with the Computer. Your Computer will need to be taken to a Dealer for battery replacement or repair.

The Printer is switched on but nothing prints.

Check that all cables are connected properly. Also check that computer is setup with the correct printer and that the printer in the correct port. Check that the power is on, the paper correctly setup, and the select/ready light is on.

The Cartridge icon does not appear when the Cartridge is placed in the drive.

An external removable cartridge drive should be powered on *before* the computer. Do not turn on the drive after the computer is turned on (you may damage your computer).

Provided that the Cartridge drive *was* turned on before the computer, then the cartridge icon will appear.

The Computer 'beeps' when trying to enter a date.

If the date is not a valid date, then the Computer will beep to indicate a problem, e.g. you cannot enter 31.11.99.

Glossary

In addition to the keywords listed herein, you should also refer to the Glossary contained in your Computer Owner's Guide.

	AccountA category by which financial information is retained for debtors or patients.
Balance	AccountThe total amount owing to the practice by a particular patient/debtor. It is the total of what is owing for the current month + 30 days outstanding + 60days outstanding + 90 days outstanding. These balances are reduced when credits are entered into the system.
	AdjustmentTo alter the amount owed to the practice by the patient/debtor. The adjustment amount may be positive to increase the balance owing, or negative to decrease the balance owing.
	Audit TrailA report listing all financial transactions deleted from the system
	BackupProcess of copying a file so that it may be restored if the file becomes corrupt and information is lost.
	Balance BroughtThe Account balance as at the date when the computer system Forwardwent 'live'.
	Copy AccountAn account for a patient/debtor which contains a reprint of all debits against which there are still amounts owing. Adjustment entries are also printed if they are applicable.
	CreditTo reduce the amount currently owed to the practice by the patient/debtor.
	Cull To delete from the system.
	Day BookList of transactions that have been entered into MxSolutions for the day - should correspond to the appointment book.
	DebitTo increase the amount currently owed to the practice by the patient/debtor.

Inactive PatientA patient or debtor who has not attended the practice for the given period of time.

Inactive PeriodThe period since which patients/debtors have not attended the practice.

DrawingsFinancial transactions which decrease amounts from the total receipts for the Practice, i.e. amounts debited against the Practice Account.

FamilyMemberof the Debtor's family - debtor being the primary family member.

Fee CategoryThe category which determines the fee to which the debits apply for the patient/debtor - i.e. Private, Medicare Benefit Schedule, Rebate, Dept. Veterans Affairs, Insurance, Medicare.

HoldFacility to prevent the production of accounts and receipts, and the deletion of transactions, from nominated accounts.

ItemA standard debit - with respect to Medical Billing, Items are setup by the Commonwealth Schedule of Health fees.

Outstanding Accountsof patients/debtors who owe money to the practice.
Accounts

OutstandingThe account balances of all patients/debtors who owe money
Balances to the practice.

Overdue DebtorsDebtors who have owed money to the practice for a period exceeding the given payment period.

Paidup AccountsAccounts which have been fully paid i.e. do not owe money to the practice.

PracticeThe financial totals retained for the practice.
Balances

PractitionerA medical professional.

PractitionerThe financial totals recorded against the practitioner.
Balances

RecallNotifying the patient that it is time to make an appointment for a

consultation.

ReferralDetails necessary to be printed on the account when a patient is referred to a Specialist by a General Practitioner or another Specialist.

Referred ByThe name of the General/Specialist Practitioner referring the patient to the Specialist.

Take-upThe entry of information into your computer system.

TransactionAny financial event - in particular a debit, credit or adjustment - that affects the value of an account.

Sample Output

