

CBS FOR WINDOWS V4.3F

# Medical Billing Instruction Manual

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# Medical Billing in Saskatchewan Made Easy

*CBS For Windows is a well-tested and simple to use package. In just a few minutes you will know enough to use the basic features of this package.*

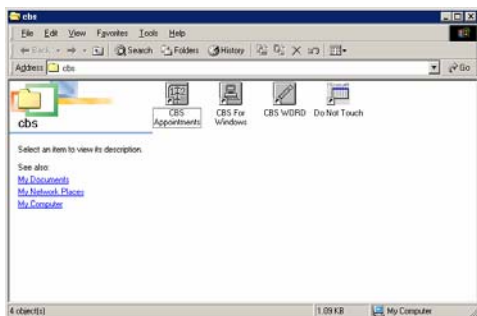
CBS is a simple to use package. This manual will assume that your CBS package has been installed on your computer for you. If you need assistance installing your package please contact our technical support line.

This manual assumes that you are familiar with the basic features of Microsoft Windows. You should already know how to start a program in Windows and how to turn your computer on and off safely. Terms like “double-click”, “Right Click” and “drag-and-drop” should be familiar to you. If you are not familiar with Windows you may wish to review the documentation that came with your computer or even sign up for an introduction to Windows course.

## Overview:

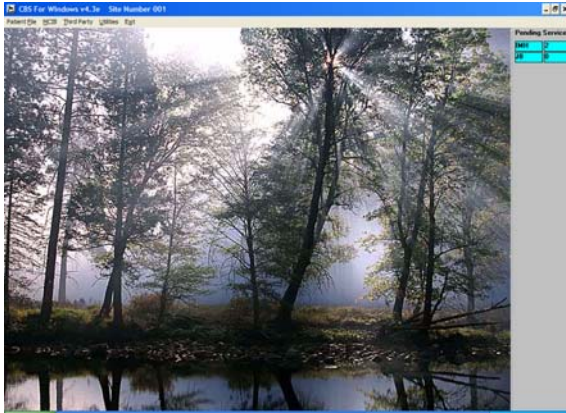
Each time a patient sees a doctor, the doctor provides a “service” to the patient. Each service must be typed into CBS. Usually this is done daily. CBS stores the details of the service for about 2 weeks and then sends the list of services (submission file) to Sask Health. About a week later CBS will call Sask Health and pick up a list of what was paid and what was rejected (return file). Once you know how to enter services, prepare a billing file and read a return file you will know the basics of CBS. Naturally there are a number of other features in the program and these are covered later in the manual. There is one critical function that you **MUST DO** every single day without fail. You must make a backup of your data files. This function is described in this manual. If you have any questions about CBS or problems with the program please do not hesitate to call our office at any time.

## Starting CBS for Windows



To Start CBS For Windows find your CBS For Windows folder on your desktop and double click on it. Next locate the CBS For Windows Icon and double click on it. You can also click on the START button then click on Programs, click on the CBS folder and finally click on CBS For Windows.

## The CBS Main Menu

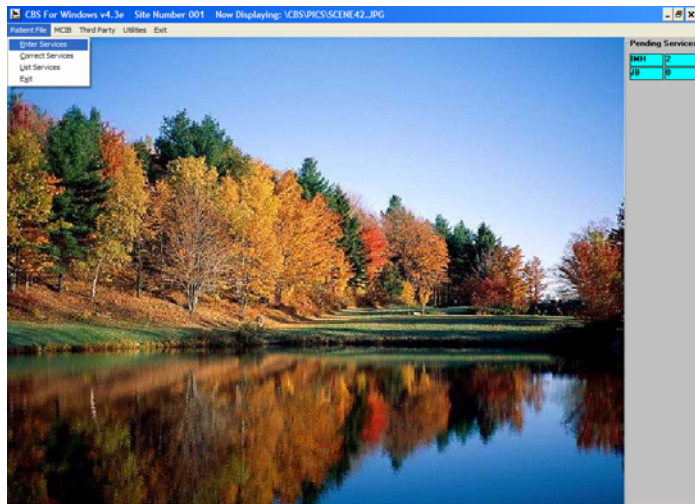


The CBS Main Menu consists of a series of pull down menu's along the top edge of the program (Patient File, MCIB, etc). The right margin of the program usually displays "Pending Services". The body of the main screen will display a graphic. Note that your graphic may look different from the picture displayed to the left as this graphic may be easily changed.

Each menu item can be accessed by using the mouse or with the keyboard. Using the mouse is probably the most natural and easiest way to use the menu system.

To activate the menu by keyboard, tap the <ALT> key and release it. Then press the underlined letter for the menu item you wish to access ( F for File, U for Utility, etc). You should see a menu drop down. You may then tap the underlined letter – or – use the arrow keys on the keyboard to highlight the menu entry you wish to use. Finally once the menu item is highlighted press the <ENTER> key to activate your selection.

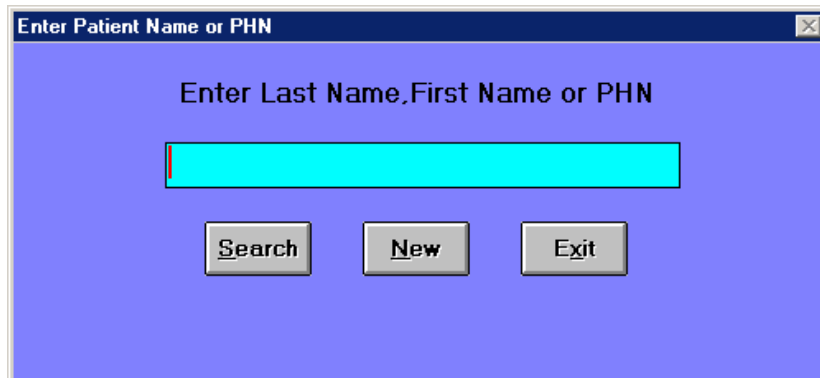
# Patient File Menu



## Enter Services

The feature you will probably be using more than any other is the Enter Services option. Once you select this option, CBS will guide you through the procedure necessary to record a patient visit. Remember that the visit is recorded on your computer and will be kept on your computer until the services are submitted to MCIB for processing. Simply entering the services will NOT result in payment – it must be prepared and submitted to MCIB for payment. These steps are covered later but for now we will continue to examine the process of entering services.

Once you select Enter Services you will see:



If the patient's information is already stored in your computer you may enter the name of the patient or the Personal Health Number (PHN) for the patient. If entering the name you may enter the last name or even just a portion of the last name. If you enter SMITH a list of all patients named SMITH will be displayed. To narrow the search a bit you may wish to enter the last name **followed by a comma** and then the first initial or name of the patient.

If you enter the patient's name, CBS will check the database. If there is more than one matching name, CBS will display a list of matching patients displayed on the Patient Browse screen.

Patient Name	PHN	D.O.B.	Chart #
ADAMS WENDY	140144269	Jan 01, 1963	
ALARCON IRENE	160362423	Aug 01, 1997	
ANSELL JEAN	182187896	Mar 01, 1909	
AUSER COLLEEN M	160190592	Oct 01, 1970	
BARNARD LOUISE AUNE	130150746	Dec 01, 1964	
BARRIE EILEEN	170101754	Aug 01, 1951	
BARRIE MARIEKA LAURE	100189083	Jan 01, 1987	
BESLEY GAIL J	100080529	May 01, 1942	
BENNING DOREEN L	170132625	Mar 01, 1960	
BEST DAVID RANCE	180232703	Jun 01, 1985	

Enter Patient Search Criteria

Sort Order  
 Last Name  
 PHN

Search Criteria

Previous

Next

New

Exit

Use the arrow keys on the keyboard to scroll up and down through the list. You may use the Page Up and Page Down keys to more rapidly move through the list. You may also click on the PREVIOUS or NEXT button to scroll through the list of names. Once you have highlighted the patient you wish to bill for, press the <ENTER> key on the keyboard. Once the patient is displayed on the screen you may also click on the patient with your mouse.

## Entering a New Patient

If the patient information is not already entered into your computer you will need to enter the patient as a New patient. Just click on the NEW button either on the Enter Patient Name screen or on the Patient Browse screen.



When you click on NEW you will see a blank patient entry form. The last three lines on the screen may be set by the user so they may not look like the diagram below. (For information on setting the last three lines of this file look under Utilities then System Settings later in this manual.)

Last Name	ADAMS		Patient Chart:		
First Name	WENDY		[Redacted]		
Doctor	1) DR. I. M. HEALTHY				
Birth Date	Jan 01, 1963	Sex	F		
PHN	140144269		General Notes		
Address 1	215 HALIFAX ST		Add Remarks		
Address 2					
City	REGINA	Prov	SK	Postal	S4R 1S9
Home Phone		Work Phone			
Ref. Doctor			Ref. No.		
Chart			Last Visit	Feb 01, 2001	
Misc					
Family Dr.					

Buttons: Bill, Labels, Edit, New, Save, Delete, History, Recall, 3rd Pty., Exit

Complete the form by typing the required information and pressing ENTER.

The spot for DOCTOR is reserved for a number. The number is assigned to the doctors in your clinic at the time the program is installed. The first doctor entered will be doctor #1 while the next doctor will be #2, etc. If you know the doctor numbers in your clinic just type in the number. If you would like to see a list of the doctors in your clinic you may click on the drop down box to the right of the doctor list box.



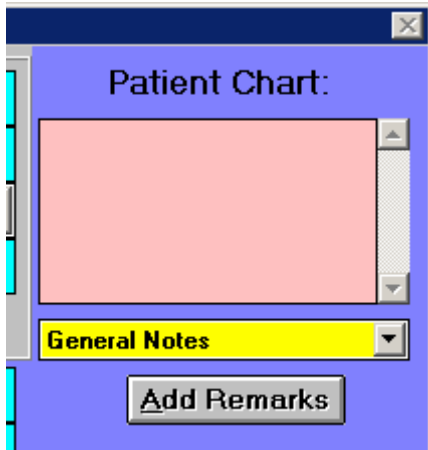


The Birth Date is entered either by typing the number of the month (1) or the name of the month (January) or the abbreviation for the month (Jan). Next type the day the patient was born on. If the day isn't known just type 1 and the service will still be processed. Finally type the year the patient was born (63 or 1963).

Only information up to the PHN is sent to MCIB. This information appears on a gray background Information from that point down may be useful to you but is not needed in order to process the claim. Note: Two address lines are supplied but usually only the first line will be needed.

## Patient Chart System

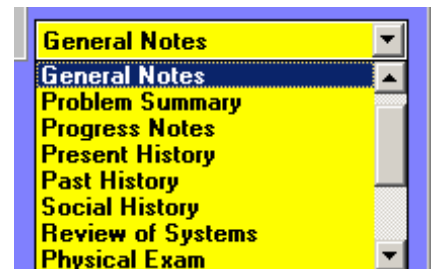
The patient chart system is optional. The information is not sent to Sask Health and is only for your own use.



The Patient Chart System is used to keep track of anything from general notes to details of exams or reports for your patients.

The Patient Chart control appears at the top right hand side of the Patient screen.

The most flexible command is the General Notes function. To activate this feature click on the Add Remarks button or click in the text box. Once you do this a larger not pad will open and allow you to type in your note.



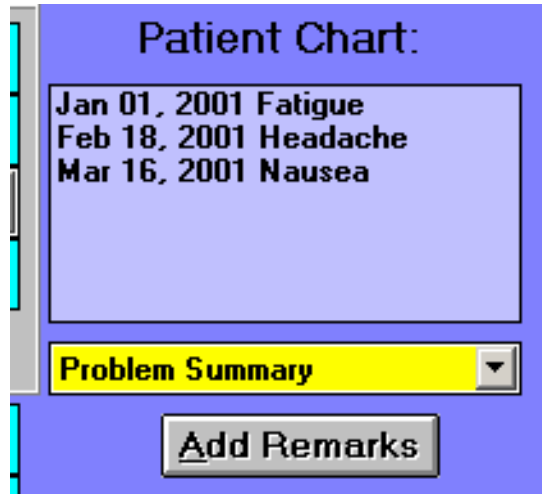
Below the text box is a yellow drop down list, which will present all the categories available for notes and remarks. Note the slide bar at the right side of the list. Using your mouse to slide this bar up and down will display even more choices.

Select the category you wish to make an entry for. Once the entry is selected you may click on the Add Remarks button to fill in an entry under the selected heading.

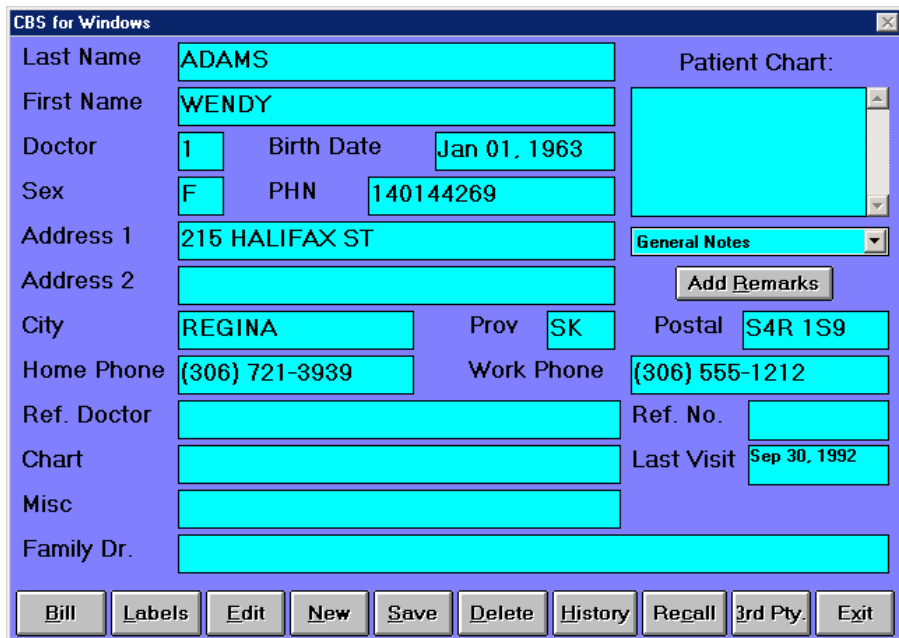
Depending on the entry selected you may see a number of different items to complete. Just fill in the blanks as you wish and hit SAVE.

As entries are made the heading will be displayed in the patient notes area. To examine, modify or delete any of the entries just click on the heading. The system will display the note for that date.

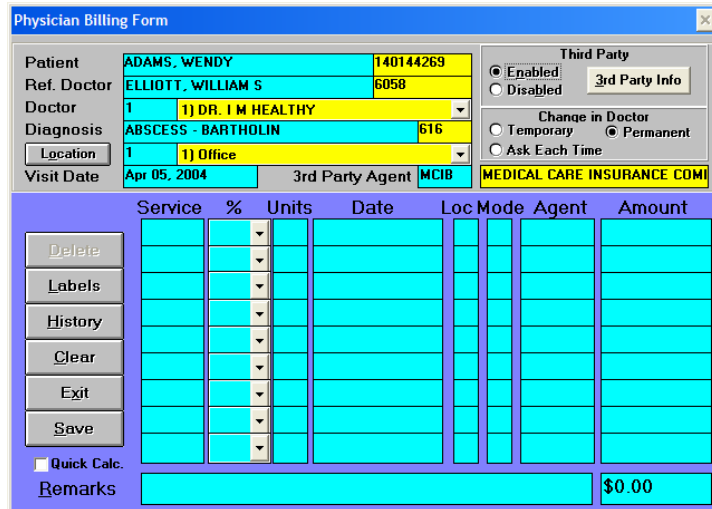
**Important Note:** When you edit a patient note you will need to click SAVE to place the information onto the Patient Screen. When you click BILL or SAVE on the patient screen the note is recorded in the patient's chart. If you press EXIT on the patient screen the note will **not** be saved.



Once you have completed the new patient form you may click SAVE or BILL. If you click SAVE the patient information will be saved and the system will return to the Enter Patient Name screen. If you click BILL the system will SAVE the patient then move to the patient billing screen. Usually you will click BILL.



## The Medical Billing Screen



The screenshot shows the 'Physician Billing Form' window. At the top, it displays patient information: Patient (ADAMS, WENDY, 140144269), Ref. Doctor (ELLIOTT, WILLIAM S, 6058), Doctor (1, 1) DR. I M HEALTHY), Diagnosis (ABSCESS - BARTHOLIN, 616), Location (1, 1) Office), and Visit Date (Apr 05, 2004). It also shows 3rd Party Agent (MCIB) and Insurance (MEDICAL CARE INSURANCE COM). Below this is a table with columns: Service, %, Units, Date, Loc, Mode, Agent, Amount. The table is currently empty. On the left side, there are buttons: Delete, Labels, History, Clear, Exit, Save, and a checkbox for Quick Calc. At the bottom, there is a Remarks field and a total amount of \$0.00.

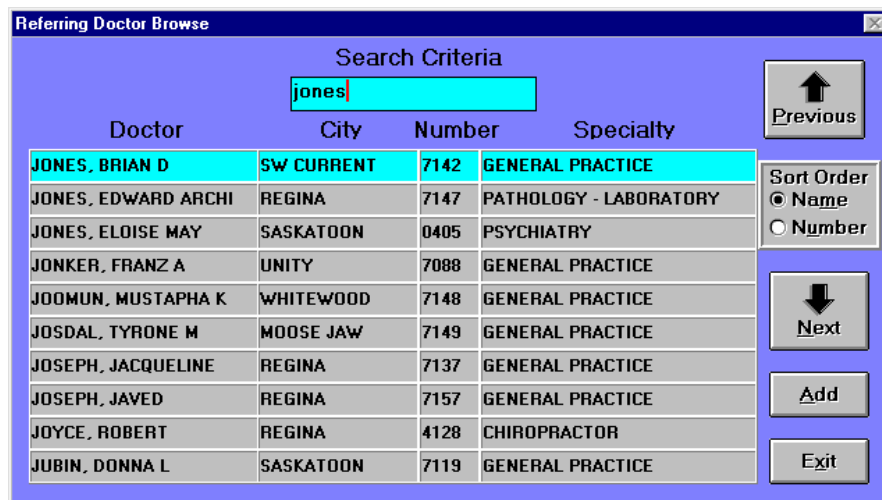
**Note: The Chiropractic Billing Screen has a slightly different appearance and is discussed in the section on chiropractic billing.**

At first glance the billing screen may seem a bit complex however you will quickly become very proficient in it's use.

The patient name and health number appear at the top of the screen. You may not change them on this screen.

The next item on the screen is the Referring Doctor line. Specialists will need to supply a referring doctor in order to receive full payment for services. General practitioners will only need to supply a referring doctor when they are performing a consultation (9B), interpreting an X-Ray or Ultrasound for another doctor, when billing for a surgical assist, or in other rare cases.

To enter a referring doctor you may enter either the doctor's 4 digit Medicare billing number or the doctor's name. Make sure to enter the last name first. It is usually not necessary to enter a first name. A list of all matching doctors will be displayed. Highlight the doctor you want and press <ENTER>.



The screenshot shows the 'Referring Doctor Browse' window. It has a search criteria field with 'jones' entered. Below this is a table with columns: Doctor, City, Number, Specialty. The table lists several doctors. On the right side, there are buttons: Previous, Sort Order (Name selected, Number unselected), Next, Add, and Exit.

Doctor	City	Number	Specialty
JONES, BRIAN D	SW CURRENT	7142	GENERAL PRACTICE
JONES, EDWARD ARCHI	REGINA	7147	PATHOLOGY - LABORATORY
JONES, ELOISE MAY	SASKATOON	0405	PSYCHIATRY
JONKER, FRANZ A	UNITY	7088	GENERAL PRACTICE
JOOMUN, MUSTAPHA K	WHITEWOOD	7148	GENERAL PRACTICE
JOSDAL, TYRONE M	MOOSE JAW	7149	GENERAL PRACTICE
JOSEPH, JACQUELINE	REGINA	7137	GENERAL PRACTICE
JOSEPH, JAVED	REGINA	7157	GENERAL PRACTICE
JOYCE, ROBERT	REGINA	4128	CHIROPRACTOR
JUBIN, DONNA L	SASKATOON	7119	GENERAL PRACTICE

## Adding A New Referring Doctor

If the doctor you are using is a new doctor to the province he may not be on the list. In this case you will need to contact his office and obtain his billing number. Click the ADD button and enter his information into the system. The doctor will be included in your referring doctor list from this point forward.

## Treating Doctor

The next item you must supply when billing a patient is the Doctor in your clinic who provided the service. CBS provides a quick way of selecting the treating doctor. Each doctor in your clinic will be assigned a number (1, 2, 3, etc.). Just enter that number or click the drop down box to pick the doctor by name.

## ICD Codes

The next item is the Diagnosis. You must provide the 3 digit ICD code to MCIB in order to receive payment. You may type in the code if you know it or you may enter the description of the diagnosis. The system will search the ICD code database and display all matches. Select the best match from the list.

Description	ICD
HYPERTENSION - NOT OTHERWISE SPECIFIED -	401
HYPERTENSIVE - HEART DISEASE	402
HYPERTENSIVE - RENAL DISEASE	403
HYPERTHYROIDISM	242
HYPERTROPHY - BREAST	201
HYPERTROPHY - PROSTATE (BENIGN)	600
HYPERTROPHY - TONSILS	474
HYPOCALCEMIA	275
HYPOGLYCEMIA	251
HYPOKALEMIA	276

## Adding a new Diagnostic Code

If the diagnosis you are searching for does not appear in the list you will need to do a bit of research. MCIB will provide your clinic with an ICD9 code manual, which contains a complete list of codes. You may also contact MCIB for assistance finding the right code. Once you have found the code you should enter it into the system so it will be available the next time you want to use it. Click the ADD button to add a new code.

Diagnosis: HIGH BLOOD PRESSURE

ICD Code: 401

Save Exit

Note that it is perfectly fine, even preferable, to have the same code entered into the system under a number of different descriptions. This makes finding the code much easier. For example you may wish to enter code 401 under both Hypertension and High Blood Pressure. This way, whichever description you enter the system will be able to locate code 401. It is the numeric code that MCIB requires.

Once you have added the code just click SAVE to save the code in the ICD code database.

## Location Code and Premiums

The location code has a dual purpose. MCIB, for unknown reasons, decided to use the location code to indicate where a service takes place and also uses this code to indicate when a premium payment is due.

During normal office hours a doctor uses one of five numbers to indicate the location where the service was delivered.

A doctor may bill a premium for any service delivered which was delivered outside his office and also was provided outside normal office hours. For more details on the rules governing Premium services please consult the MCIB fee schedule manual. To indicate a premium service the doctor uses a letter code.

To see a list of available location codes just click the Location button on the billing screen.

**Location Codes**

**Normal Office Hours**

- 1) Office
- 2) In Patient
- 3) Out Patient
- 4) Home
- 5) Other

**5pm - Midnight, Weekend or Stat Holiday all day**

- B) 25% Premium In Patient
- C) 25% Premium Out Patient
- D) 25% Premium Home
- E) 25% Premium Other

**Midnight to 7am**

- K) 50% Premium In Patient
- M) 50% Premium Out Patient
- P) 50% Premium Home
- J) 50% Premium Other

**Exit**

The system will watch the date of service and prompt the user to select a premium code on weekends but since the time of service is not provided, CBS has no way to know when to suggest a premium code for after hours services during the week. It is up to the user to make sure the right code is selected.

Note that although you may select a 25% or 50% premium code the fee displayed on the screen remains the same. MCIB will notice the premium code and issue extra payment.



## 75% and 50% Rule

Some services when billed together invoke MCIB's 75% rule. CBS is programmed to catch these situations and will cause the percent box to be filled in when necessary. You may manually select 75% by clicking the drop down box in the percent column. In certain rare cases the 75% rule may not apply to a given situation even though CBS has selected that rule. Please contact us if this occurs but use the drop down box to clear the 75%.

There are only a very small number of services which are to be billed at 50% (usually orthopedic codes). If you wish to bill a code at 50% just click the drop down box and select 50% from the list.

Multiple services provided on different days may be entered on the same form. Use the TAB key to move across the form and adjust the date.

Using the TAB key you can also move across the form to select the location or even the billing MODE. (Normally you will NEVER change the mode – if you are in doubt please call the support office.)

In rare cases where it is necessary to adjust the fee you will need to click in the fee box with your mouse.

## Remarks

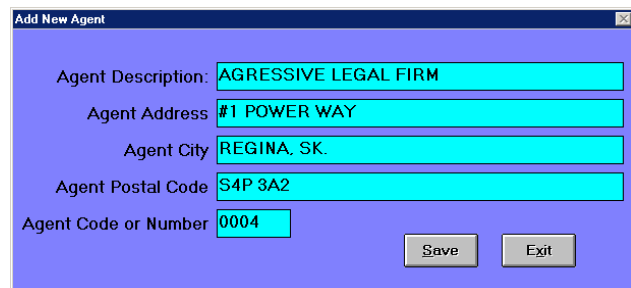
The REMARKS field is used to send a message to MCIB. You may type up to 78 characters in this box. MCIB staff will be able to read this comment and act upon it as necessary. Remarks are often used to provide information MCIB requests such as the time a procedure was completed or to indicate that a bilateral procedure was billed, etc.

## Third Party Billing

As previously discussed, CBS is able to bill 3<sup>rd</sup> party agents. You will only see this field if you have selected the ENABLED option under Third Party on this screen. Some offices bill a lot of 3<sup>rd</sup> party claims and have the option enabled while others rarely bill 3<sup>rd</sup> party claims and have this option disabled for faster billing.

To bill a 3<sup>rd</sup> party agent, once the option has been enabled, select the 3<sup>rd</sup> Party Agent field with your mouse. Agents that are already entered into the system are MCIB, WCB and 0001 (Cash). To see list of agents put your cursor in the Agent field and type a ? then press <ENTER>. A list of all available agents will be displayed.

If the agent you wish to bill for has not been entered you may enter the information into the system. Just click the ADD button and fill in the blanks. The Agent code or number must be a 4 digit number selected by the user.



Agent Description:	AGRESSIVE LEGAL FIRM
Agent Address	#1 POWER WAY
Agent City	REGINA, SK.
Agent Postal Code	S4P 3A2
Agent Code or Number	0004

Save Exit

When billing for a 3<sup>rd</sup> party agent you may use standard MCIB billing codes and fees or you may enter your own fee code items (See Utility Menu – Edit Data Files).

## Printing Invoices

After entering the service code and saving the service you will be given the option to print an invoice immediately or print it at a later time.

When you elect to print the invoice later, it will be printed the next time you prepare a submission to MCIB.

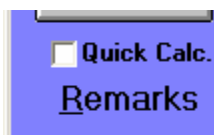
The screenshot shows a dialog box titled "BARNARD, LOUISE AUNE" with a blue background. It contains the following fields and controls:

- Date:** Feb 05, 2001
- Amount:** \$37.50
- How Many to Print:** 1
- Doctor:** 1
- Agent Code:** WCB
- Printer Selection:** Radio buttons for "Printer 1" (selected), "Printer 2", "Dot Matrix", "Laser", and "Windows".
- Action Buttons:** "Print Now" and "Print Later".

## Quick Keys

Take a moment to set up your Quick Keys – covered later in this manual. You can program your quick keys to help you quickly enter common service codes and diagnostic codes with the tap of a button.

## Quick Calculator



The quick calculator function allows CBS to assist in the entry of certain service codes – mostly for Anesthesiology. Check the Quick Calc box to enable this feature. After you enable this feature, CBS will watch the first service you enter. If you enter, for example, a 500H CBS will pop up the following form:

The screenshot shows a dialog box titled "Anaesthesia Times" with a blue background. It contains the following text and controls:

- Instructions:** "Please Use 24 hour Time format (ie 14:00)" and "To turn off this form just unclick the Quick Calculator Box on the services Screen."
- Start Time:** A time input field.
- EndTime:** A time input field.
- Total Time:** A yellow time input field.
- Action Buttons:** "Cancel" and "Save".

Enter the Start Time and End Time for the procedure and CBS will calculate the number of 501H units and complete the billing form for you.



# Chiropractic Billing

Chiropractic billing is very similar to medical billing however there are a few important differences.

**Enter Services**

Patient: ADAMS, WENDY 140144269  
 Doctor: 2) DR. JOE BROWN  
 Diagnosis: ABSCESS - BARTHOLIN 616  
 Visit Date: Apr 05, 2004 3rd Party Patient Information  
 Agent: CASH CASH PAYMENT

Third Party:  Enabled  Disabled  
 Change In Dr:  Temporary  Permanent  Ask

Print Receipt Setup Receipt

	Service	Date	Agent	Co-Pay	Fee
Delete	005U	Apr 05, 2004	CASH	\$14.00	\$11.05
Labels					
History					
Clear					
Exit					
Save					
Remarks					\$25.05

Service codes are the standard Chiropractic codes (1U, 5U, 53U, etc). The diagnostic codes are “C” codes (ie C14, C15, etc.) The Visit Date is entered in the usual Month/Day/Year format. The Paying Agents are alphabetic rather than numeric. If you are unsure of the agent to use, type a question mark and press <ENTER> to see the full list.

**Agent Browse**

Agent Description	Code
AMERICAN EXPRESS	AMEX
CASH PAYMENT	CASH
CHEQUE PAYMENT	CHEQ
CREDIT CARD - OTHER	COTR
DEBIT CARD	DC
DEPARTMENT OF INDIAN AFFAIRS	DIA
DEFERRED PAYMENT	DPAY
DEPARTMENT OF VETERANS AFFAIRS	DVA
MASTER CARD CREDIT CARD PAYMENT	MC
MEDICAL CARE INSURANCE COMMISSION	MCIB

Buttons: Add, Edit, Delete, Exit, Previous, Next, Sort Order (Description selected, Code unselected), Search Criteria

CBS will automatically apply the right fee schedule for the agent selected. For example, selecting SS uses the Social Services fee schedule and WCB will select the Workers Compensation fee schedule.

## Chiropractic DPAY & 99U Code:

Usually when a patient presents to the Chiropractic office he will be paying for his service at the time of his visit and the agent selected would be CASH or CHEQ, etc. On occasion a patient will request the ability to pay at a later date. A deferred payment is entered into CBS by using the DPAY paying agent. CBS will record the service exactly like any other service however the patient's account will be debited for the amount of the co-payment.

When the patient pays for his service you must enter the payment into CBS to credit the patient's account. This is done by billing a 99U service code. Just type 99U on the service line and CBS will ask the amount of the payment and method of payment. Type in the amount and CBS will credit the patient's account with that amount.

Note that you may enter a credit (99U) code at any time. It does not have to be made in conjunction with a service. In some cases a payment may be made prior to a visit resulting in a credit balance on the patient's account.

Just remember, the DPAY agent used with a 5U service code is for Deferred Payment (Debit). A 99U service code is for payment (Credit).

## Hospital In-Patient Services

For Physicians, billing for hospital days is simple with CBS. Either select an existing patient or enter a new patient as previously described. Move to the billing screen and enter the referring doctor, treating doctor, location code and date as previously discussed. Make sure to use the first date of hospital in-patient days as the Date.

For the service code just enter the hospital in-patient days code for your specialty. General practitioners, for example, use 25B.

Service	%	Units	Date	Loc	Mode	Agent	Amount
25B							\$0.00

Once you press <ENTER> you will be asked to confirm the first date in hospital and to enter the last date of service. This done you will see the hospital days form displayed.

If necessary you may adjust the items on this screen. The first 10 days of in-patient are billed as 25B. If the doctor was not caring for the patient for the full 10 days of 25B, you can use your mouse to click on a date. CBS will then remove that date from the days being billed.

Pressing the NEXT button will cause CBS to move to 26B, 27B and finally 28B for all remaining days.

## Out of Province Billing

Physicians are able to bill for patients from most other provinces and territories directly. The only exception at this time is the province of Quebec. You will need to bill Quebec patients directly, issue them a receipt and allow them to be reimbursed when they return home.

To bill for an out of province patient you only need to know the billing number for the patient's provincial health plan and province of origin. Just enter the patient as you would any other patient. The only difference is in the PHN. Enter the two letter province code from the list below and follow it directly with the EXACT number on the patient's health card. If the health card shows letters in the health number those letters must be included. Do NOT enter spaces or dashes in the health number.

BC	British Columbia	AB	Alberta
MB	Manitoba	NB	New Brunswick
ON	Ontario	NS	Nova Scotia
PE	Prince Edward Island	NF	Newfoundland
YT	Yukon Territories	NT	North West Territories
NU	Nunavut	XX	No Coverage (can't bill to MCIB)

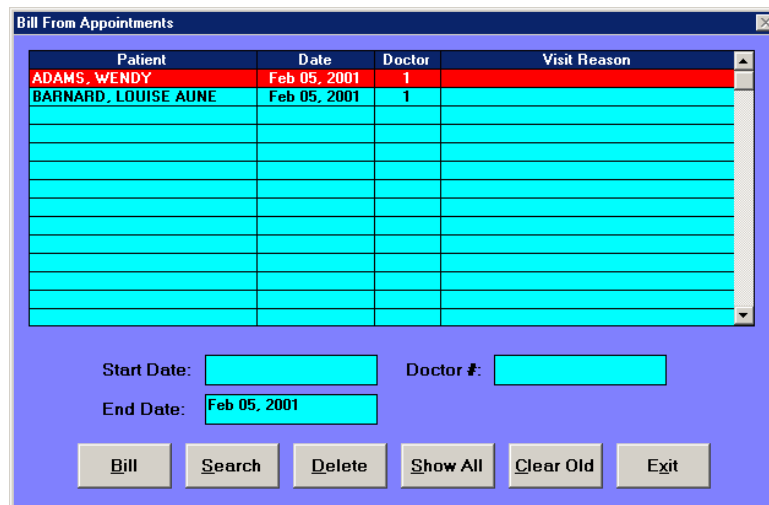
## Billing From Appointments

The CBS Appointment system generates an automatic list of all visits entered. CBS for Windows can access this list, which makes billing an easier process. To use this feature you must be using the Appointment system and you must enable the Bill from Appointments option in the Utilities – System Settings menu.

Once enabled, you will see Bill From Appointments as a menu entry under the Patient File menu.



Once you select Bill from Appointments you will see the following screen:



Patient	Date	Doctor	Visit Reason
ADAMS, WENDY	Feb 05, 2001	1	
BARNARD, LOUISE AUNE	Feb 05, 2001	1	

Start Date:  Doctor #:

End Date:

You may enter a doctor in the Doctor # field and only patients for that doctor will be displayed. Likewise you may adjust the Start and End dates to view only visits between certain days. You may press the Show All button to display all visits for all doctors and all dates.

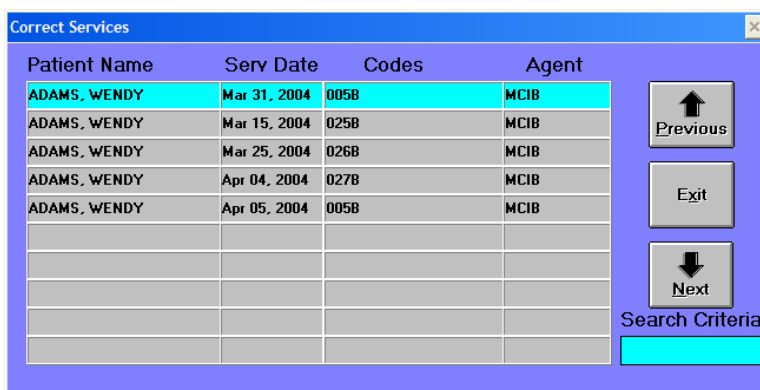
Clicking on a patient will bring that patient up on the screen and proceed through a normal patient billing, returning to this screen when you are finished the billing.

## Correct Services



Services, which have been entered into the system, remain on your computer until you submit them to MCIB for processing. If you discover an error with one of these services prior to submission you may correct the service using this feature.

Once you select Correct Services from the menu you will see a list of all services displayed on the screen.



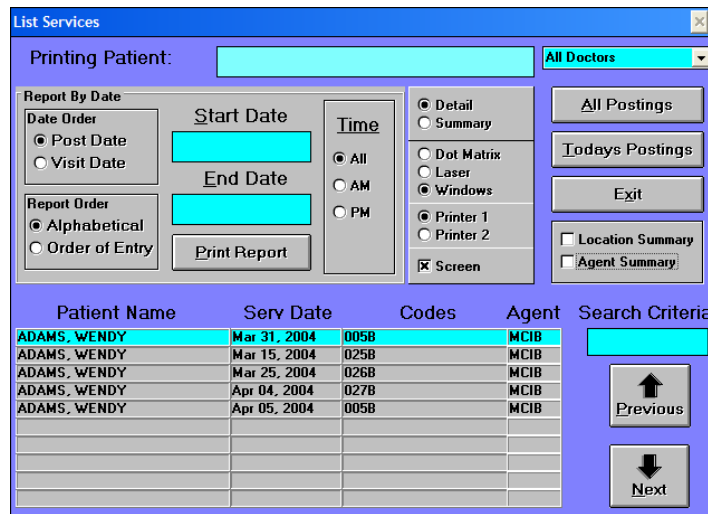
If you only have a small number of services entered it is easy to find the service you wish to work with. In many cases though you will have many services and finding the service you wish to edit may be more difficult. To quickly locate the service just click in the Search Criteria box and type the first few letters of the person's name. You will see the system quickly locate the service.

Once the service is visible on the screen just click on it or highlight the service and press <ENTER>. This will cause the service to be displayed in detail. You may change the treating doctor, date, service codes, diagnostic code, agent or any other information displayed on the screen. You may also use the DELETE button on the left hand side of the screen to delete the service all together. Note that only the service is deleted – the patient's file is not affected.

# List Services



Once you select List Services from the Patient File menu you will see:



Although this screen may appear a bit complex at first glance it's really fairly easy to use. In most cases you will want to print a list of all services entered so far during the day. To do that, just click the 'Today's Postings' button.

You may wish to list all services entered since the last submission to MCIB. To do this, just click the 'All Postings' button.

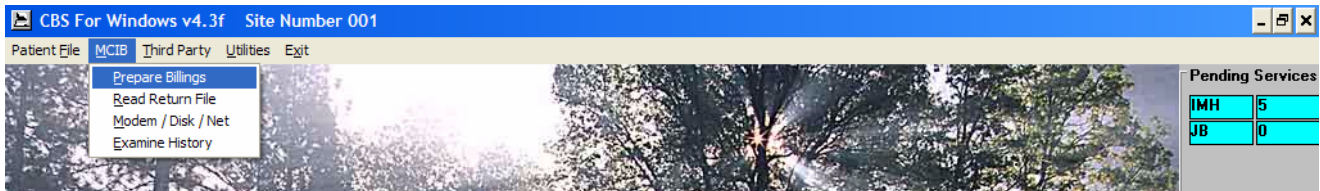
There are a number of options on this screen you may wish to use. The Date Order option is very useful. You may wish to list services ENTERED on a certain date – use Post Date. You may wish to list services PROVIDED on a certain date – use Visit Date.

You may select either Alphabetical or Order of Entry in the Report order box. You may wish to display the services to the screen rather than printing them on paper. If so click the SCREEN box. You may also turn on the Location summary or agent summary box.

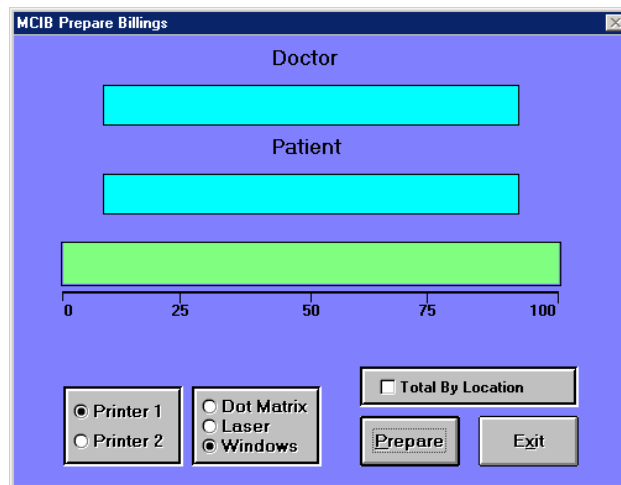
Once all options have been selected just click the Print Report button.

# MCIB

Of course every few years MCIB changes names so this title may be confusing. First we had MCIC then MCIB then MSP and I believe we are now on MSB. I gave up changing my program every time MCIB changes names but whatever the government calls themselves at the time you read this manual, this menu item refers to sending and receiving billings back from the government. The MCIB menu will allow the CBS user to prepare and send claims to Sask Health, pick up and print out return files from MCIB and examine patient history information.



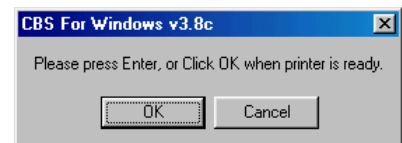
## Prepare Billings



As of this writing, MCIB processes the files every other Tuesday. They require the submission to be received by Monday. Late submissions are processed with the next run two weeks later. Although we know some die-hard last minute customers will ignore this suggestion, we suggest giving yourself a bit of extra time incase there is a problem. For this reason we usually suggest making the submission on the Thursday or Friday of the week prior to processing. If you are unsure as to the next submission date please contact our office for assistance.

To make your submission, click on MCIB then click on Prepare Billings.

CBS will ask you to confirm that your printer is ready. Click OK when the printer is ready.

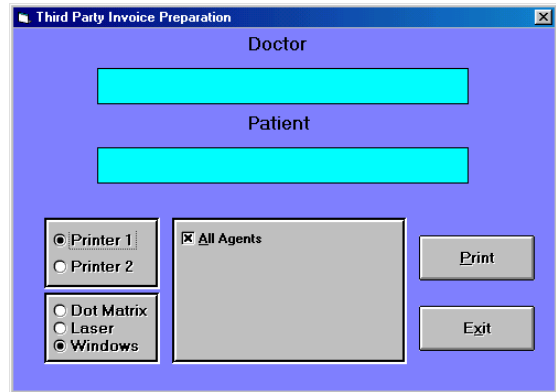


CBS will then print out all MCIB services.



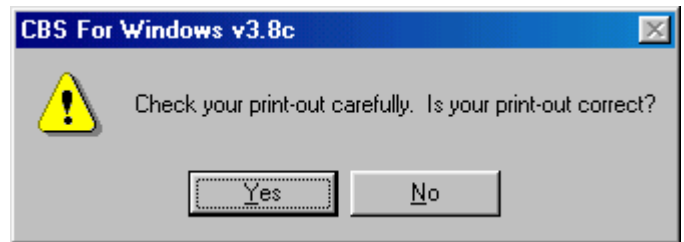
If there are unprinted 3<sup>rd</sup> party services you will see the third party printing menu. CBS will ask how many copies of the 3<sup>rd</sup> party invoices you wish to print. Often offices will wish to print 2 copies – one to mail and one to keep.

**Please note that while MCIB services are sent through the modem, 3<sup>rd</sup> party services need to be sent by mail or by fax.**



## Starting a New Billing Period

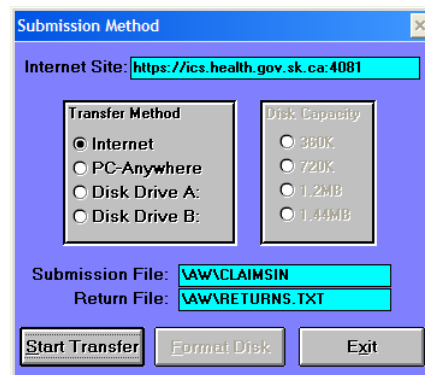
Once CBS has finished printing all services it will confirm that all the services have printed correctly. This is an important question. If you answer YES, CBS will move all the services into the history area and start a new billing period. You will no longer be able to correct or re-print the services once they are in the history area.



If you notice a problem with your print-out, such as a paper jam, you should make sure to click on NO. You will be able to fix any problems with your printer and prepare the services again.

## Transfer Billings to MCIB

After you have started a new billing period, CBS will bring up the Transfer screen. From this screen you will be able to send your MCIB billings through the modem or place them on a computer diskette.



### Submission Methods:

At the time of writing there are three supported methods of billing submission. You may submit your claims by internet, by using MCIB's PC-Anywhere software or on diskette. While MCIB no longer allows new clinics to select diskette billing there are some grandfathered clinics which use this method. In addition there may be cases where your modem or internet may not be working and you will need to select this method. Make sure to contact our office before you change your submission method.

Whatever submission method you are presently using, make sure it is selected from the list of displayed options. Once selected, click on START TRANSFER. CBS will then close all databases and suspend all functions until the submission is complete.

- Internet

When you have this option selected, CBS will place a copy of your submission file in the AW folder in the root of the drive where your CBS program is located. Your submission file is called CLAIMSIN. Your submission file is usually located in C:\AW.

In the case of a network system, your CBS program may be loaded on a different computer than the one you use. In cases like this, the server drive is referred to by a drive letter such as F: and so your submission file will be in F:\AW.

**You will need to know where your submission file is stored before you begin.**

When you click your Start Transfer button, CBS will bring up Internet Explorer and set it to the MCIB submission page. From this point forward you are on your own – CBS can not tell what you are doing or offer help. If you fail to select the right file for submission or encounter an error, CBS will have no idea that a problem occurred and can not warn you of the problem.

When you first go to the MCIB site, you will be asked to click on your certificate. This pop-up box will list your name or clinic name. Just click on your name and continue. This process identifies your computer to MCIB and logs you into the MCIB system.

Once you are logged in, you will see:



Click the Send button located at the bottom of the web page.

You will then see a line that asks you for the submission file name. You can type in C:\AW\CLAIMSIN (When working on a network, make sure to change the C: to an F: or whatever your server drive letter is).

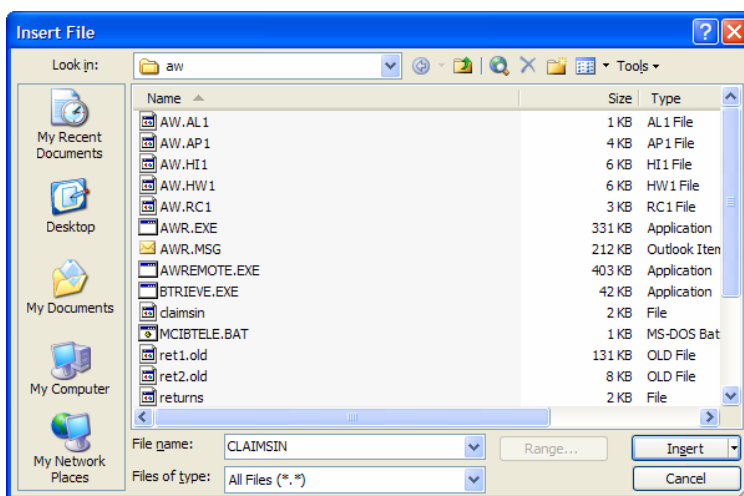
**Make sure to get your backslash key \ usually located above your enter key rather than the forward slash / which is located under the question mark. Also make sure to use the full colon : rather than the semi-colon ;**



If you type it in properly it will look like this:  
C:\AW\CLAIMSIN

You can also click the Browse button and search your hard drive for your CLAIMSIN file. Make sure you locate the file in your AW folder.

One advantage of using the Browse button is that Windows will remember the last place you browsed. If you don't often browse on your computer, your system will likely still be pointing to your C:\AW folder. This can save you some time. Naturally if you select the wrong file or can't find your AW folder MCIB won't get the submission and won't pay the claims.



Once you have your submission file selected, click the SEND button below the submission file name.

When you click SEND, MCIB's web site will display a page like this:



If all goes well you will see “Validation Processing Complete” displayed. If there is a problem with your submission you will see an error message. Below is a list of possible error messages taken from the MCIB Internet Submission guide and some suggestions on the proper course of action.

Message	Meaning	Action
Error Processing Claims - Processing Aborted	There was error in claims submission file.	Click on the <b>Valid Report</b> button to determine the exact nature of the problem.
There was a system problem with the group number - Please Contact M.S.B.	There was an internal web page error.	Contact the MSB Support Desk immediately and report the error.
There was a system problem with the submission date - Please Contact M.S.B.	There was an internal web page error.	Contact the MSB Support Desk immediately and report the error.
There was a system problem with the Web Server name - Please Contact M.S.B.	There was an internal web page error.	Contact the MSB Support Desk immediately and report the error.
End of Job Error - Processing Aborted	There was an internal error during the processing of your claims submission file	First, click on the <b>Valid Report</b> button to determine the exact nature of the problem.  Second, Contact the MSB Support Desk number and report the error.

## Validation Report

Medical Services Plan Electronic Claims Submission Service  
Validation Report

MSP Home Pick Up

Print Validation Report

Group	Clinic	Doctor	Claims	Records	Services	BS Recs	Comments	Fee Sub
030	064	1263	100	136	126	0	5	\$8,388.60
030	064	1333	152	210	204	1	3	\$18,430.05
Totals =>			252	346	330	1	8	\$22,818.15
# of Drs =>			2					

Error Report  
No Errors to Report

Provided all goes well you will see a validation report like the one above. Make sure to print the validation report and carefully compare the results with your CBS report. Make sure the totals match and all doctors are listed. If there is a discrepancy you may have submitted the wrong file. Please call for assistance if this is the case.

Notice that there is a Pickup button on this screen. MCIB takes a week to process your file so don't be fooled into thinking you can pick up your return file right away.

Once you have printed your validation report, close Internet Explorer. You will see the CBS transfer screen. Just click EXIT.

After a successful submission you will notice 3 things.

- You will have a print-out for each doctor listing the totals and with a place to sign. Make sure the doctor signs the form – it's part of his MCIB agreement.
- You will have a validation report printed that matches the signed print-out.
- When you return to your main CBS menu you will not the pending services box is back to zero for each doctor indicating the claims have been moved to the history area.

Pending Services	
IMH	0
JB	0

If you are missing any of these three items, please call for assistance.

- PC-Anywhere

MCIB supplies a program called PC-Anywhere which is used to dial the telephone modem and submit claims. MCIB supplies a detailed instruction manual for use with this software. Where that manual conflicts with this manual, please use the instructions in THIS manual. Call our office if you have any questions regarding the use of CBS with PC-Anywhere.

Before you begin you should insure that your modem has access to the telephone line and that any other device which shares the line (such as a fax machine) is turned off.

When you select this option you should see the PC-Anywhere screen. Look for the words “Initializing modem” and “last modem response ‘OK’”. These are indications that PC-Anywhere is communicating with your modem properly.

PC-Anywhere will dial the telephone and connect to MCIB. You will then be asked for a password. Enter the password assigned to your clinic. CBS does not have this password so if you have lost the password you will need to contact MCIB for assistance.

Once your password is entered, PC-Anywhere will hang up the telephone and display “Waiting for call-back” in the upper left hand corner of the screen.

MCIB will then call your office. Make sure to let your modem answer this call. If a staff member, answering machine or fax machine answers the call it will prevent the PC-Anywhere software from working properly.

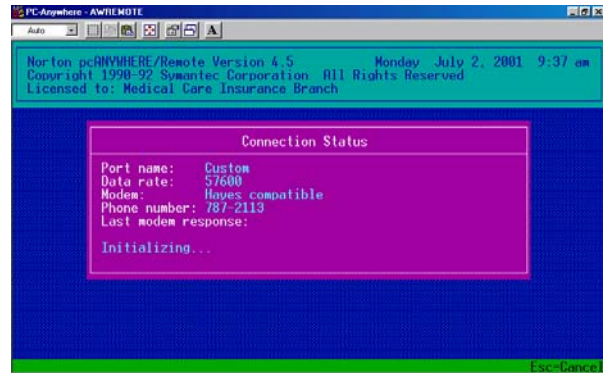
PC-Anywhere will answer the telephone and present you with a menu. Select option 1 (by typing 1) to submit your claims to MCIB.

Important: MCIB will briefly review the claims you have submitted and send back a short report. This report lists all doctors in your clinic with dollar totals. The report will then print on your printer. If you do not get this report or if the totals on this report do not match the doctors in your clinic your submission was probably not received. Make sure to examine the details of the report. If you see “Doctor ineligible to submit” this indicates the doctors claims were not accepted for processing. Make sure to contact MCIB immediately about any rejected doctors.

After a successful submission you will notice three things:

- You will have a print-out for each doctor listing the totals and with a place to sign. Make sure the doctor signs the form – it’s part of his MCIB agreement.
- You will have a validation report printed that matches the signed print-out.
- When you return to your main CBS menu you will not the pending services box is back to zero for each doctor indicating the claims have been moved to the history area.

If you are missing any of these three items, please call for assistance.



**Disk Submission:**

If you are submitting claims by diskette you will need to have two good quality blank disks handy. Note that CBS has a Format function available. Click this button if you need to format (erase) your diskettes. Note that diskettes wear out. Make sure to replace your disks on a regular basis.

Once you click on Start Transfer, CBS will ask you for the MCIB disk then a backup disk. Send the MCIB disk to MCIB for processing. Keep the backup disk incase the MCIB disk is lost or damaged in the mail.

After a successful disk submission you will notice three things:

- You will have a print-out for each doctor listing the totals and with a place to sign. Make sure the doctor signs the form – it's part of his MCIB agreement.
- You will have an MCIB and a BACKUP disk. Make sure to send your MCIB disk to MCIB and keep the backup disk incase something happens to your MCIB disk.
- When you return to your main CBS menu you will not the pending services box is back to zero for each doctor indicating the claims have been moved to the history area.

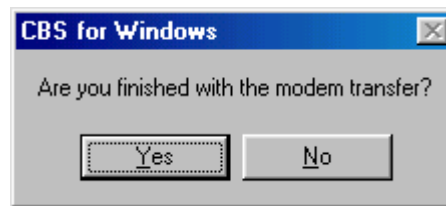
If you are missing any of these three items, please call for assistance.

## Resending Billings

Since there are several hundred offices all submitting at roughly the same time it is quite possible that you may occasionally encounter a busy signal or a crashed server and a failed submission. Sometimes modems, like fax machines, fail to communicate with each other. Sometimes a staff member will pick up an extension phone causing the submission to fail. Whatever the reason for the failed submission, the result will be the same: You will usually not receive a validation report after the submission.

If you know that the submission has failed you should send the claims again.

After a submission CBS will display this box:



To send the claims in again just click on NO then click on START TRANSFER to try the submission again.

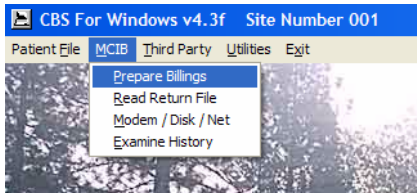
If you have tried a number of times and are constantly getting a busy signal or can't connect with the server you may wish to try the transfer at a later time. In this case, even though you are not really finished with the modem transfer you may click on YES. CBS will return to the main menu.

When you have time to try your submission again it's a fairly simple process. CBS keeps your most recent submission on file until you prepare your billing files again. For this reason it is important NOT to click on Prepare Billings again until you have succeeded in sending the previous file. When you are ready to try the modem transfer again click on MCIB – Skip over Prepare Billings – and pick "Modem / Disk / Net" then click on Start Transfer to send the files in again. Hopefully it will work this time. Note: Since you are coming in from the main menu rather than going through Prepare Billings, CBS has no way of knowing that you are trying to make a submission. As a result, trying to be helpful, CBS will ask if you wish to read a return file when you are finished. Just answer No.

If you are having on-going problems there may be a problem with your modem hardware, telephone line or software set-up. In some cases MCIB may have had computer problems. Simply waiting and trying your transfer at a later time will resolve the problem. CBS does not supply modem hardware or software but we may be able to assist in some cases. Feel free to call for help but please recognize that if the problem is with your equipment or with your service provider we may have to direct you to another party for assistance.

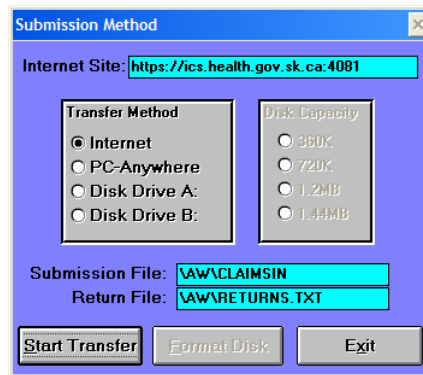


## Return File



When a claim is sent to MCIB, CBS keeps a copy in the history area. CBS tracks these claims until they are returned. Until a claim is returned, it is listed as outstanding. MCIB payment listings can be received in electronic format. If you are using disk submissions you will receive the disk in the mail. If you are using modem submissions you must instruct your computer to dial into MCIB and pick up the return file.

To pick up a return file click on MCIB then click on Modem/Disk/Net. You will see the Transfer screen displayed. Make sure your transfer method is selected. Click on Start Transfer.



- **Disk Return Files**

If you are using disk submission then your return file will generally be returned to you on disk. In this case you may skip the following and select Read Return File directly from the main menu.

- Internet



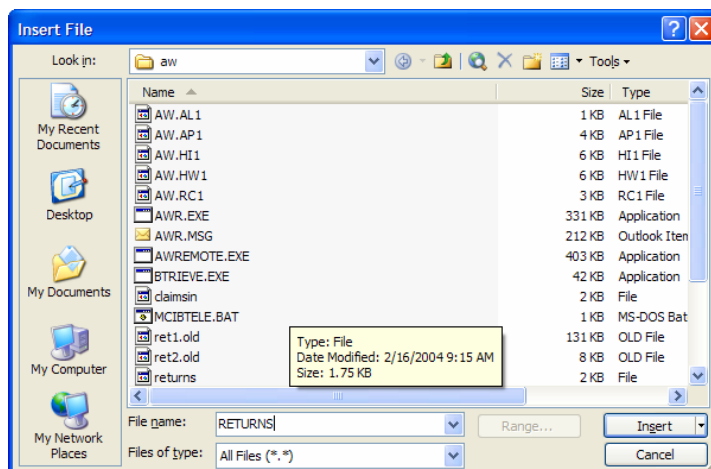
If you are using Internet submission you will have to pick up your return file through the internet before you can read it. When you click the Start Transfer button, CBS will take you to MCIB's site. You must identify yourself to MCIB by clicking on your Certificate.

Once you are logged into MCIB's web site you will see a menu with a button marked Pick Up. Click that button to begin downloading your return file.

At this point you will see a pop up box that asks if you want to Open or Save the file. Select SAVE.

**The next question is where will you save your file. It is really important you answer this properly.**

Usually you will place your RETURNS.TXT file in the root directory of your C drive in your AW folder (usually C:\AW). If you are using a network your AW folder may be on a different drive letter such as F, etc. You **MUST KNOW** where to put your return file or CBS won't be able to find it and read it.



Make sure to browse your drive, find your AW folder usually located in the root of drive C (C:\AW). You can find your C drive by clicking on My Computer then select Local Disk C.

Locate the AW folder just below C:. Don't change the return file name – it should be RETURNS and don't change the file type – it should remain Text Document.

Your system will likely ask you if you wish to overwrite the existing file – Click YES to allow the new file to be saved.

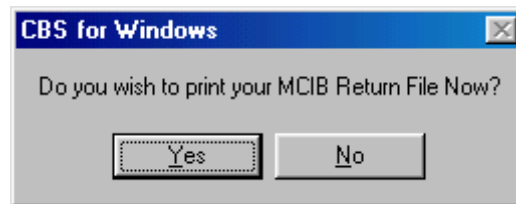
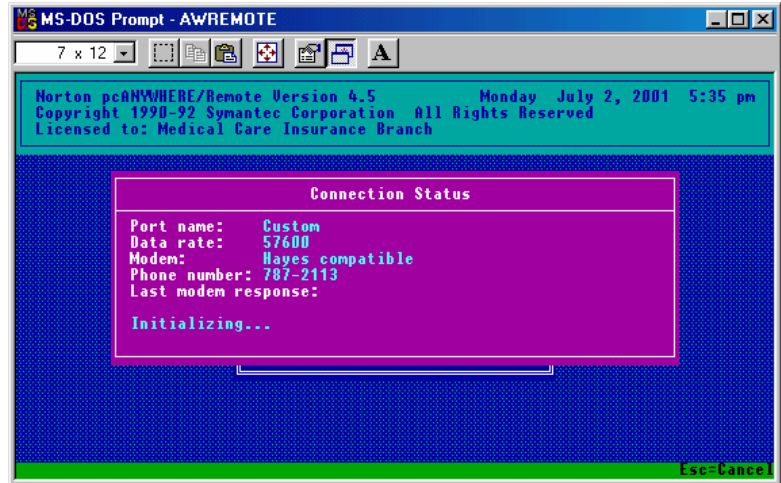
Once you have saved your file to your hard drive, close your Internet Explorer and click the Exit button on your CBS Transfer screen. CBS will notice the new return file and will take you to read your return file. If you don't pick up your return file or if you don't place it in the right place, CBS won't be able to read it so please be careful to select the right location and avoid changing the return file name. Note that different versions of windows will show a slightly different browse screen.

- PC-Anywhere

Once you have selected Start Transfer the PC-Anywhere software will dial MCIB. PC-Anywhere will ask for your password. The program will hang up and MCIB will call you back. You must make sure to allow the modem to answer the call – don't let staff, answering machines or fax machines answer the call. Once your modem has answered the call you will be presented with a menu. Select 2 to pick up a return file.

On occasion, MCIB will transmit a message to your clinic which will be printed by your computer. When there is no message, MCIB sends an empty box which will be printed on your printer. Don't be confused by this empty box – it is normal.

Once the transfer has finished, CBS will ask if you wish to read a return file. Just click on YES.



## Printing The Return File

The return file is created by MCIB and lists all services which have been processed in the most recent submission run. Most claims are paid without any difficulty but some claims have error codes. Any claims with error codes must be investigated and resubmitted if necessary.

The screenshot shows a dialog box titled "MCIB Read Return File". It has a blue title bar with standard window controls. The main area is light blue and contains the following elements:

- Return File Name:** A text box containing the path "\\aw\returns.txt".
- Returned Doctor:** An empty text box.
- Returned Patient:** An empty text box.
- Claim #:** An empty text box.
- Print Under 15 Day Report:** A checkbox that is currently unchecked.
- Printer Selection:** A group of radio buttons with labels: "Printer 1", "Printer 2", "Dot Matrix", "Laser", and "Windows". "Windows" is selected.
- Summary of payments by doctor:** A checkbox that is checked.
- Print Returns:** A button with a dotted border.
- Exit:** A button.

The return file name will be displayed at the top of this screen. For PC-Anywhere users it should read \AW\RETURNS. For Internet customers it should read \AW\RETURNS.TXT. For disk users it will read A:GROUP123.RET (or B:GROUP123.RET) where 123 is replaced by your group number. If your return file name isn't right please call CBS support for assistance.

The Returned Doctor field will display each doctor in turn as CBS processes returned claims for that doctor.

The Returned Patient and Claim # field will each display information about returned claims one by one as they are processed.

### Under 15 Day Report

CBS maintains a list of all claims which have been sent to MCIB. After reading a return file, CBS will print a list of all claims which have not yet been returned. The claims will be broken into separate reports based on the length of time since the claim was submitted. It usually takes MCIB about 2 weeks to process a claim so you may not wish to bother printing outstanding claims less than 15 days old. There is a check box marked "Print Under 15 Day Report". If you wish to see claims less than 15 days old check this box. If you do not wish to print this report uncheck this box.

## Summary of Payment By Doctor

CBS is able to print a summary at the end of the return file listing total dollars paid by doctor. If you wish to see this report check this box.

## Parts of the Return File

The main body of the report contains only Paid lines. At least that's what MCIB calls them. But be careful – a paid line can be paid at a rate other than the amount submitted. In fact a Paid Claim might be “Paid” at zero dollars! Any time a claim is paid at an amount other than the amount submitted there will be a two letter code in the “EXPLAN” column. These Explanatory codes help you to determine the problem with the claims. You will need to use the MCIB payment guide to look up the explanatory codes.

Some codes are for information only. They may indicate that you need to update a date of birth or a PHN number. These codes will be paid in full and do not need to be resubmitted but you will want to update the patient's chart for future use.

Some codes indicate the claim has been rejected, perhaps because of an error in the patient information (sex, name, PHN, etc). These claims will be “paid” at zero dollars. You must investigate the claim, check the patient information then re-enter the claim and submit it with the next billing period.

Some claims are paid at zero dollars but should not be resubmitted. One such example would be a BA error code which indicates the claim has already been paid on a previous run. Other codes may indicate that the patient is not covered by Sask Health and will not be paid regardless of the number of times submitted.

Following the body of the report is the total line. This line indicates the total payment to the doctor.

Following the total line comes rejected lines. These lines contained more serious errors and could not be processed by MCIB. They must be handled in the same way as claims paid at zero dollars.

CBS then re-prints all claims with explanatory codes from the body of the report. The rejected lines combined with the summary of explanatory codes forms a concise report of all claims which need to be examined and resubmitted.

Each doctor in the clinic will have a similar report printed.

After all the return files have been printed CBS will compile a list of claims which have not been returned. That is to say the claims have not been paid and they have not been rejected. They have not been returned at all.

CBS will print these claims based on the length of time since the claim was first submitted. Claims that are over 60 days old will be printed on a separate report and must be dealt with in a special way.

Any claim that has been outstanding for 60 days or more should be investigated. Often these claims have been paid under another claim number or another PHN causing CBS to leave the claim unreconciled. For example, you may submit a claim for a new baby under the mother's PHN. MCIB may pay the claim under the baby's new PHN. CBS won't be able to reconcile this claim.

Sometimes it is possible for you to locate these claims based on the claim number and a careful examination of your previous return files. In other cases it is necessary to contact MCIB to inquire as to the claim's status.

Once a claim has reached the 60 day outstanding report, CBS will mark the claim so it will no longer print out on future reports. The patient history will show the claim as unpaid. The run code will be shown as ?? since CBS has no idea which run code the claim was paid on. If you examine the claim and find that it has been paid there is nothing further that needs to be done. Of course, if you wish, you may edit the history file to mark this claim manually paid. See the section on Manual Reconciliation later in this manual for more information on this topic.

In some rare cases a claim may be submitted to MCIB and simply vanish. MCIB claims this can not happen but in any system there are bound to be errors. In the case of an unpaid claim that has been outstanding for more than 60 days the claim should be resubmitted.

### **Exceptional Circumstances**

Generally there is little to go wrong with a return file however on occasion there is a problem. You may notice that there are a very large number of outstanding claims on one report. For example the 30 to 45 day report may contain several hundred outstanding claims. Since MCIB usually processes claims within 2 weeks you know there is a problem. What could it be?

- 1) MCIB didn't get the submission file in the first place and thus the claims were never paid.
- 2) MCIB got the submission file but rejected it because a doctor was not eligible to submit
- 3) MCIB got the submission file and processed it but you failed to pick up a return file

The best way to sort out this kind of mystery is to follow these steps:

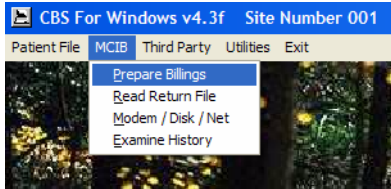
- Find the printed submission report that matches the outstanding claims and get the exact date of submission.
- Check through your return files. Each return file has a two letter Run Code. The first Run Code was AA followed by AB, AC, etc. Make sure you have each run code in sequence. If you are missing a return file you will need to contact MCIB to see if the return file is still available. The sooner you notice a problem the more likely you will be able to get your return file. MCIB only keeps the past two return files.
- If you have all your return files, call MCIB and see if they got the submission file in the first place. If they didn't get the file call CBS Support – we will help you retrieve the submission and resubmit it.

If you still can't figure out the problem call the CBS office and we can give you further suggestions.

## Resubmitting a Claim

To resubmit a claim, just enter the claim as if it were a new claim. Select Patient File and Enter Services then proceed to enter the patient's name or PHN and fill in the blanks in the Services screen. Make sure to use the original date of service when resubmitting the claim. If necessary, fill in the comment area at the bottom of the claim screen with an explanation. This explanation line will be sent to MCIB and may help an assessment officer to process the claim.

## Examine History



The Examine History function allows you to examine the billings and payments on a patient's account. There are three ways to gain access to the Examine History screen. There is also a HISTORY button on the bottom of the Patient Information Screen and on the left side of the Billing Screen. The third way is to click on MCIB then Examine History.

Identify the patient and you will see:

The screenshot shows the 'Examine Billing History' window for patient ABBOTT, BRIAN A. The window displays a table of billing history with columns for Date, Claim, Serv, Unit, Loc, Billed, Paid, Ex, Dr., Run, Agent, and ICD. Below the table, there is a dropdown menu for the paying agent (currently set to MCIB) and summary statistics for Billed, Paid, and Balance.

Date	Claim	Serv	Unit	Loc	Billed	Paid	Ex	Dr.	Run	Agent	ICD
Jul 02,	01 *	009D	1	2	85.30			1		MCIB	207
Jun 30,	01 62603	009D	1	2	85.30			1		MCIB	207
Jun 23,	01 62583	009D	1	2	85.30	.00	BR	1	KM	MCIB	207
Jun 23,	01 62584	009D	1	2	85.30	85.30		1	KM	MCIB	207
Jun 19,	01 62582	009D	1	2	85.30	85.30		1	KN	MCIB	207
Jun 18,	01 62591	009D	1	2	85.30	85.30		1	KD	MCIB	207
Jun 14,	01 62580	009D	1	2	87.00	87.00		1	KP	MCIB	207
Jun 14,	01 62581	009D	1	2	87.00	87.00		1	KQ	MCIB	207

Summary statistics:

- Billed: \$685.80
- Paid: \$429.90
- Balance: {\$255.90}

The first column is the date of service. The next column is the claim number. Notice that the first claim listed has an asterisk (\*) under the Claim number. This indicates that the claim has not yet been submitted to MCIB. The next column is for the service code followed by the number of Units and Location Code.

The next two columns are for the amount billed and the amount paid. The next column is the explanatory code followed by the treating doctor, run code and billing agent. Finally comes the ICD code.

On the lower left portion of the screen you will see the paying agent for this patient. In the event that the patient has more than one paying agent (for example, both WCB and MCIB) CBS will select the majority agent for this patient. The bottom right portion of the screen will show the amount billed, paid and the balance owed for the agent displayed. If the patient has more than one paying agent you may click the drop down box and show all agents that have been billed for this patient. You may then select any of the agents listed.

## Print Patient History

The Examine History screen has a PRINT button. When you click this button you will see the Print History screen.

Third Party Statements

Patient  
ABBOTT, BRIAN A

Agent MCIB

Printer 1  
 Printer 2

Start Date  
End Date

Dot Matrix  
 Laser  
 Windows

Print  
Exit

If you leave the Start Date and End Date blank CBS will print all services on file for the patient. If you enter a start date, CBS will ignore any services prior to that date. Entering an End Date will cause CBS to ignore all services after the end date. The totals will reflect the amount billed and paid during the period selected.



## Third Party



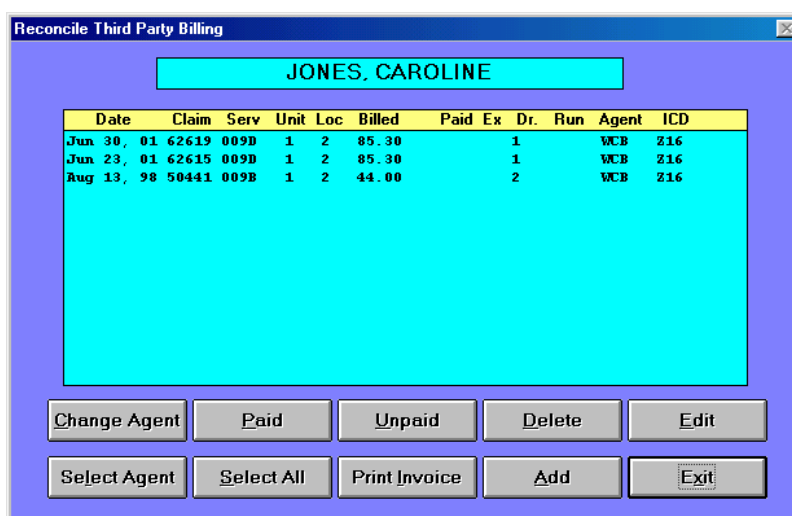
The Third Party function allows the user access to a number of tools dealing with Third Party Payers.

## Reconcile Payments

When a service is billed to a third party (such as WCB or an insurance company) that claim is printed and mailed to the agent. When payment is made the payment will usually be made by cheque or direct deposit. CBS will have no information on the payment and as such will not know that payment has been made. For this reason it is important that every third party payment is entered into CBS.

### Important Note:

The Reconcile Payments screen only looks in the Patient History file. Services which have been entered but not yet transferred into the history area with a Prepare Billings will not be displayed on this screen. There may be rare cases where you enter a service, print an invoice and receive payment before the service has been moved into the history area. In these rare cases you will need to wait until you Prepare Billings before you can reconcile payments with this function.



Reconcile Third Party Billing

JONES, CAROLINE

Date	Claim	Serv	Unit	Loc	Billed	Paid	Ex	Dr.	Run	Agent	ICD
Jun 30,	01 62619	009D	1	2	85.30			1		WCB	216
Jun 23,	01 62615	009D	1	2	85.30			1		WCB	216
Aug 13,	98 50441	009B	1	2	44.00			2		WCB	216

Change Agent   Paid   Unpaid   Delete   Edit

Select Agent   Select All   Print Invoice   Add   Exit

## Mark Services Paid

To mark a service as paid you must first click on Third Party then click on Reconcile Payment. Enter the patient's name or PHN to bring up the history on the screen. Click on each service that has been paid. Each time you click a service the service line will be highlighted. If you click on a line in error just click on it again to deselect that line. Once every line you wish to mark paid has been highlighted just click on the PAID button.

## Change Agent

The Change Agent button allows you to change the paying agent for a particular service. First click on the service or services you wish to change. Next click Change Agent then type in the new agent.

## Mark Services Unpaid

In the rare event that a patient's cheque bounces or a WCB claim is first paid then later rejected you may wish to take a service, which had previously been marked as paid, and then mark it unpaid. Just highlight the services you wish to work with then click the Unpaid button.

## Delete Services

Be very careful with the Delete Services button because once a service is deleted there is no automatic way to undelete it. To delete a service first highlight the service(s) then click the Delete button.

## Edit Service

If you wish to make a change to an already billed service you may do so with the Edit Service button. First highlight ONE service then click Edit. You may make any changes you wish then click on the SAVE button. Remember that you are only editing patient history. The service will not be reprinted or resubmitted. If you have made changes to the patient history and wish to send these changes to a third party you must print the claim again.

Third Party Edit	
JONES, CAROLINE	
Amount Paid	
Claim #	62619
Run Code	
Service Code	009D
Date	Jun 30, 2001
Units	1
Location	2
Amount Billed	85.30
Doctor	1
Explanatory Code	
Agent	WCB
Save Exit	

## Select Agent

On occasion a patient will have a number of paying agents on history. You may wish only to work with one agent at a time. Click on Select Agent then type in the agent you wish to work with (ie WCB). Only services for that agent will be displayed.

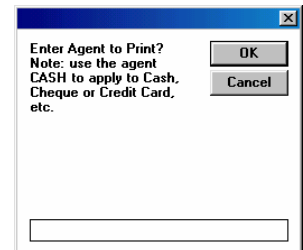
## Select All

If you wish to select all displayed services, perhaps to change agent or mark as paid, click the Select ALL button. All displayed services will be highlighted just as if you had clicked on each one.

## Print Invoice

After editing, deleting or marking services paid or unpaid it may be necessary to re-print the patient's invoice. To do this click on the Print Invoice button. CBS will ask you to identify the agent you wish to print the invoice for (ie WCB, Cash, etc). Type in the agent you wish to use.

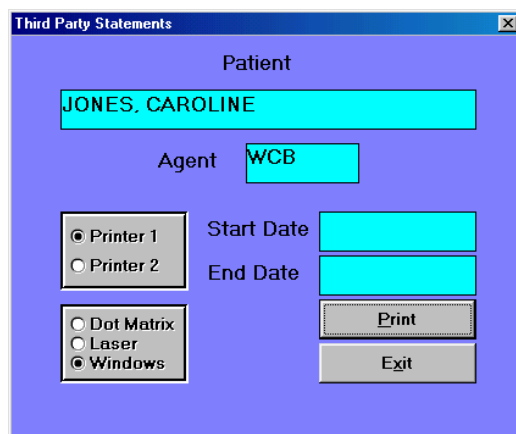
CBS will then display the Third Party Statement screen.



Enter Agent to Print?  
Note: use the agent  
CASH to apply to Cash,  
Cheque or Credit Card,  
etc.

OK Cancel

\_\_\_\_\_



Third Party Statements

Patient  
JONES, CAROLINE

Agent WCB

Printer 1  
 Printer 2

Start Date \_\_\_\_\_  
End Date \_\_\_\_\_

Dot Matrix  
 Laser  
 Windows

Print  
Exit

If you leave the Start and End dates blank CBS will print all services for the patient. If you wish to reprint the invoice only for a specified period of time enter a Start Date and an End Date.

Note that Pending Services (Services which have been entered but not yet transferred to the history section with a Prepare Billings function) will NOT be displayed in the Reconcile Payments window but WILL be printed on your statement.

## Add Service

If for some reason you wish to make a manual entry into the patient's history file just click the Add button. CBS will allow you to add a service to the history area. Please note that this entry will go into the patient's history file but will NOT be sent to any third party agent for payment. Using this method of adjusting the patient's history is very unusual. The more common method would be to use the Enter Services function as previously described.

## Accounts Receivable

The screenshot shows a dialog box titled "Third Party Statements" with a blue background. It contains the following elements:

- Start Date:** An empty text box.
- End Date:** A text box containing "Jun 30, 2001".
- Doctor:** A dropdown menu showing "All Doctors".
- Printer Selection:** A group of radio buttons with options:  Printer 1,  Printer 2,  Dot Matrix,  Laser, and  Windows.
- Agent Selection:** A group of checkboxes with options:  All Agents,  WCB, and  Select Other.
- Summary Selection:** A group of radio buttons with options:  Reprint Invoices,  Detailed Summary,  Agent Summary, and  Totals Only.
- Buttons:** "Prepare" and "Exit" buttons at the bottom right.

Note: The Chiropractic Accounts Receivable screen will appear slightly different and will display a number of agents not displayed above however all functions work exactly as described here.

The Accounts Receivable screen allows you to check for unpaid accounts. Once you have identified unpaid accounts you can contact the patient or third party payer to determine the cause of the delay in payment.

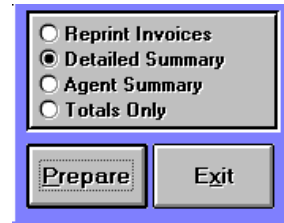
By default, CBS picks the last day of the previous month for the End Date. You may change this if you wish. The Start Date, by default, is left blank. If you wish you may type in a Start Date however services provided prior to the Start Date will be ignored by CBS.

Once you have selected your Start and End dates you may select either All Doctors or select one specific doctor in your clinic to work with. Use the drop down box beside DOCTOR to select your choice.

Next you must select the agent(s) you wish to work with. You may wish to work with All Agents (which is the default choice) or you may wish to only work with, for example, WCB. If you check the Select Other box, CBS will ask you to enter the agent that you wish to work with (ie 0001, 0004 or 0008). Agent 0001 is defined as Cash Payment for medical offices. Other numbers have no predefined meaning – they are agents which have been previously entered by your office.

Finally you must pick the type of report you wish to print.

- Reprint Invoices will reprint the full invoice for all matching data.
- Detailed Summary will print a summary of outstanding totals by patient.
- Agent Summary will print out a summary of the amounts outstanding by agent.
- Totals Only prints an aged accounts receivable for each doctor listing only the dollar totals outstanding.

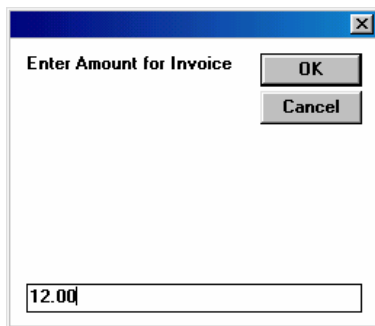
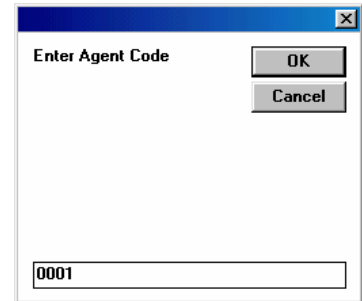


When you have finished making your selections click the Prepare button. CBS will ask the number of copies you wish to print. Usually if you are Reprinting Invoices you will want to print 2 copies (one to send, one to keep for your records). Otherwise you will likely only require one copy.

## Duplicate Receipt

On occasion you will wish to issue a duplicate receipt to a patient for a service which has already been billed. Note that this function will simply print out the data you enter. CBS does not check the validity of the data nor is any entry made in the patient's history regarding this receipt.

To issue a duplicate receipt you will first click on Third Party then click on Duplicate Receipt. CBS will have you identify a patient. Next you will be asked to enter an Agent. Usually duplicate receipts are used only for cash services. For this reason Chiropractors will generally enter the agent CASH while medical offices will enter the agent code 0001 (cash payment by patient). While this is the usual method of using this function it would be possible to use the Duplicate Receipt function for any paying agent.



Next, CBS will ask you to enter an amount. This is the amount that will be displayed on the receipt.

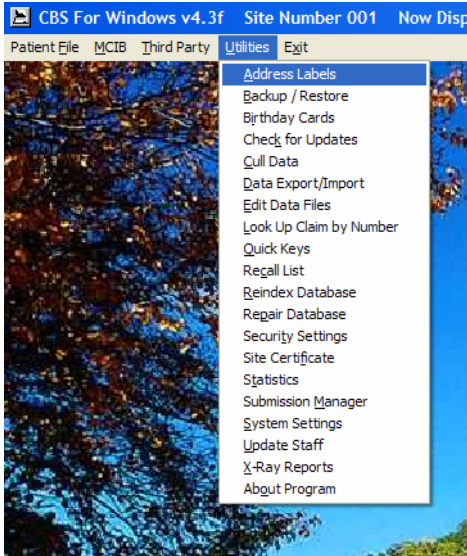
Once you have entered all information the Print Duplicate Receipt window will be displayed. At this point you may click in any of the fields and make adjustments as necessary. For example you may wish to change the date or the number of receipts to print or the doctor.

Finally click on Print Now to print the invoice.

The screenshot shows a window titled "JONES, CAROLINE" with a blue background. It contains the following fields and controls:

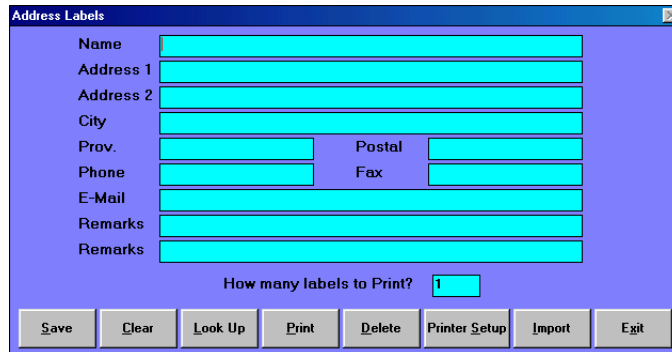
- Date:** Jul 07, 2001
- Amount:** \$12.00
- How Many to Print:** 1
- Doctor:** 1
- Agent Code:** 0004
- Printer Selection:**  Printer 1,  Printer 2
- Output Selection:**  Dot Matrix,  Laser,  Windows
- Buttons:** Print Now, Exit

## Utilities



The Utilities menu is a collection of functions which can be used to perform a number of tasks.

## Address Labels



The address label database lets you enter commonly used address information for later review or to print address labels.

To add a new item just fill in the blanks and click SAVE. If you have started filling in the information and find that you wish to start over click the CLEAR button.

If you want to find a contact that you have previously entered into the system just fill in the Name field then click on Look Up. CBS will display a list of matching entries which you may select from.

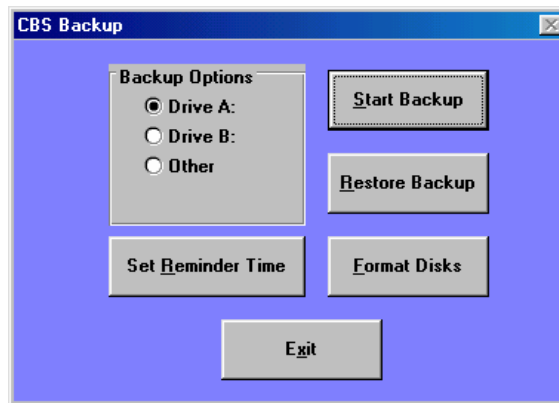
Once you have selected an address from your database you may click the DELETE button if you wish to delete the record.

The IMPORT button will allow customers switching from CBS for DOS to CBS For Windows to import their old Label database.

The Printer Setup button can be used to select the printer you wish to print to and set various printer functions.

The PRINT button prints the label that's displayed on the screen. Note the Labels to Print box at the bottom of the screen. You may enter a number in this box to select the number of labels to print.

## Backup / Restore



**Make a backup *EVERYDAY* or stop using your computer. Period. No exceptions.**

### Start Backup

The Backup / Restore function allows CBS to make a copy of the most important database files. CBS, by default, makes a backup to diskette although CBS can be modified to back up to LS-120 disk, Zip Disk, CDRW or perhaps other media in the future.

Select the drive you wish to make your backup to. You may select Drive A, Drive B, or Other. "Other" may be used with CDRW, LS-120 or ZIP disks but before you use this function please contact our office for assistance.

Of course you may prefer to use the software that came with your CD / DVD burner. If so, just make sure to back up the CBS folder in the root of your main hard drive. The CBS folder in the root of your main hard drive contains all your important data files and settings. Do not become confused and backup the CBS folder on your desktop – this folder does not contain any useful data.

It is critical that you make a backup every single day. There's a Murphy's Law that the day you forget to make a backup the system will crash. Although there have been a few cases where a clinic will get away without making a backup for a period of time, eventually every system will experience a crash. In the event of a crash a backup is your only defense. Clinics without a backup may experience catastrophic loss of data and encounter incredible cost and inconvenience.

Before you begin a backup you must make sure that the computer making the backup has exclusive access to the database. If you are running both Appointments and Billing on the same computer at the same time you



should exit from the Appointments program. If you are running on a network, all other terminals must exit from all CBS programs before you make your backup.

Computer experts since the early 60's have recommended that people using computer data should have at least 3 backup sets and rotate them. One backup will be current. If it fails, a slightly older set is available. If that backup set fails there will be an older set.

If you are using expensive backup media such as a ZIP disk or LS-120 drive you may wish to go with 3 disks and rotate them. On the other hand, most backup media is fairly inexpensive. It is probably easier to have more backup sets. For example you may wish to have 5 sets – one for each day your clinic is open. This way you won't have to remember which disk goes in each day. Just mark each disk with the day of the week. On Monday you would use your MONDAY disk set, Tuesday use the TUESDAY disk set, etc.

If you are using 1.44MB disks for backup you will likely find that you need more than one disk. The disks should be labeled MONDAY disk 1, MONDAY disk2, MONDAY disk3 and TUESDAY disk 1, TUESDAY disk2, TUESDAY disk 3, etc.

There are two final points you must strongly consider when making backups. First is that disks wear out. Every 3 months you should discard all disks and replace them with new disks. Next, even if your disks are brand new there is always a chance the disk will have a flaw. One error will ruin the entire backup set. If you are using more than 4 disks there is a VERY high chance that the disk set will contain a flaw and be useless. If you use a large number of disks you should switch to another backup type. Give our office a call and we will assist you in selecting a backup media.

- **Restore Backup**

This function will erase all data on your computer and replace it with the data contained on your backup set. Using this function is ALWAYS a last restore. Please contact the CBS office before you activate this function.

- **Format Disks**

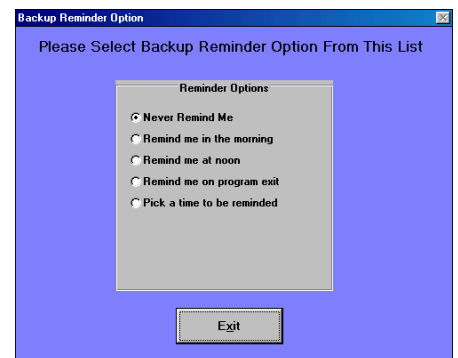
This function will allow you to erase and test your disks. With the price of disks being very low it probably makes more sense to throw out and replace suspect disks but the format function will erase a disk and test the surface of the disk. Flaws on the surface of the disk are identified and blocked out. Any disk with a flaw should be discarded immediately.

- **Set Reminder Time**

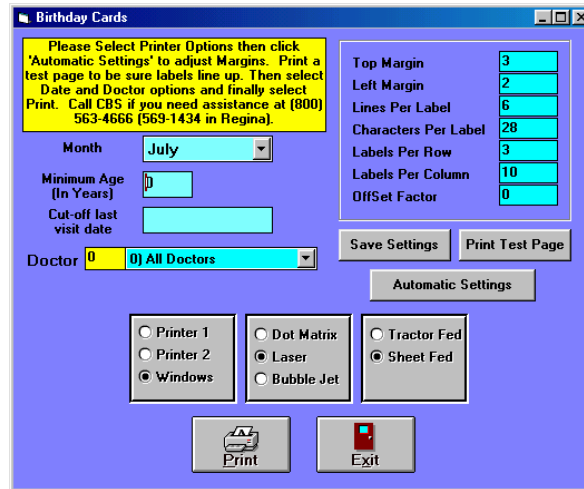
This function will help you to remember to make your backup. CBS can be set to display a reminder when it is time to make your backup.

Note that it makes no difference what time of day you make your backup so long as it's done roughly the same time every day.

You may wish to set your reminder in the Morning, at Noon or before you exit from the program. You may select a time to be reminded. If you elect to pick Never Remind Me you will need to remember to make a backup on your own.



## Birthday Cards



This feature can be used to generate labels to patients based on the Month of birth. CBS will print a list of all patients who have a birthday in the selected month. These labels may then be affixed to an envelop or directly to a card.

Before you begin you should set up your printer type. Select the printer type (Printer 1, 2 or use the Windows print driver). Next select the type of printer (Dot Matrix, Laser or Bubble Jet). Finally select Tractor fed or Sheet Fed. Once these settings have been made click on Automatic Settings. CBS will set the margins. You may then click on Print Test Page. Adjust the settings as necessary and print another test page. When the labels line up click on Save Settings.

Select the Month of birth from the Month drop down box. You may wish to set a minimum age. If so enter it in the Minimum Age box.

You may wish to limit the patient group to only those patients seen within the last 2 years. If so, enter a cut off date in the Cut Off Box.

Finally you should select a doctor from the Doctor box.

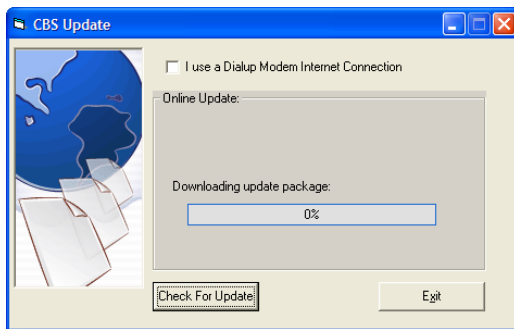
Once you have filled in all the options just click the Print button and your labels will be printed.

## Check For Updates

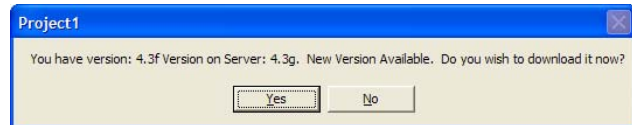
**Note: You must have an Internet connection available on your CBS billing computer for this feature to work.**

This is an exciting features introduced to CBS April 1, 2004. If your copy of CBS was installed prior to this date, you will need to run an update utility available on the CBS web site. Just go to [www.saskcbs.com](http://www.saskcbs.com) and click on Customer Updates. Look for Web Update and install this program. Once installed, you will see Check For Updates displayed under the Utilities menu.

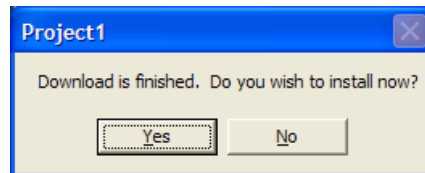
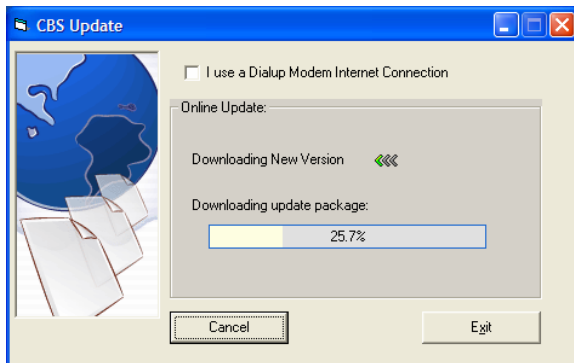
Once installed, the Check For Updates feature allows CBS to use your internet connection to connect to the CBS server and see if a new CBS update has been posted. We recommend you use this feature frequently after a major mail-out and at least once a month throughout the year. Just click on Utilities then click on Check For Update.



it.



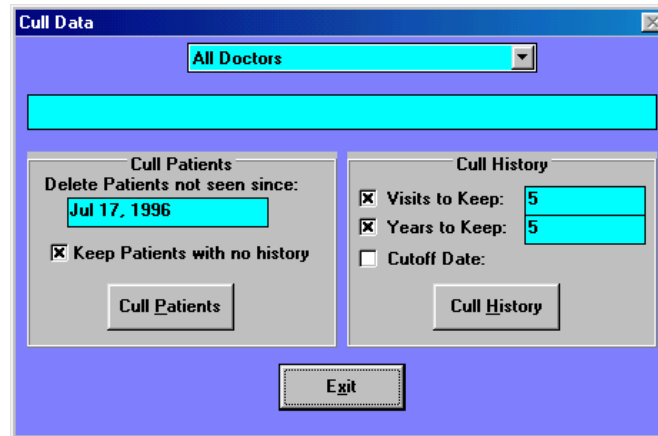
If a new version is available, CBS will display that information on the screen and confirm that you wish to download



After the update has been downloaded you will be prompted to install it. Just click YES and CBS will load your update for you.

Don't forget that your update needs to go into your main CBS folder in the root directory of you main hard drive. Once the update is finished, the revision number at the top of your CBS main menu should change to the new version number. If it doesn't change, you may have installed the update into the wrong folder – give CBS Technical Support a call for help.

## Cull Data



CBS maintains a database of all billing data and all patient data indefinitely. If data files become very large, system performance can suffer. In addition, you may fill all available storage on your and finally your backup media may no longer be large enough to hold all the data. For these reasons you may wish to delete some older data.

**WARNING: Before you begin make certain you have a very recent backup on new disks. The cull operation is NOT reversible and the only way to recover lost data will be with a backup.**

First, select the doctor you wish to delete for from the drop down box at the top of the screen.

- **Cull Patients**

If you wish to delete patients you should use this option. Next you will wish to select the Patient options. You may wish to keep all patients seen in the past 5 years, as an example. To do so, enter the appropriate cut-off date in the box marked “Delete Patients not seen since:”.

If a patient has no history on file CBS will not be able to determine the last date the patient was seen. These may be patient’s who’s billing history was previously culled. In some cases these are patients moved from another billing system or CBS for DOS. They may be patients from the initial MCIB download or they may be patients who were entered using the appointment system but never billed. In any event, if you wish to keep these patients click the box “Keep Patients with no history”. If this box is not checked, CBS will delete all patients without billing history.

Naturally all billing history for any patient who is deleted will also be deleted.

- **Cull History**

The Cull History option will allow you to remove some or all of a patient’s history. Remember that when the history is removed it can not be restored. Be very careful using this feature.

You may keep a certain number of visits or visits over a certain period of time. For example, a patient may have been seen 5 times this year 1 each year for the previous 5 years. If you elected to keep the last 3 years of

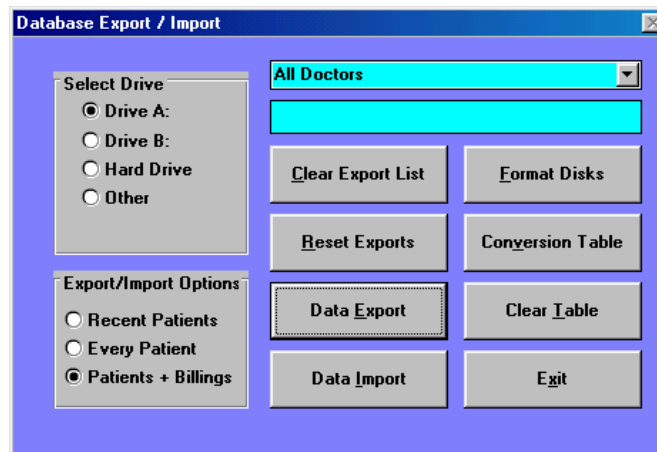
history, CBS would keep all 5 visits from this year and 1 visit from each of the previous 2 years. Visits prior to that would be deleted.

Using the same example, you may elect to keep the past 5 visits. In this case, since the patient had 5 visits this year, only the most current year would be preserved. Every visit prior to the present year would be deleted.

If you elect to keep BOTH the last 5 visits AND the last 3 years then CBS keeps either the last 5 visits or the last 3 years, whichever is greater. In our example, CBS will keep the past 5 visits from the current year and one visit from each of the 2 years prior to the present year.

You may also elect to use a specific cut-off date rather than a certain number of years. For example, if one doctor retires and you wish to delete all services for that doctor you could click the cut-off date box and enter his date of departure in this box. Don't forget to specify which doctor you wish to work with in the drop down box or all doctors in the clinic will be used.

## Data Import / Export



The Data Import / Export option allows you to transfer data from one CBS program to another CBS program. Do NOT use this option to attempt to bring data into CBS from any other source. Improperly formatted data can result in severe and permanent database damage.

The most common use for this function would be to enter data on a laptop computer or at a satellite office then bring the data to the main office on a diskette.

The computer sending the data out is the computer that will use the Export function. To export information you must first make a few settings. First select the doctor you wish to work with or leave the system set to All Doctors. Next select the drive you wish to export data to (usually Drive A). Next select either Recent Patients (patients seen since the last export) or Every Patient (all patients in the system) or more commonly Patients + Billings. This final option will export all recent patients plus any billings entered for those patients.

Once you have made your choices click on Data Export. CBS will prepare the necessary file and transfer it to a diskette. CBS will offer to make a backup disk which would be kept in case the original disk was lost or damaged.

The disk would then be taken to the other CBS program and the user would click on Data Import to read the data into the system.

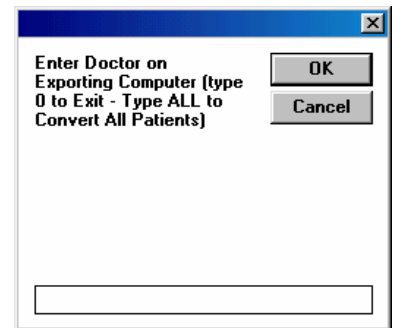
- **Format Disks**

The Format Disks option allows you to erase any data from a disk and test the surface of the disk for errors.

- **Conversion Table**

The Conversion table is used when the doctor number is different on the Exporting and Importing computers. The Importing computer would set up a conversion table. For example, if Dr. Smith is doctor #1 on the exporting computer but he is doctor #3 on the importing computer it will be necessary to set up a conversion table. Otherwise the billings from doctor #1 on the exporting computer will remain as doctor #1 on the importing computer and the wrong doctor will be paid for the services.

When you select Conversion Table, CBS will ask for the number on the exporting computer (1 in our case). CBS will then ask for the number on the Importing computer (3 in our case).



- **Clear Conversion Table**

If you wish to erase a conversion table and create a new one just click the Clear Conversion Table button.

- **Clear Export List**

This function will clear the list of patients and billings waiting to be exported. After you clear the export list, no data will be exported until new data is entered into the system.

- **Reset Export List**

This function will signal CBS to export all pending services whether they have been already exported or not. This can be useful when a disk is lost and no backup is available. Be careful to avoid using this feature in error because duplicate billings may be caused if the same data is exported then imported more than once.

## Edit Data Files

The screenshot shows a window titled "Edit System Datafiles" with a blue background. On the left, there is a "Select Data File" section with radio buttons for "Fee Schedule" (selected), "Ref. Doctors", "ICD Codes", "Postal Codes", "3rd Pty. Agents", and "Dental Code". Below this are buttons for "Print ICD Codes", "Update Ref. Doc", "Print Ref Doc List", and "Print Agent List". The main area contains several fields: "Fee Code" (0058), "Specialist Fee" (\$24.30), "G.P. Fee" (\$24.30), "Agent" (MCIB), "Rule" (X - Visit), "Units Allowed" (No), "Copayment" (\$0.00), and "Description" (OFFICE VISIT). At the bottom, there is a "Working Date" field (Apr 05, 2004) and a row of buttons: "Look Up", "Add", "Delete", "Save", "Cancel", and "Exit".

The Edit Data Files function is a powerful utility that allows you to add, delete or edit records in a number of CBS databases.

Editing the Fee Schedule database is one common use of this utility. On occasion MCIB will issue a short update to the fee schedule. When MCIB changes a large number of fee schedule items we will issue a new fee schedule update disk which will automatically make the needed changes to your database. If there are only one or two codes that are changed the customer will need to enter these changes manually.

First click on Fee Schedule to select the fee schedule database. Next click on the Look Up button. Enter the fee code you wish to edit. CBS will then ask for the Agent. Just press <ENTER> to select MCIB. The fee data will be displayed on the screen. From here you may adjust any of the items displayed except the fee code. When you are done with the changes you must click the SAVE button. You may also delete the fee code by clicking on the DELETE button.

## Edit Fee Schedule Database

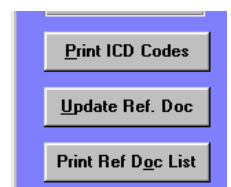
Description of Field	Meaning and Usual Values
Fee Code	A code (usually issued by MCIB) which consists of 3 numbers followed by a letter – 005B for example
Specialist	The rate a specialist bills when seeing a referred patient
GP	The rate a General Practitioner or Chiropractor bills a service at
Rule	The MCIB fee schedule rule. Valid rules are: 0, 10, 42. Use X for Visits. Use A for add-on procedures. Use D for Diagnostic procedures.
Agent	The agent the fee is to be billed for. Note that if the agent is set to MCIB then that code may be billed to any third party agent.
Units Allowed	Set to Y or N. Determines if CBS will allow multiple units of a procedure to be billed. For example, 897L X 4 units.
Copayment	At present only used by Chiropractors. Set to the amount billed directly to the patient above the MCIB billed amount.
Description	Optional. This field may contain the description of the service code. Useful for printed 3 <sup>rd</sup> party statements but not needed for MCIB billing.
Working Date	CBS maintains two fee schedules. If the working date is set past the implementation date of the current schedule then the current schedule is used. Otherwise the previous schedule is used.

You are not limited to editing existing codes. You may enter a brand new code. For example, if you wanted to enter a code 999I to represent a special procedure that was not covered by MCIB you could easily do so. Make sure to select a valid Third Party agent such as WCB or 0001 (billed directly to patient). Make sure to fill in all the fields before you click SAVE. Contact our office if you need any advice or assistance with this feature.

### Other Databases

You may select another database, for example the ICD Codes database or Referring Doctor database. You may wish to enter 10 common diagnostic codes and descriptions all at once. To add a new ICD code just click ICD Code (to use the ICD code database) then click ADD. Fill in the description and code then click SAVE. Repeat for each of the remaining codes until you are finished.

It is possible to have CBS print out all ICD codes in the system. Just click the Print ICD Codes button.



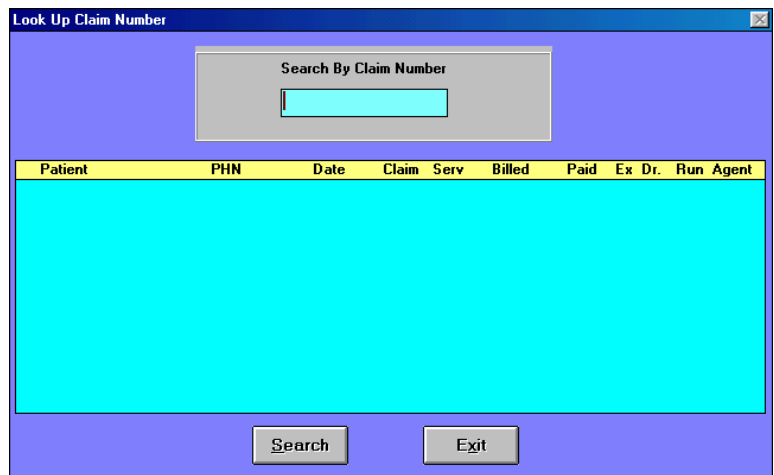


On occasion, CBS will send out an updated list of referring doctors. To read this list into the system you will need to follow the instructions on the update disk. In general you will load the disk then click the Update Ref. Doc button.

You may also print a list of all referring doctors by clicking the Print Ref. Doc. List button.

## Look Up Claim By Number

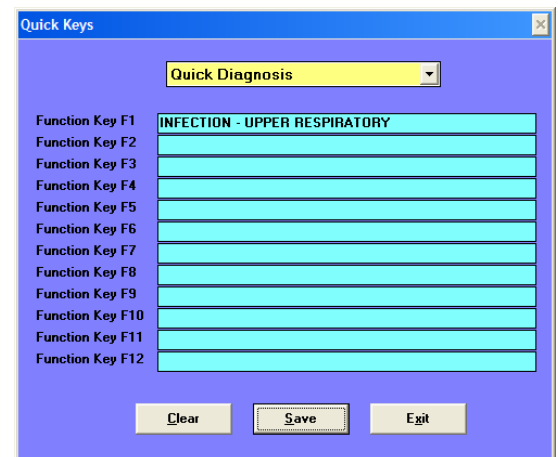
This feature allows the user to locate a previously billed service by typing the claim number. Remember that claim numbers start at 10,000 and then climb to 99,999. When claim numbers go over 99,999 they return to 10,000. For this reason if you have been using CBS for a number of years it is possible that there will be two claims for different people under the same claim number. Pay attention to the YEAR of service to locate the claim you are interested in.



## Quick Keys

The Quick Keys feature allows you to assign a Diagnosis, Service Code or Referring Doctor to one of the 12 function keys at the top of your keyboard. First, use the pull down at the top of the screen to select Diagnosis, Service Code or Referring Doctor. Next, fill in the desired value. For example, if you frequently see patients with an upper respiratory tract infection you would click in the Function Key F1 slot and type Infection. Allow CBS to browse the diagnostic code database and click on the desired code.

You can continue this way to fill in up to 12 different diagnostic codes. When you are finished click Save.



The next time you are billing a patient, when your cursor is in the diagnosis field, just press F1 and CBS will instantly fill in Infection – Upper Respiratory.

In the same way you can assign up to 12 Referring Doctors and 12 frequently used Service Codes.

Use of the Quick Keys can certainly speed up your billing but of course you must remember which service code, diagnosis or doctor you have assigned to each key.

## Recall List (Physicians)

Patient	Date	Doctor	Code	Recall Reason
ABBOTT, BRIAN A	May 01, 2001	1	XDT	THIS IS A RECALL BUT I'M

Start Date:   
End Date:   
Doctor #:  Code:

Printer 1     Dot Matrix  
 Printer 2     Laser  
 Windows

Note: The Recall List feature operates differently for Chiropractors and is described in the next section.

The recall list is a simple feature which will allow you to place patients on a list and then view the list at a later time. A common use of this feature might be to schedule patients for follow-up visits or to use the list as a waiting list.

There are two parts to the Recall system. First the patient must be placed on the list. The easiest way to book a recall visit is from the Patient information screen. Click Patient File then Enter Services and select the patient you wish to book. You may remember that along the bottom of the patient information screen there were a number of buttons. One of those buttons was labeled RECALL. Just click that button.

Address 2:   
City: REGINA    Prov: SK    Postal: S4P 1S9  
Home Phone: (306) 555-1212    Work Phone:   
Ref. Doctor:     Ref. No.:   
Misc.:     Last Visit: Sep 30, 1992

The other method of booking a recall is to click the ADD button along the bottom of the Recall screen. Either way, once the system has been instructed to add a recall you will see a screen displayed.

The Recall Date field should be filled in with the date, perhaps 6 months in the future, that you wish to book the recall for.

The Recall Doctor field should be filled in with the doctor you wish to book the recall with.

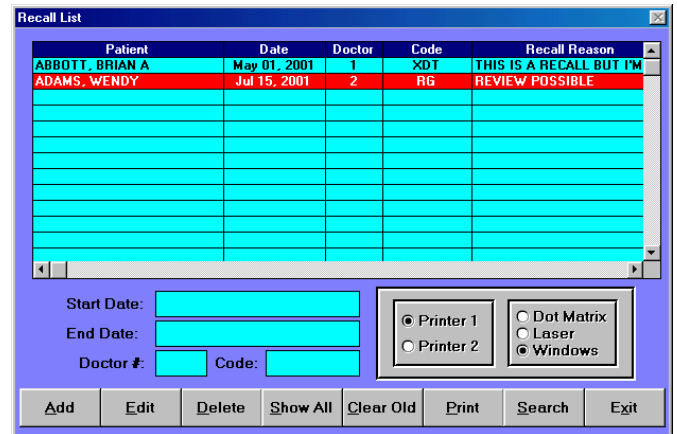
Patient: ADAMS, WENDY  
Recall Date: Sunday Jul 15, 2001  
Recall Doctor: 2    Recall Code: RG  
Recall Reason: Review possible Glaucoma case

The Recall Code is an internal code which is used only in your clinic. You will need to decide the various reasons for a recall and what each code means. In the example above, RG was used to indicate Recall Glaucoma. The Recall Reason is used to provide a brief description of the reason for the recall. It's not necessary to enter a Recall Reason but it can be helpful.

As each entry is made into the database the recall list will grow. It is advisable to review the recall list on a regular basis, perhaps daily. There is no point putting a patient on the recall list if the list is never reviewed and processed.

When you first select the Recall List from the Utilities menu you will see all pending recalls from the first through the last. You can limit the list by entering a Start Date and an End Date. Recalls which fall outside the selected dates will not be displayed.

You may further limit the list by selecting a doctor to work with. Finally you can enter a Recall Code in the CODE field. Only recalls which match the code you entered will be displayed.



#### **Additional Controls:**

The ADD button, as described previously, adds new entries to the recall list.

The EDIT button allows you to make changes to the highlighted recall. Just click the Recall you wish to work with then click the EDIT button.

The DELETE button is used to erase a recall once you are finished with it. Use caution – there is no automatic way to undelete an entry.

The SHOW ALL button will display all recall records.

The CLEAR OLD button will first ask for a cut-off date and then delete all Recall records prior to the cut-off date. Usually this feature is used once the Recall has expired.

The PRINT button will print a list based on the dates, doctor and recall code selected.

The SEARCH button will allow you to search the recall list for one specific patient.

## Recall (Chiropractic / Dental / Optometric Version)

The Recall feature in Physician's offices behaves differently. Physicians should see the previous section.

The Recall feature can be used to contact patients who's care has lapsed. The system will search the patient database and locate patient's based on the date of last visit. The selected patients will then be printed on labels which can be affixed to reminder cards and sent to the patient.

Clinics are reminded to contact appropriate professional bodies for guidelines on appropriate use of this feature.

Before you begin you should set up your printer type. Select the printer type (Printer 1, 2 or use the Windows print driver). Next select the type of printer (Dot Matrix, Laser or Bubble Jet). Finally select Tractor fed or Sheet Fed. Once these settings have been made click on Automatic Settings. CBS will set the margins. You may then click on Print Test Page. Adjust the settings as necessary and print another test page. When the labels line up click on Save Settings.

**Patient Reminders**

Please Select Printer Options then click 'Automatic Settings' to adjust Margins. Print a test page to be sure labels line up. Then select Date and Doctor options and finally select Print. Call CBS if you need assistance at (800) 563-4666 (569-1434 in Regina).

**Cut Off Dates**

Start: [ ]  
End: [ ]

Doctor: 0) All Doctors

Top Margin: 3  
Left Margin: 2  
Lines Per Label: 6  
Characters Per Label: 28  
Labels Per Row: 3  
Labels Per Column: 10  
Offset Factor: 0

Save Settings Print Test Page

Automatic Settings

Printer 1  
Printer 2  
 Windows

Dot Matrix  
 Laser  
Bubble Jet

1 Month  
6 Month  
1 Year  
 Other

Tractor Fed  
 Sheet Fed

Print Exit

Next you will need to select a START date and an END Date. You may do this automatically with the buttons on the screen. For example, if you click the 6 month button, CBS will select a start date seven months in the past and an end date six months in the past. This will cover a period of time one month long six months in the past.

Naturally you can select your own Start and End dates which may cover any period you select. Patients who's last date of visit fall between the Start and End dates will be selected.

Finally you must select the doctor you wish to work with. You may leave the doctor set to ALL Doctors or you may select one doctor from your clinic.

Finally once all selections have been made click the PRINT button and your labels will be printed.

## Reindex Database

An Index is used to quickly locate information in a large database. On occasion it is necessary to rebuild these indexes to keep the system operating at optimal speed. Every month CBS will automatically ask if it can reindex the databases but you can elect to reindex at any time using this menu entry. It may be advisable to reindex after a sudden loss of power.

It is only possible to reindex if the system has exclusive access to the database. If you run both appointments and billing at the same time on the same computer you must exit from the appointment system leaving only the billing system running.

If you are on a network you must make sure that all other terminals on the network have exited from the appointment and billing programs before you begin.

## Repair Database

The Repair Database feature is rarely used. CBS uses the Microsoft Access database drivers. The method Microsoft has selected to repair a database is less than perfect. Basically Access goes through a damaged database and finds records it can not read. These records are thrown out. When you repair a database you know you will usually end up with a working database but you have no idea what will be discarded and no indication after the repair operation as to what has been lost. For this reason it is almost always preferable to go to a backup and then re-enter lost information than to use the Repair Database function. Please contact the CBS office before you use this feature.

## Statistics

The Statistics function is a powerful utility which can be used to locate information in your CBS database.

The use of this function is very simple. First you must determine the information you wish to find. For our purposes we will take a simple example. We will find all female patients 65 years of age or older who have had pneumonia in the past year. We will assume that today's date is July 17, 2001.

We would enter the Start and End dates to cover the previous 12 months. July 17, 2000 – July 17, 2001.

The ICD code would be 486 for Pneumonia and Sex would be F for Female.

We want to make sure that the patient is at least 65 years of age so the END DOB would be filled in to be July 17, 1935. Patients born prior to this date are at least 65 years old and since we don't want to set an upper age limit we don't need to put in a Start DOB.

We want to find only patients who match all these items so we would set the Options to Match All.

Fill in Search Information. Select Match ANY or Match ALL	
Start Date	Jul 17, 2000
End Date	Jul 17, 2001
ICD Code(s)	486
Service Code(s)	
Start Name	
End Name	
Start DOB	
End DOB	Jul 17, 1936
Location	
Treating Dr.	
Ref. Dr.	
Address 2	
City	
Misc.	
Misc_Info2	
Misc_Info3	

Options	
<input checked="" type="radio"/> Match All	<input checked="" type="radio"/> Print Patient
<input type="radio"/> Match Any	<input type="radio"/> Print Services
<input type="checkbox"/> Only print totals	
<input type="checkbox"/> Count each service code	
<input type="checkbox"/> Count Each ICD code	
<input checked="" type="radio"/> Printer 1	<input type="radio"/> Dot Matrix
<input type="radio"/> Printer 2	<input type="radio"/> Laser
<input type="radio"/> Disk File	<input checked="" type="radio"/> Windows

Patient Count	Discrete Services
Design Report	Reminders
Start	Exit

If you only want to print out the patient's name one time you would put the system to Print Patient. If you wanted to list every service for every patient matching your criterion you would put the system to Print Services. In our case we only want the name of each patient matching our criterion not a list of every visit these patients have had so we would set the system to Print Patient.

If you only wish to know the total number of matching records you may click on the Only Print Totals box. If you are doing a search and you want to know how many unique ICD or Service codes are found for each matching patient you may click on the Count Each Service Code or Count Each ICD Code box.

Only print totals  
 Count each service code  
 Count Each ICD code

- **Design Report**

CBS comes with a basic report which lists the most common patient information. If you wish, you can customize this report. Click on the Design Report button and you will see the report designer screen.

Select the fields you wish to see by clicking on the check box to the right of the field name. Once you have elected to print a field you must tell CBS how many characters you wish to use for that field. For example, in the picture to the right you will see that the Last Name field is set to use up to 15 characters. If the Last Name is longer than 15 characters it will be cut off. When designing your reports keep in mind that in compressed mode there are only 120 characters available on each line.

Patient Database			Billing Database		
Field	Print	Length	Field	Print	Length
Last Name	<input checked="" type="checkbox"/>	15	Claim #	<input type="checkbox"/>	
First Name	<input checked="" type="checkbox"/>	10	Service Code	<input checked="" type="checkbox"/>	5
Sex	<input checked="" type="checkbox"/>	2	Date	<input checked="" type="checkbox"/>	9
D.O.B.	<input checked="" type="checkbox"/>	6	Unit	<input type="checkbox"/>	
Doctor	<input checked="" type="checkbox"/>	5	Location	<input type="checkbox"/>	
PHN	<input checked="" type="checkbox"/>	10	Paid	<input type="checkbox"/>	
Address 1	<input checked="" type="checkbox"/>	25	Run Code	<input type="checkbox"/>	
City	<input checked="" type="checkbox"/>	10	Dr	<input type="checkbox"/>	
Prov	<input checked="" type="checkbox"/>	3	Clinic	<input type="checkbox"/>	
Postal	<input type="checkbox"/>		Ex	<input type="checkbox"/>	
Home Phone	<input type="checkbox"/>		Agent	<input type="checkbox"/>	
Work Phone	<input type="checkbox"/>		ICD	<input checked="" type="checkbox"/>	3
Ref Doc.	<input type="checkbox"/>		Ref Doc	<input type="checkbox"/>	
Misc 1	<input type="checkbox"/>				
Misc 2	<input type="checkbox"/>				

Save Exit

**Other Statistics Functions:**

**Patient Count** will give you the total number of patients in the system. Since CBS keeps a count of the number of records in its database this result is presented instantly. CBS then asks if you would like a breakdown of the total per doctor. If you would like to know how many patients are recorded for each doctor, CBS must search through every record in the system and thus there will be a delay reporting this information.

The **Discrete Services** button will count the number of individual patients seen between two dates. Make sure to enter a Start Date and an End Date then click Discrete Services. CBS will go through the billing history database and find the number of unique patients who were seen during this period.

## Site Certificate



Your CBS Software is generally licensed to you for a period of one year. When that year has expired you will need to enter a new Site Certificate. Your new Site Certificate code is automatically faxed to you when you order and pay for your yearly Update and Support Service.

If your certificate is expired, as a courtesy, your CBS software will continue to function normally for a period of time. During that time period, CBS will prompt you to enter a new Site

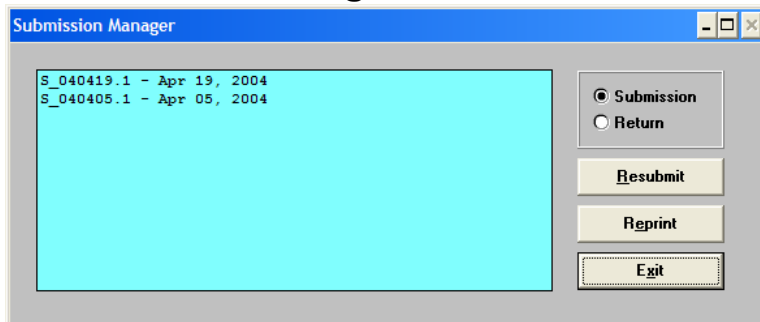
Certificate code.

CBS will ask “Would you like to enter your new Site Certificate Code Now?”. If you don’t have your new code yet, click NO. When you have your new code click YES.

If you obtain your new code before the old code expires you may enter it early. You do not lose any days of support by doing so. Just click on Utilities then Site Certificate.

Enter the code number exactly as it appears on your renewal form and click SAVE. If you make an error in the number, CBS will prompt you to re-enter the number.

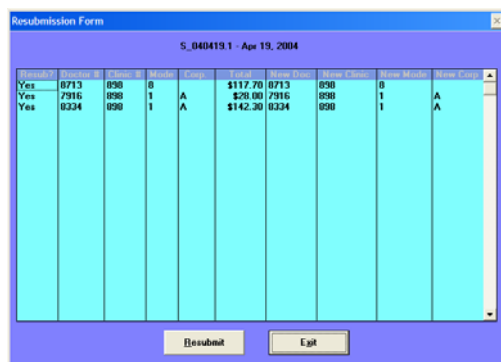
## Submission Manager



Submission Manager allows you to either reprint an old submission or to resubmit the services to MCIB.

Usually you wouldn’t need to do either of these activities, however on rare occasion a submission file will have a doctor rejected or need to have a clinic number changed, etc.

To resubmit all claims for one or more doctors for a given submission period, first select the submission by date from the list that appears. Next, click the Resubmit button. This will bring up the following form:

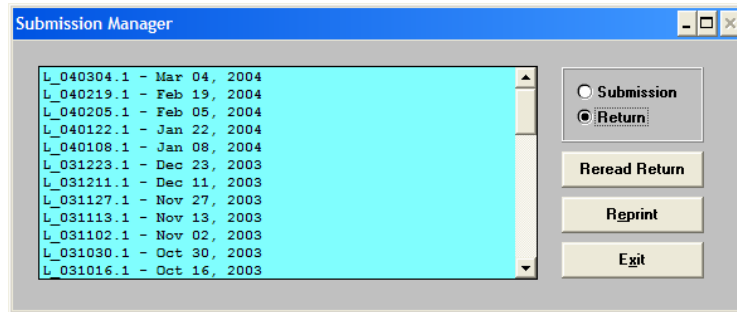


First, make sure the doctor(s) you wish to submit are set to YES in the first column. Change any doctors you do NOT wish to resubmit to NO by clicking in the first column. You can now click in the New Doc, New Clinic, New Mode or New Corp column and make any needed changes.

When you are finished, click the Resubmit button and CBS will take you to the Submission Method form and allow you to send your files to MCIB with the selected changes.

You can also use Submission Manager to just reprint a previous submission without actually sending the files to MCIB. First select the submission from the list. Next click the Reprint button. CBS will reprint the submission for all doctors. In that billing period.

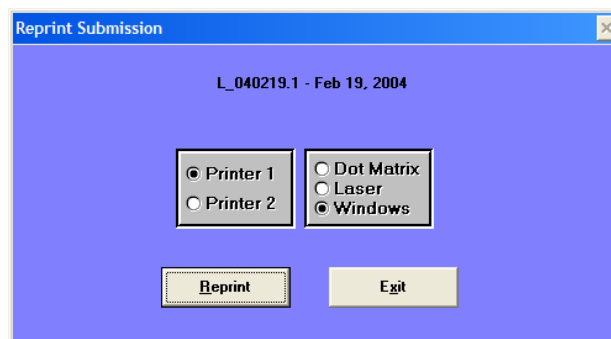
Submission Manager can also reprint or reprocess return files.



Put the dot on Return then select the return file by date from the list that appears.

If you somehow picked up your return file but failed to read it, you can re-read the return file by clicking the Reread Return button.

If you lost the print-out of your return file you can print it again. Just click on the return file by date from the list then click the Reprint button.



CBS will then print out the return file again. Don't lose this one! 😊



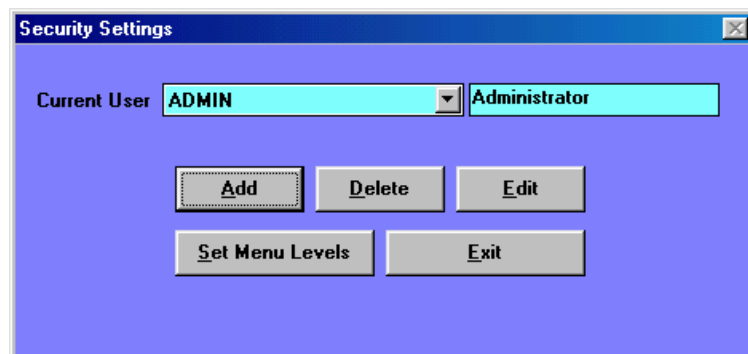
## Security Settings

To use the Security Settings functions you must first enable the Security Settings feature. To do this, go to Utilities then System Settings and click the Security Enabled box then click SAVE. CBS will ask you for the administrator password at this point. From this point forward every person who uses CBS will need an account name and password.

By default, CBS comes with 3 different users each with it's own password. You will need to change these passwords immediately. After all, what's the point in a password when everyone knows what it is?

Account Name	Password
Admin	ADMIN
Clerical	CLERICAL
Data Entry	DATA ENTRY

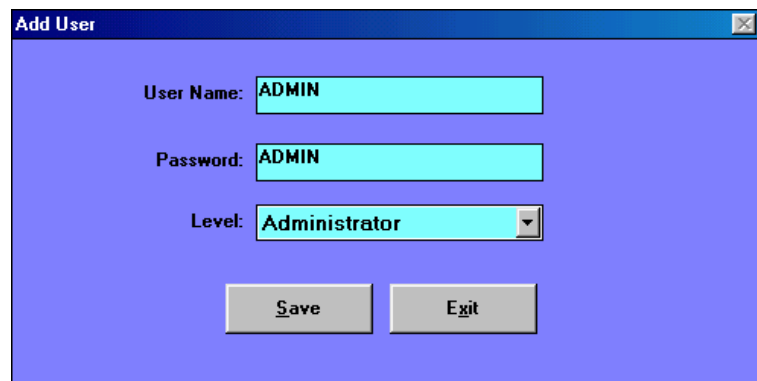
When you click on the Security Settings menu item you will see the Security Settings Screen:



The three levels of users each has different access to the system. The Admin account has full access. The Clerical account has access to most functions but not to the MCIB menu. The Data Entry account has very limited access.

### Edit Button

Probably the first thing you will want to do is to edit each account, changing the password and the name of the account. To edit an account first select the account to work with by clicking the Current User drop down box then click the EDIT button. From this next screen you will be able to change the name of the account, the password or set the security level. Once you have made the changes you wish click the SAVE button. Don't hesitate to change the account names so people using the system will know which account to use.



Warning: Don't forget the password – ESPECIALLY not the administrator password - or you will be locked out of your billing system.

## Add Button

The Admin user may click the ADD button to add a new user to the system. You may give the user any name or password but you must select from one of the three standard user levels.

## Delete Button

If you have an account that you do not use or need it is best to delete that account. Leaving old accounts on your system is like letting former tenants have a key to your apartment – it doesn't provide very good security.

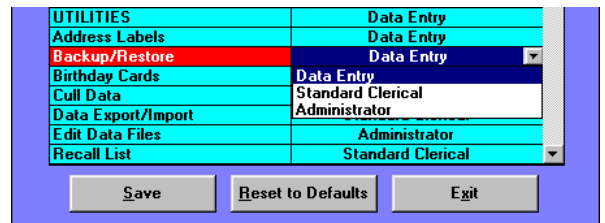
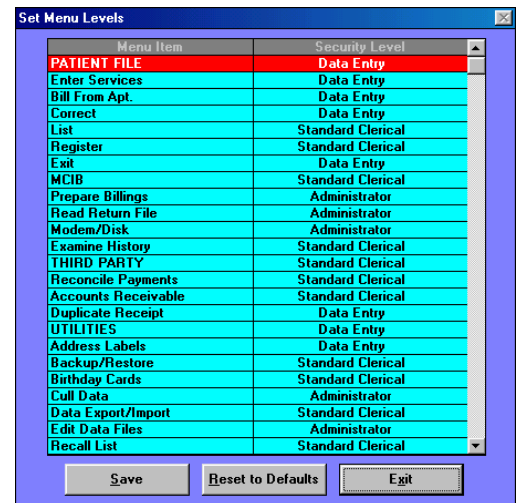
## Set Menu Levels

Security Levels determine which user can view each menu item. Data Entry is the lowest level available. Data Entry has limited access to the system and can really only be used for basic billing functions. Standard Clerical has access to everything that Data Entry has plus additional access. The Admin account has access to everything Data Entry and Standard Clerical have access to plus additional features (such as the Security Settings menu).

You can modify this access easily. For example, the Backup function is usually reserved for Standard Clerical and Admin. In your office you may wish the Data Entry account to have access to the Backup functions. To make this change, click the Set Menu Levels button.

When you click this button you will see every menu item for CBS. To the right of the menu heading you will see the Security Level the menu item is linked to. Click the Security Level item and you will see a drop down box displaying all available levels. Click on the level you wish to select. You can make as many changes as you like. Once all changes are made click the SAVE button.

If you wish to return CBS to it's default settings for security levels click the Reset to Defaults button.



# Submission Manager

## System Settings

The screenshot shows the 'CBS Set-Up' dialog box with the following settings:

- Start Claim: 26721
- Return File: \aw\returns.txt
- Group #: 000
- Extra 1: Cell phone:
- Extra 2: Employer:
- Extra 3: Next of kin:
- Screen Saver Setup: Delay: 1, Select Background, Use Old Background (unchecked), Hide Main Screen When Billing (unchecked)
- Internet Site: https://ics.health.gov.sk.ca:4081
- Windows Font: Courier New, Points: 8, Lines: 75
- Printer Selection: Printer Type (Dot Matrix, Laser, Windows selected), Printer Port (LPT1 selected, LPT2)
- Submission Type: Internet selected, PC-Anywhere, Drive A:, Drive B:
- File Use: Exclusive selected, Shared, Pause Time: 25
- Internal Backup: Disabled selected, Daily, AM/PM, Hourly, 30 Min., 10 Min.
- Tips: Enable Tips (unchecked)
- Security: Security Enabled (unchecked), Batch Billing (unchecked), Bill From Apts. Enabled (unchecked), Enable Terminal Services (unchecked)
- Chart Index: Pending Services (checked), Report Menu (unchecked), Bill into Future (unchecked), XRay Labels (unchecked), Auto Chart # (unchecked)
- Rule Calculation: Automatic selected, Manual, MM/DD/YY selected, DD/MM/YY
- Other options: Split Enabled (unchecked), Park Enabled (unchecked), Xray Report (unchecked), CBS Server (unchecked), Ulock Off (unchecked), Dental Clinic (unchecked)

The System Settings are used to determine how your system operates. Usually your CBS system will be set to operate properly when it is installed and it will not be necessary to use this menu. Please be cautious about the use of this screen since it is possible to make several disruptive changes to your system.

### Starting Claim

This should be set to a 5 digit number between 10000 and 99999. This claim number is the number that CBS attaches to each claim submitted to MCIB. After each submission this claim number increases. When the starting claim number reaches 99999 it returns to 10000.

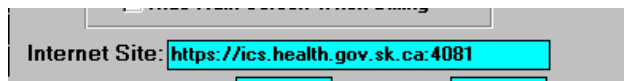
### Retrun File

The Return File Name tells CBS where to expect the MCIB return file will be located. For PC-Anywhere the return file name should always be \AW\RETRUNS. For Diskette users the file name will be A:GROUP123.RET (or B:GROUP123.RET). 123 is replaced by the actual clinic's group number. For Internet users the file name will be \AW\RETURNS.TXT

### Group #

Assigned by MCIB. This number is unique and identifies your clinic. Do not change this number unless told to do so by your provider.

## Internet Site



This is the URL for MCIB's web site. Note that it starts with https. The S stands for Secure and directs your web browser to employ additional security encryption. You will not usually need to adjust this setting unless at some future date, MCIB changes web addresses.

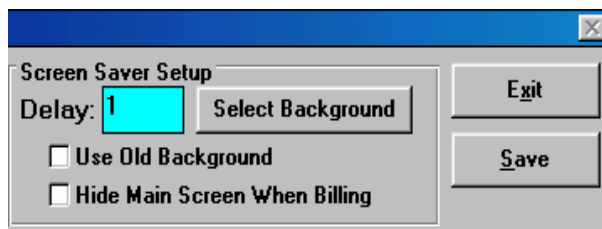
## Extra 1, Extra 2, Extra 3

These items determine the title of the last three lines on the patient information screen. By Default, these three items are set to the word "BLANK". When CBS sees this it will use the first of the last three lines for "Misc" and will not display the final two fields. If you wish you may change these items. For example, you may wish to put the words "Kin" in the Extra 1 slot and "Alergies" in the Extra 2 slot. The last two items on your patient file will then say "Kin" and "Alergies". Remember that just because you change the title of these fields does not mean you have made any changes to the content of the field. If you had been using the first line for "Kin" and later changed it to "Medications" the contents of that field would still display the information you had typed in this spot.

## Windows Font, Points, Lines

Used to change the default type face, point size and lines per page displayed by CBS. Do not change these settings without talking to the CBS office first or your reports may not print properly.

## Screen Saver Setup



The CBS Screen Saver is a simple way to provide a bit of variety to the appearance of your CBS program but it also provides a useful feature. By changing the display occasionally it is possible to extend the life of your monitor. If the same image is constantly displayed some monitors will "burn in" and become imprinted with that single image.

## Delay

The Delay sets the number of minutes you must remain on the main menu before the screen changes to display another picture. If you set this number to 0 then CBS will not change background screens. This may be necessary on some networks to speed system performance.

## Use Old Background

This check box displays the old CBS For Windows classic screen. Older computers or computers with limited display adapters may not be able to display high color graphics or may not display them quickly enough. In these cases you may wish to check this box.

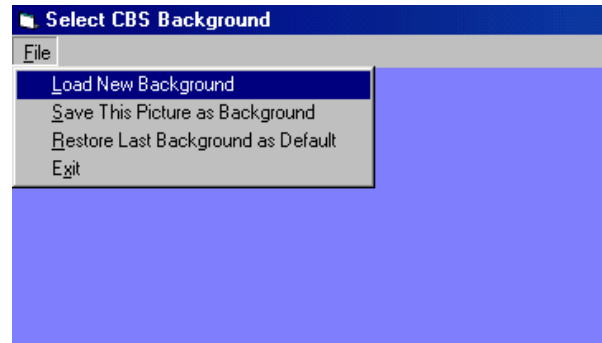
## Hide Main Screen When Billing

This function will hide the main background screen while you are using other CBS screens. It will slightly speed up system performance and may be necessary for some offices using older equipment.

## Select Background

Each time CBS starts, it will display the default background. You may change the default background by clicking this button. When you do, you will see:

On this screen you will be able to view a number of backgrounds and view them. When you find one you like you can click on File then Save This Picture. CBS will then change the default background screen.



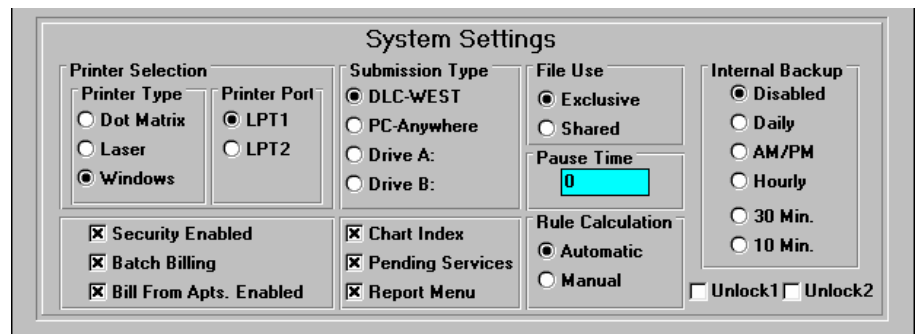
Note that CBS stores all background pictures in the \CBS\PICS directory. If you have a picture you would like CBS to use as a background or as the default you must place the picture in this directory.

**WARNING:** Any picture you place in the \CBS\PICS directory must be in JPG format. If you place a corrupted picture in this directory or if the picture is not in JPG format you will cause CBS to crash. If you have pictures you wish to place in this directory and they are not in JPG format you may be able to convert them to JPG with a program like Paintshop Pro or Grahpic Workshop.

## Printer Selection

**Dot Matrix:** Used for older dot matrix printers. Using this setting will greatly speed printing on Dot Matrix printers.

**Laser:** Not all Laser Printers can be accessed this way. If this setting fails you may need to use the Windows setting, however you will be able to take advantage of the internal fonts loaded in your printer if you can use this setting.



**Bubble Jet printers:** Most Bubble Jet printers will work with either Dot Matrix or Laser settings. You will need to try each setting to see if CBS can print properly to your printer. Watch to make sure the printer switches to compressed print in the List Services printout.

Nearly every printer available has Windows drivers. If you can't print directly to the printer you should use the Windows print driver. You will lose access to certain fonts but at least you will be able to use your printer.

## Tips Enabled

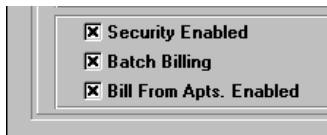


Personally I find the Tips feature to be very annoying however for new users it may be helpful. Just click this feature to enable it. After that, holding your mouse over any CBS item will bring up a small yellow bubble with a description of the item.

## Terminal Services

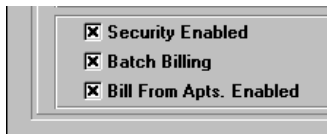
Do not enable this feature without consulting with CBS first. This feature allows multiple sessions of CBS to run on one Windows 2000, Windows NT or Windows XP Advanced server so that remote systems can access CBS via a Virtual Private Network or other internet connection.

## Security Enabled



This menu item is fully discussed in the previous section on System Security. This check box will enable the System Security features. Once enabled you will need to log into the system before you can continue using CBS. Remember the Admin account password is set to ADMIN by default. Also remember to change this password as soon as possible once you enable the System Security.

## Batch Billing



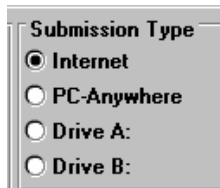
The Batch Billing feature is enabled if you wish to do a bundle of billings for one doctor at a time. For example, if you want to bill 20 services for Doctor #1 then 30 services for Doctor #2, this feature will be a real time saver. CBS will set the default doctor to the last doctor used. That way once you select one doctor, CBS will stick on that doctor until you change to another doctor.

This feature would not be helpful in offices where patients tend to see the same doctor each visit and the visits are entered as the patient presents to the clinic.

## Bill From Apts. Enabled

As previously discussed, this option will allow you to bring up a list of patients who have had appointments booked and then bill from that list.

## Submission Type

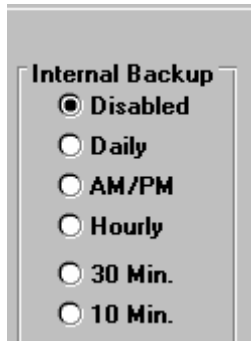


The Submission Type is set to tell CBS which method you use to send your billings to MCIB. If you are unsure as to which method you are using please feel free to contact our office and we will help you determine this.

## File Use

File use should be set to Exclusive when you have only one computer and you use only Billing or Appointments but not both at the same time. If you are using a network or if you use both Appointments and Billing at the same time you should set File Use to Shared.

## Internal Backup

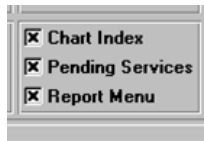


You may be familiar with Word Processing programs that save data on a regular basis in the event of a crash. In a similar way, CBS will make a backup on it's local hard drive occasionally. If there is a database crash, CBS can use the most recent internal backup reducing lost information.

CBS can not use the Internal backup feature in a networked environment. Files which are opened by other computers can not be copied.

An internal backup will help with some database crashes but it **WILL NOT** protect your data in the event of a hard drive crash. It is critical that you continue to make daily backups even if the Internal Backup is enabled.

## Chart Index



Some offices use patient chart numbers to track patients. If you wish you can enter these chart numbers into CBS. Just put the word CHART into the Extra

## Pending Services

When this function is enabled you will see a strip down the right hand side of the screen with a number of boxes. The Doctor's initials are displayed on the left and the number of pending services is displayed on the right. Each Pending Service corresponds to one billing entry. Remember that there may be multiple service codes on each entry so the number displayed is not the exact number of services that have been entered but rather the number of patient visit contacts for the current billing period. Once you prepare an MCIB billing file this number will return to zero.

## Report Menu

The Reports described previously (Doctor and Clinic Flow reports) are an optional item. If this check box is enabled you will see the Reports menu and if it is not checked you will not see the menu item.



## Rule Calculation

<b>Rule Calculation</b>
<input checked="" type="radio"/> <b>Automatic</b>
<input type="radio"/> <b>Manual</b>

MCIB has a number of rules which govern the amount CBS will charge. If you enable the Automatic Rule Calculation function, CBS will attempt to determine the correct rule to apply in each situation. Usually this means warning when a doctor is not eligible to bill a certain code or reducing the amount billed to 75% but in certain rare cases it is possible that a doctor may actually reduce his overall payment by billing certain codes in combination. CBS will watch for this condition and warn when it occurs.

If you would rather make manual rule calculations on your own then you may disable this feature by selecting Manual as the rule calculation method.

## Update Staff

The screenshot shows a 'Doctor Registration' window with the following fields and values:

Name	DR. IM HEALTHY		
Address	1540 ALBERT ST.		
City, Prov	REGINA, SK.		
Postal Code	S4P3A2	Phone	555-1212
Doctor Number		Def. Sex	
Billing #	1234	Initials	IMH
Clinic #	000	X-Ray	
Mode	1	Specialist	N
Default Service	005B	Location	1
Default ICD		Ultrasound	
Corporation		DIA #	
		SGI #	

Position Cursor in Referring Doctor Field

Buttons: **Lookup**, **Add**, **Clear**, **Save**, **Delete**, **Exit**

The Update Staff function allows you to add, remove or edit doctors registered to work in your clinic.

The **Lookup** Button is used to find an existing doctor. Click Lookup then type in the doctor's number (ie 1, 2, 3, etc.). CBS will find and display the doctor's information. You may make any changes you wish and then click SAVE to save your changes.

The **ADD** Button is used to add a new doctor to your clinic. Fill in each field as described below and then click SAVE. CBS will assign a number to the doctor and inform you of the new doctor's number.

When you are entering a new doctor you may press the **CLEAR** button to erase all information you have entered and start over.

The **DELETE** button is used to remove a doctor. CBS does not allow gaps in the doctor's list. For that reason CBS will only allow you to delete the last doctor in the list. If there are 4 doctors registered to work in your clinic you may only delete doctor #4. Once Doctor #4 is deleted you may delete Doctor #3 and so on.

Cauton: Each patient seen in your clinic is assigned to a specific doctor on his first visit. All history on that patient will show the treating doctor's number. If you delete this doctor it will cause problems when you attempt to print patient history. In addition, if MCIB issues payment for a doctor that you have deleted from your system it will cause problems when reading the return file.

Each field in the Doctor Registration Screen has a specific meaning.

### **Doctor Number**

The Doctor Number is the number assigned by CBS to each doctor in your clinic. The first doctor is 1, second doctor is 2, etc. Do not confuse this number with the Billing Number. Note that you do not fill in this number. CBS will assign it for you.

### **Billing Number**

This is a 4 digit number assigned by MCIB to each Saskatchewan physician. MCIB may add a 5<sup>th</sup> digit to the end of the billing number as a check digit when processing manual entries. Only enter the first 4 digits.

### **Clinic Number**

The Clinic number is assigned to a group of Physicians. It is a 3 digit number. A doctor may belong to a number of clinics at the same time. If a doctor in your office bills from multiple clinics you will need to enter him into the system once for each clinic number. Solo doctors are usually assigned a clinic number of 000. Locum doctors are often assigned the same billing number as the sponsoring doctor and a clinic number of 900 or 901. If you are unsure of the doctor's billing number or clinic number please contact MCIB and clarify the information. If you bill a doctor with the wrong billing number or clinic number it will cause the doctor's billings to be rejected.

### **Default Service**

The Default Service is designed to speed your billing process. A "Default" is what the computer will supply when no information is provided. For a GP the Default Service is 005B. When you are billing just press the enter key on the first service line and CBS will enter the default service code. If you select the right default service it will speed up your billing process and you won't have to type the service code.

### **Default ICD**

Most offices will leave this spot blank. Exceptions would be radiologists who always bill a Z21 as a diagnostic code or anesthetists who always use Z17 as a diagnostic code.

## **Corporation**

If your doctor has registered a corporation in Saskatchewan he will often realize substantial tax savings. To bill as a registered corporation to MCIB the doctor should first inform Sask Health as to his corporate status. He will need to inform Sask Health as to the Start Date he will begin billing as a corporate doctor. All billings before the Start Date must be submitted to MCIB without the Corporation information. You will need to enter all billings and then prepare a billing file. Once the billing file has been sent to MCIB you may enter the corporation information - HOWEVER – you may no longer bill for services prior to the Start Date so be sure all information has been submitted.

The other method that can be used is to enter the doctor into your system twice - once without the corporate information (doctor #1 for example) and once with the corporate information (doctor #2 for example). Billings prior to the start date would be billed under doctor #1 and billings after the start date would be billed under doctor #2.

The Corporation letter is entered first. It must be an A, B or C. The first corporation a doctor has registered will always be entered as an A. If the doctor has more than one corporation it should be entered as a B and the third corporation entered as a C. No more than 3 corporations are supported under MCIB specifications.

The Corporation Name is optional. It may be a numbered corporation or a name. If the name is too long it will be truncated to fit the screen.

## **Mode**

The Mode field is used to identify the type of doctor and payment method being used.

Mode 1 is Fee for Service.

Mode 6 is for Optometrists

Mode 8 is for Chiropractors

Mode 9 is for alternative payment methods such as a doctor working on salary or a nurse practitioner.

If you are unsure what mode to use contact the CBS office or MCIB.

## **Initials**

Enter up to 3 letters in this box. These initials will be displayed when there isn't enough room to display the doctor's full name. For this reason it is important that each set of initials be unique.

## **Default Sex**

Generally left blank. This field can be used by Gynecologists who see mainly female patients to speed data entry.

**DIA Payee #**

Used only by Chiropractors. This field contains the Department of Indian Affairs payee number. Contact the Chiropractors Association of Saskatchewan for assistance in applying for and obtaining a DIA payee number. Some doctors will be eligible to bill DIA even without a payee number but confirm this with DIA first.

**SGI Payee #**

Used by Chiropractors. This field contains the Saskatchewan Government Insurance payee number. Contact the Chiropractors Association of Saskatchewan for assistance in applying for and obtaining an SGI payee number..

**Specialist**

Set to Y if the doctor is a Specialist or N if the doctor is a GP or Chiropractor.

**Location**

This is the location where most services will be billed from. Location 1 is for the Office, 2 for Hospital In-patient, 3 for Hospital Outpatient. There are a number of other locations but these are usually the only ones that would be used for the Default Location. Naturally you may use any location code you wish when billing but if you supply the right default location it would save you the bother of constantly changing the location code.

**Name**

The Doctor's name is entered in this spot. For example, Dr. I. M. Healthy.

**Address**

The address where you wish paper correspondence to be sent.

**City/Prov**

The city and province where the doctor lives. For example, Regina, Sk. or Saskatoon, Sk.

**Postal**

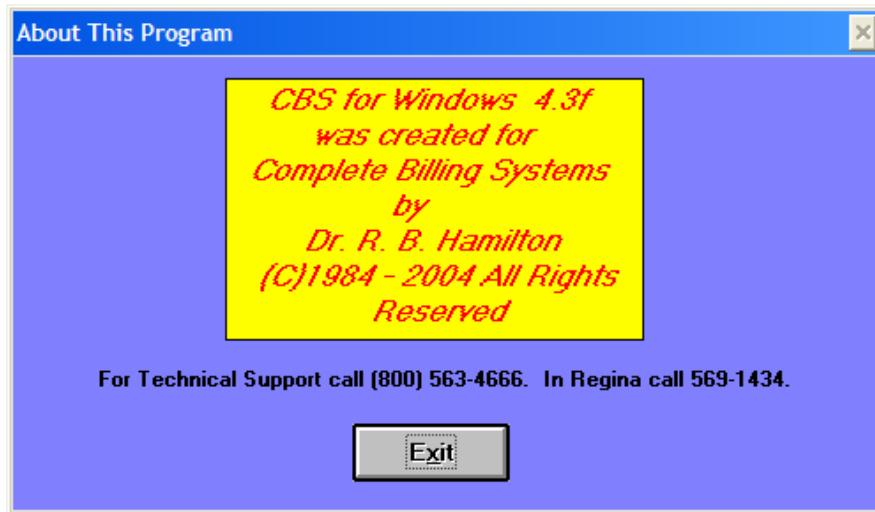
The postal code. Note that MCIB does not accept spaces in the postal code.

**Position Cursor in Referring Doctor Field**

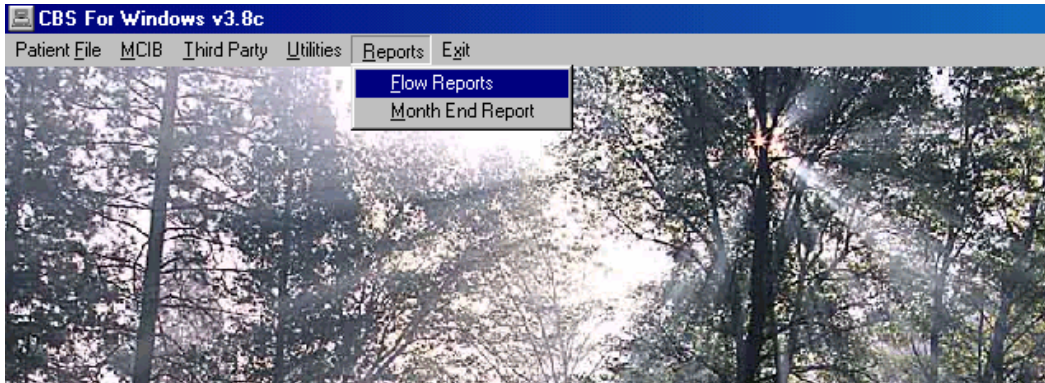
Foreign certified specialists will bill either a 9B or another code such as 9L when they see referred patients. If the majority of patients the doctor sees are referred you should click on this check box so the cursor on the billing screen will position in the Referring Doctor spot.. This will save you the bother of constantly moving the cursor up one line every time you want to enter a referring doctor.

## About Program

Displays the current software revision and copy write information.



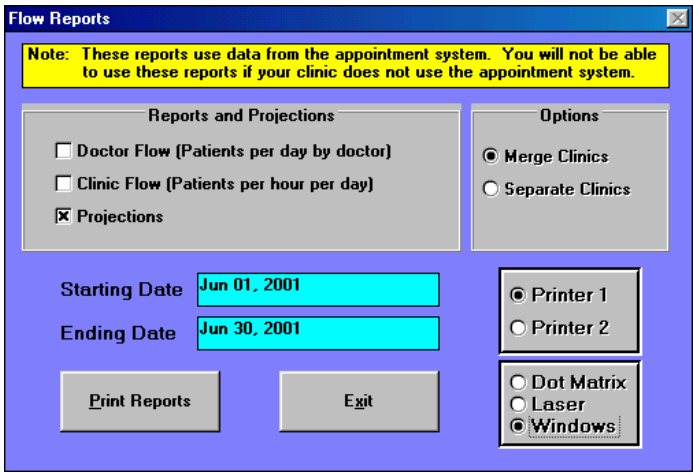
# Reports



The Report menu will not be displayed unless it is specifically enabled. To enable this Menu item, you must go to the Utility menu then to the System Settings menu and finally you must check the Report Menu item. See the Utility – System Settings section for more details.

The Reports gather data from the Appointment system. If your clinic is not using the Appointment system then the Reports will not be able to produce accurate data and should be disabled.

## Flow Reports



The various flow reports all deal with the volume of patients seen in your clinic. The Doctor Flow report shows the number of patients per day seen by each doctor in the clinic. The Clinic Flow report shows the volume of patients seen per hour per day in your clinic. Projections gives an estimate of yearly income based on the data collected so far during the year. Naturally it is only an estimate and changes in clinic patient flow (the departure of a doctor, change in staff hours, etc.) will cause the estimate to be inaccurate.

For each report you must select a Starting Date and an Ending Date. These dates will be used to generate the report. The Doctor Flow report will report the number of patients seen by each doctor on each day between

the Start Date and the End date. The Clinic Flow report will show the patients seen per hour each day between the Start and End date. The Projections will be based on patients seen between the Start and End dates.

Some offices will have multiple clinic numbers billing from one location. For example, an X-Ray clinic number and a regular office billing number. In this case you may wish to merge the clinic data from both clinic numbers to be merged or you may wish separate reports for each clinic number. Select these options before you print your report.

Once all options have been selected click the Print Reports button to generate your report.

Remember that all reports are based on the Appointment database. If you are not using the appointment system or if some patients are not entered into the appointment system then the reports will not be accurate.

## Month End Reports



At the time of writing for this manual, this report menu was not finished. The Month End Accounts Receivable option will review all billing data on file then generate a report. CBS will give a list of all services which have been submitted to MCIB for processing but have not yet been returned. It will give a list of all Pending Services (services which have been entered into the system but not yet submitted). CBS will give a summary of the total accounts receivable for each doctor in the clinic.

In future these reports and perhaps others will be completed and enabled:

- Period Ending Accounts Receivable
- Income by Individual Doctor
- All Doctor's Income

## Exit

This is a very important part of the program. Exit closes all databases and terminates the CBS program.

# Warning:

**ALWAYS** use the **Exit** function to close and exit from CBS.

**NEVER** just switch off the power. Severe Database Damage can occur due to sudden power loss.



