

Clinical & Administrative Medical Assisting

1 ST 2017
EDITION

RICK SCHANHALS

using the

**ELECTRONIC
HEALTH
RECORD**

Learn by Doing

Contains both role-play and self-study case studies in primary care, urgent care, orthopedics, and rehab services.

The logo for MEDTRAK features the word "MED" in a bold, blue, sans-serif font with horizontal lines extending from the left side of the letters. To the right of "MED" is the word "TRAK" in a bold, orange, serif font.

Includes access to cloud-based EHR.

Software licensed by:

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Publications with integrated MedTrak usage include:

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Medical Clinic Workflow • 5th Edition (2017)

Billing and Reimbursement • 5th Edition (2017)

Clinical and Administrative Medical Assisting (2017)

Care Pathways • 4th Edition (2014)

Published by Elsevier Inc.

ePractice Kit for Medical Front Office Skills

written by Carol Buck MS, CPC, CPC-H, CCS-P (2011)

Electronic Health Record for the Physician's Office

written by Amy DeVore CMA (AAMA), CPC (2011)

Electronic Health Records - Understanding the Medical Office Workflow

written by Rick Schanhals BSE IE and Mathematics , CHTS-CP, CHTS-PW (2013)

Contents

Preface (January 2017)	v
Logging into MedTrak	vii
Chapter 1 Medical Assisting	11
Chapter 2 Meaningful Use	23
Chapter 3 Patient Demographics	31
Chapter 4 Patient Payers	57
Chapter 5 Communications	85
Chapter 6 Managing Schedules	135
Chapter 7 Scheduling New Patients	167
Chapter 8 Scheduling Established Patients	207
Chapter 9 Scheduling - Changing Appointments	239
Chapter 10 Registering New Patients	279
Chapter 11 Clinic Status Screen	343
Chapter 12 Patient Intake	349
Chapter 13 Order Entry	405
Chapter 14 Open Orders Processing	433
Chapter 15 Provider Scribing	463
Chapter 16 Patient Discharge	493
Chapter 17 Payment Collection	529
Chapter 18 Registering Established Patients	551
Chapter 19 Patient Intake	581
Chapter 20 Order Entry	607
Chapter 21 Open Orders Processing	617
Chapter 22 Provider Scribing	629
Chapter 23 Patient Discharge	655
Chapter 24 Payment Collection	685
Chapter 25 Incomplete Messages	705

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Preface

What is this book about?

The goal of this text is to provide medical assistant students the knowledge and skills needed to be a professional asset to a medical facility by completing a series of case studies. Students use these case studies in conjunction with MedTrak's cloud based integrated electronic health record and practice management system.

The case studies are taken from real-life situations and are specifically designed to present relevant content and kinesthetic practice skills that the medical assistant will need to understand and know how to do when they join the health care workforce.

Medical Office Principles

Medical Assisting Responsibilities - both administrative and clinical

Understanding Revenue Cycle Management - scheduling through payments and collections

Understanding the Basics of Medical Workflow - integrated EHR and practice management

Understanding Meaningful Use - what it is and why it is important

Communications

Handling Incoming Calls - from patients and other related parties

Managing the Medical Facility and Provider Schedules - by blocking out the unavailable times

Group Health including Primary Care

Scheduling Appointments - for both new and established group health patients

Registering Patients - for primary care, rehab services, and orthopedics

Patient Intake - obtaining the patient's preliminary history, body statistics, and vital signs

Computerized Provider Order Entry (CPOE) - placing orders for x-rays, lab tests, etc.

Open Orders - processing orders for the clinical staff and the providers

Patient Discharge - for patients with injuries, illnesses, and physical examinations

Collecting Payments - for collecting copayments, coinsurance payments, and self pay amounts

Incomplete Messages

Incomplete Messages - includes completing Further Review Needed orders



Curricular Features

Easy to learn

Easy to use

Medical workflow

All of the MedTrak books written by Rick Schanhals are designed in a sequential workflow manner. They use a building block approach so that the student continues to build on the knowledge learned in previous chapters.

Students and instructors alike state that MedTrak’s integrated EHR and practice management system is *easy to learn, easy to use*, and provides a great tool for students to learn *medical workflow*.

Case Studies, for both Self-study and Role-play

Each case study is written both for students learning in a seated classroom environment where they can role-play and for students learning from a distance where they need to learn on their own (example shown below).

Self-study version:

Jennifer Watson calls requesting that her name and address be changed because she recently married. Her maiden name is Kirkland. She was born on January 20, 1985, and the last four digits of her social security number are 6052. Verify that this is Jennifer Kirkland calling and make the name change to Jennifer Watson in addition to changing her middle initial to K and her address to 1262 W Grover Street in the same city as the old address. Also, change her marital status to married.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Jennifer Watson calling. I am a long time patient of Dr. Smith’s. I need my last name changed in your records because I am now married. And, I need to change my address.

MA: Hi Mrs. Watson. Congratulations on your marriage.

MA: First, let me verify some basic information before I make the changes.

MA: What is your maiden name? . . .

Self-study

Role-play



Self Assessment Functionality

MedTrak provides the students with an assessment functionality to check their work before proceeding in the book. This **Self Assessment** process compares the student's work to the expected input for each chapter example and case study and provides a print-out of the results of the comparison identifying any errors. Additionally, MedTrak grades students and provides a summary of the grades by chapter.

Students activate the **Self Assessment** processing by entering a command on either the Patients screen, the Scheduling screen, or the Clinic Status screen.

Below is an example of how the student activates the **Self Assessment** for Chapter 3, **Patient Demographics**.

Self Assessment
processing

This is only an example, do not run the self assessment for Chapter 3 at this time.

Self Assessment for these examples

1. You should be on the Patients screen
2. Type "SA03" in any command field
(SA stands for self assessment and 03 is the chapter number)
3. Press the **ENTER** key
(You should be on the Self Assessment screen for Chapter 03)
4. Select the checkbox for the **Chapter Example(s)**
5. Click the **Submit** button
(**"Self Assessment sent to printer/queue..."** message appears)
6. Click the **View Prints** button
(The Available User Reports window opens)
7. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
8. Review the **Self Assessment** report. If you have errors, correct them and re-run the report.
9. Do **NOT** proceed until you have an error-free report

Self Assessment errors

Four errors

Step by step instructions for how to fix the errors

Video link for how to fix the errors

Assessment Summary showing score

In this **Self Assessment** example, the student made four errors.

Susan Robertson's **Alternate Phone** number is incorrect.

Samantha Rodriguez's **Address line 2**, **Preferred Language**, and **Ethnicity** were not documented correctly (shown below).

PAGE - 1 Medical Assisting - Chapter 3 - Example(s)
Healthcare Student (CMA)

Patient: ROBERTSON, SUSAN S.
001. Alternate Phone: '(724) 555-3733' should be '(231) 555-3733'.

Patient: RODRIGUEZ, SAMANTHA T.
002. Address line 2: '233 W Fulton St' should be '231 W Fulton St'.
003. Preferred Language: 'English' should be 'Spanish'.
004. Ethnicity: 'Not Hispanic or Latino' should be 'Hispanic or Latino'.

**** You have 4 errors. ****

Fix errors - then RUN SELF ASSESSMENT AGAIN to get a new report.

Score for this attempt: 78%

HOW TO: Change Patient demographic information
Start at Main Menu
Click 'Patient Registration'
Search and place cursor next to the correct patient
Click 'Change Patient' --- or type 'ch' and press ENTER
Correct the data
Click 'Submit' --- or press ENTER
DONE -> Patient demographics changed

Use the link below for video: How to Change a Patient's Demographic Information
<https://www.youtube.com/watch?v=ftAcwawjHqY>

Assessment Summary

Chapter	Attempt 1	Attempt 2	Attempt 3	Attempt 4	Attempt 5	Average
3-Ex	78%					78%
				Running Score:		78%

*** END OF PRINT 01/25/16 3:28p - Healthcare Student ***

After reviewing this report, the student went back into the patients' demographics and fixed the errors. Then the student ran the **Self Assessment** report again to check the corrections.

Students must have 100% accuracy before proceeding.



Logging into MedTrak

MedTrak is a **cloud-based**, fully integrated EHR (electronic health record) and practice management system that can be accessed anywhere there is an internet connection. While completing the case studies in this book, MedTrak is your **Application Services Provider (ASP)**, thus enabling you to use the same programs and database servers as other students.

Your instructor will provide you with your MedTrak login information. You do not need to install any software on your computer. Every time that you click a button in MedTrak, your data is saved automatically.

Write down your MedTrak login information (username and password), and keep it somewhere safe.

Log out of MedTrak by clicking the **Log Off** button.

Browsers and devices

Although MedTrak may work with most modern browsers, it works best when run in Internet Explorer and Mozilla Firefox.



Internet Explorer and **Mozilla Firefox** are recommended for best results when using MedTrak.

Not all of MedTrak's functionality may work as designed when using other major browsers, such as Chrome, Safari, and Opera.



Other major browsers will work with MedTrak, but functionality may differ.

The use of mobile devices is discouraged. Traditional computers are recommended, due to efficiency of data entry, cursor precision, and internet connectivity.

Using your Browser with MedTrak

When you access your virtual clinic in MedTrak, you should not use your browser buttons for navigation. In order to move from one part of MedTrak to another, you will use MedTrak's internal links and buttons.



Back button



Favorites and Bookmarks



Refresh button

Please do not use your browser's navigation functions in MedTrak.

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1 - Medical Assisting

1

Medical Assisting Responsibilities

Description of the clinical and administrative duties of the medical assistant.

Revenue Cycle Management

Explanation of the various phases of the revenue cycle from scheduling through collecting the final payment for services rendered.

Medical Workflow

Explanation of the importance of efficient workflow when using an integrated electronic health record and practice management system.



Medical Assisting Responsibilities

The tasks of the medical assistant (MA) vary from office to office and depend on the size and type of the medical facility. In a smaller physician's office the medical assistant might do all of the duties listed below. In a larger medical facility, the medical assistant might be assigned strictly to clinical or administrative duties.

Duties in the Medical Office

Clinical duties include:

- Patient intake including taking vital signs and medical histories
- Preparing patients for examinations
- Using a computerized provider order entry (CPOE) system
- Taking electrocardiograms
- Collecting and preparing laboratory samples
- Explaining treatment procedures to patients
- Preparing patients for x-rays
- Removing sutures
- Changing dressings
- Drawing blood
- Patient discharge, including instructing patients about medications, special diets, home exercises, and possible limitations to activities
- Other duties as assigned by the providers

Administrative duties include:

- Answering the phone
- Managing the medical facility and providers schedule
- Scheduling patients
- Registering patients at the front desk
- Recording the patient's insurance information
- Collecting payments at the front desk
- Recording test results
- Recording the physician's exam notes
- Processing report requests
- Managing referrals to specialists
- Managing the surgery schedule
- Other duties as assigned by the office manager

Clinical Duties

Administrative
Duties

Job Outlook

Through 2018, the United States Department of Labor estimates that the employment of medical assistants will grow by 34%, which is much faster than the average for all occupations. The department attributes the increased need for medical assistants to advances in medical technology and the growth and aging of the population in the United States, in addition to the increase in the number of people who are obese and have diabetes. Medical assistants will not only be needed for the large number of new jobs, but also to replace workers leaving the profession.

Also, according to the United States Department of Labor, the increased need for medical care will cause an increase in the number of outpatient and inpatient medical facilities that will in turn need more support personnel, especially medical assistants who can handle both administrative and clinical duties. Many of these medical assistants will be needed in primary care, which is a consistently growing segment of healthcare.

Job Outlook



Revenue Cycle Management

Revenue cycle management in healthcare refers to the control of the patient's healthcare information from the time that they schedule an appointment until their account is paid in full. The healthcare facility needs to take the necessary steps to be sure that they get paid for the services that they furnish to the patient in a timely manner. Money keeps the healthcare facility in business. Every phase of the revenue cycle is critical, from scheduling through collecting the final payment (as shown in the diagram below).



Revenue Cycle Phases

Out-of-Pocket

Reduce the Length of Time

Management of revenue in healthcare is complicated by the fact, that typically, the patient does not pay **out-of-pocket** for services at the time that they are rendered. Services are delivered by a healthcare provider to the patient, but the bill is usually sent to a third party for payment.

To **reduce the length of time** for the revenue cycle for each patient, every step in the care and treatment of the patient must be captured at the point-of-care and in real-time. This means that everyone in the medical facility who cares or treats the patient needs to make sure that the information that they enter into the patient's health record is accurate and timely. Every member of the healthcare team has to take responsibility for their part in the revenue cycle to help keep the medical facility financially viable.

Importance of Registration Accuracy

The first step in the revenue cycle is patient recognition. This means accurately verifying the patient's name and address, phone numbers, and insurance information. If this first step is not done correctly, then the revenue cycle for the patient will be flawed from the beginning and the medical facility might never receive payment for the services rendered to the patient. This means that the scheduler initiates revenue cycle management for each patient and must record the correct billing address, insurance subscriber information, and social security number.

Patient
Recognition

Before the patient's visit, eligibility verification is also a best practice that all medical facilities should endeavour to attain. Knowing that a patient's insurance plan will cover the potential healthcare services that might be rendered eliminates the possibility that the insurance claim will be denied due to an eligibility issue. More than half of denied insurance claims are due to eligibility issues. This not only results in the medical facility not receiving payment for services rendered, but also causes the medical facility to spend extra billing personnel time working on the denials to get the claim paid.

Eligibility
Verification

Importance of Billing Accuracy

Using a point-of-care electronic health record (like MedTrak) that drives the charges directly from the clinical activity through **computer assisted coding** (CAC) completely removes the need for a charge slip. For example, if the clinical staff orders an x-ray for the patient, the placing of the x-ray order in the **computerized provider order entry** (CPOE) system automatically creates a charge for the x-ray with the correct CPT code. In like fashion, as the clinical staff records any other clinical activity that is billable, the electronic health record system automatically creates the appropriate charges with accurate CPT codes. This type of processing eliminates the need for manual charge posting and all of the errors and omissions associated with it. The initial billing activity then becomes one of editing the charges to ensure that the billing data is complete and reasonable.

Computer
Assisted Coding

Computerized
Provider Order
Entry

Problem-focused
EHR

Another aspect of automated charge posting by the electronic health record is that the charges will exactly match the clinical activity, thus ensuring that the bill is 100% in agreement with the services performed for the patient. Additionally, if the electronic health record (EHR) is **problem focused** then the most likely orders for the presenting problem will appear first for selection by the provider. For example, if the patient presents with a left ankle injury, the x-rays for the left lower extremity display for selection. This helps make the selections of orders by the providers more efficient and accurate to the patient's reasons for being seen at the medical facility.

Electronic Claim
Submission

You will learn more about automated charge posting using MedTrak's problem focused electronic health record as you complete the case studies in this book.

Electronic
Remittance
Payment Posting

Using **electronic claim submission** and **electronic remittance payment posting** are two more ways to achieve accurate and efficient billing. Automating both of these functions in addition to automatic charge posting saves billing department time that can then be used to follow-up on unpaid bills.

Value of Managing Accounts Receivable

Accounts
Receivable

Managing **accounts receivable** is one of the most important functions of the billing department. There are many reasons why a bill does not get paid the first time that it is submitted to the payer. The claim (bill) might be denied for eligibility reasons or some of the line item charges on the bill might be in question. Whatever the reason(s) for not receiving full payment of the bill the first time that it is submitted to the payer, this results in the bill being outstanding and corrective steps need to be taken quickly to pursue the money owed to the medical facility.

An automated aging of accounts receivable, like the one in MedTrak, makes managing the receivables easier. Being able to efficiently identify the age of a receivable, whether the payer has paid any money toward the balance, whether the balance needs to be billed to the secondary or tertiary or quaternary payer, or whether too much money has been paid is critical information needed by the billing department. Being able to scan and save explanation of remittances (EORs), denial letters, write notes about collection activities, and set up reminders for follow-up are tasks that need to be automated. Additionally, knowing which payers owe the most money is essential for chasing receivables.

Medical Workflow



Integrating the electronic medical record into the practice management system provides the basis for efficient medical workflow. When done in a logical and smooth flowing manner, this type of system enables clinicians to better care for their patients while lowering the cost of the patient's treatment. Efficient medical workflow improves patient care while reducing patient throughput time and producing accurate and timely billings.

Medical workflow efficiencies focus on:

- Supporting the collaboration of the medical staff.
- Improving communications both within the medical facility and with outside resources and agencies.
- Reducing or eliminating the paperwork where appropriate.
- Integrating evidence-based actions at every step of treatment while using rules-based problem solving.

Medical processes are like business and manufacturing processes that can be broken down into the detailed steps needed for completion. By performing these detailed medical steps the same way each time, the medical staff is able to diagnose and treat each patient in a consistent, thorough, and efficient manner. Medical workflow systems enable the clinicians to always complete every step in the patient's care without missing anything. It does not matter whether the clinician is experienced or new on the job, using a medical workflow system will help ensure that each patient's care is consistent with the standards set by the medical facility.

Medical workflow systems also help to reduce the stress level in a medical facility by providing up-to-the-second patient tracking information for each patient in the medical facility. This information makes it easier for new employees to perform their job with the same **consistency and efficiency** as the experienced clinicians. This information also makes it easier for physicians and administration to manage the medical facility.

Integrated EHR
and Practice
Management
System

Medical
Workflow
Efficiencies

Medical
Processes

Consistent and
Efficient

Responsibilities of Administrative Medical Assisting

Administrative Duties

As you learned earlier in this chapter, the administrative duties of the medical assistant form the foundation for successful completion of the medical revenue cycle. From the time that a patient first contacts the medical facility, either over the phone or in person, the information captured by the medical assistant begins the patient’s treatment process and billing cycle. The accuracy of registering patients with the correct payer information cannot be over-emphasized. If this workflow step is not done correctly, payment for services rendered to the patient might never be received. Administrative medical assisting includes not only scheduling and registration, but also charting and records management.

Types of Presenting Problems

Medical workflow is further complicated by the patients’ presenting problems. Depending on the medical specialty, some medical facilities see most of their patients for one type of presenting problem. Other medical clinics see patients for everything from an employee health drug screen collection, a youth sports physical, chronic asthma, a broken finger, a laceration of the forehead, to a simple cough and cold. Many of these patients are scheduled, but some are walk-ins without an appointment. The administrative medical assistant must be trained to properly register each type of presenting problem.

Responsibilities of Clinical Medical Assisting

Clinical Duties

The clinical medical assistant is one of the most important clinical staff members in the medical process. The providers rely heavily on this person to keep the medical facility running smoothly and efficiently. A key component to this job is placing patients in examination rooms, obtaining the patient’s vital signs, body statistics, and brief medical history as efficiently as possible. This results in patients that are ready to be seen by the provider as soon as the provider is available.

Order Entry

Another key component to the clinical medical assisting duties is helping the provider manage the ordering process. Sometimes the medical assistant places orders for the provider in addition to completing the orders. Managing the ordering of diagnostics and treatments is coordinated by the medical assistant to ensure that each step in the patient’s care is done efficiently and in the proper order.

Discharging Patients

Discharging the patient from the medical facility also involves the clinical medical assistant. The patient needs a clear understanding of the provider’s instructions for their aftercare including education about any medications prescribed. This step is very important to the overall care of the patient. Instructions must be clear and understandable so that the patient can properly care for themselves after they leave the medical facility.

Responsibilities of Providers

The providers have direct responsibility for the patient's care and rely on the medical assistants to help provide this care. The provider's time is the most expensive time and needs to be spent on only the functions that require their attention. That is why the medical assistants need to do everything that they can to make sure that the provider focuses on just those duties that need their attention.

Providers
have Direct
Responsibility

Providers review the patient's medical history and history of the presenting problem to determine what, if any, diagnostic testing and/or treatments might be needed. After examining the patient and reviewing the tests, the provider diagnoses the patient and creates a plan for additional testing and/or treatment as needed. As part of the diagnosing process, the provider also prescribes medications and creates aftercare instructions for the patient for when they leave the medical facility. Additionally, the provider might need the help of a specialist to determine the patient's diagnosis. In these cases, the provider will refer the patient to be seen by the specialist or to have some specialized testing, like a CT scan or an MRI.

Diagnosing
Process

All during the direct care process, the provider relies on the clinical medical assistant to help with most of the testing and treatments. The clinical medical assistant works closely with the provider to furnish the direct care to the patient.

Clinical Medical
Assistant

Importance of Medical Management

Medical offices are usually owned by an individual provider or a group of providers that typically hire a practice manager who is in charge of the day-to-day operations of the medical facility. All of the clinical and office staff members report to this person including the medical assistants. Depending on the size of the medical facility, there might be additional supervisory staff who are responsible for managing the different departments such as the laboratory, imaging, billing, and records management.

Practice
Manager

Even though the medical assistant's immediate supervisor is the practice manager, the provider will be in charge when it comes to the direct care of the patient.

Provider is in
Charge

Importance of the Billing Department

The completion of the revenue cycle is the responsibility of the billing department. This department needs to efficiently generate bills, transmit them to the payers, record the payments, and manage the accounts receivable. Without this department there would be no medical office. The billing staff directly communicates with the clinical staff to clarify unbilled charges that might be in question. The billing staff also continually reaches out to payers, whether they are individual patients, guarantors, group health insurance organizations, workers compensation insurance companies or employers, to collect money for outstanding bills.

Billing
Department

Medical Assisting Responsibilities - Review Activities

1. **The duties for a medical assistant in different medical facilities are always the same.**

True or False

2. **Indicate which of the following medical assistant duties are clinical and which are administrative. Indicate clinical with a C and administrative with an A.**

- Scheduling patients
- Recording test results
- Preparing patients for examinations
- Collecting payments at the front desk
- Changing dressings
- Taking patient's vital signs
- Drawing blood
- Answering the telephone
- Recording the patient's insurance information
- Removing sutures

3. **The job prospects for medical assisting look favorable for the next few years?**

True or False

Revenue Cycle Management - Review Activities

1. Which of the following are part of the health care revenue cycle?
 - A. Billing review
 - B. Copayment collection
 - C. Accounts receivable collection activity
 - D. Scheduling patients
 - E. Payment posting
 - F. Registering patients
 - G. Patient care
 - H. All of the above

2. Which of the following processes help increase the efficiency and accuracy of health care billing thus improving the results of the revenue cycle?
 - A. Electronic claims submission
 - B. Electronic remittance posting
 - C. Point-of-care clinical processing
 - D. Automated charge posting
 - E. Automated insurance eligibility checking
 - F. Computer assisted coding
 - G. All of the above

Medical Workflow - Review Activities

1. **Clinical workflow efficiencies focus on which of the following?** (choose all that apply)
 - A. Supporting the collaboration of the clinical staff
 - B. Improving communications
 - C. Automating paperwork
 - D. Fully integrating rules-based problem solving

2. **Which of these are the clinical medical assistant's responsibilities?**
 - A. Obtaining the patient's brief medical history
 - B. Capturing the patient's vital signs
 - C. Placing patients in rooms
 - D. Helping the provider manage the ordering process
 - E. Discharging the patient from the medical facility

3. **Which of these are the administrative medical assistant's responsibilities?**
 - A. Collecting payments at the front desk
 - B. Scheduling patients
 - C. Dispensing medications
 - D. Registering patients

4. **The nature of the patient's presenting problems could further complicate medical workflow.**

True or False

Meaningful Use

According to the HealthIT.gov website, meaningful use is using certified electronic health record (EHR) technology to:

- Improve the patient's quality of care, patient safety, efficiency of care, and reduce health disparities
- Engage patients and family
- Improve the patient's coordination of care
- Maintain privacy and security of patient health information

Ultimately, it is hoped that the meaningful use compliance will result in:

- Better clinical outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals



Meaningful Use

What is it, and why is it important?

In a nutshell, **Meaningful Use** refers to a set of health care quality measures that physicians need to document using a certified EHR system. These measures vary by patient volume and type of visit. By using an EHR, physicians will improve each individual patient's care, which will improve the overall health of our nation's population.

Improving Patient Care

There are many economic benefits derived from using an EHR that are dependent on the features of the EHR, but the most significant benefits derived from physicians using an EHR that is certified for Meaningful Use are in improving patient care as described on the U.S. Department of Health & Human Services website:

Improving Patient Care

With the help of health IT, health care providers will have:

- Accurate and complete information about a patient's health. That way they can give the best possible care, whether during a routine visit or a medical emergency.
- The ability to better coordinate the care they give. This is especially important if a patient has a serious medical condition.
- A way to securely share information with patients and their family caregivers over the Internet, for patients who opt for this convenience. This means patients and their families can more fully take part in decisions about their health care.
- Information to help doctors diagnose health problems sooner, reduce medical errors, and provide safer care at lower costs.

Improving the Nation's Health

Improving patient care through the use of an EHR will improve our nation's overall health care system, one patient at a time. Shown here is another excerpt from the U.S. Department of Health & Human Services website, related to this goal:

Improving Our Nation's Health Care System

Widespread use of health IT can also:

- Make our health care system more efficient and reduce paperwork for patients and doctors.
- Expand access to affordable care.
- Build a healthier future for our nation.

Why was the Meaningful Use Act necessary?

Inconsistencies

Ever since multiple electronic health records came on the market many years ago there have been issues with inconsistencies in functionality and data structure, in addition to the inability of the systems to share their respective data. These issues continued to manifest over the ensuing years as more and more EHR systems were developed. Most EHR systems are “closed-systems”, meaning that the data structures and programming code are proprietary to the company who developed them. This information is privately held by the inventors and is considered their “intellectual property”. This “closed-system” approach leads to a lack of interoperability between the systems, thus making it difficult if not almost impossible for physicians to share clinical information.

EHR
Inconsistencies

Evolution

Early EHR systems typically evolved from another healthcare IT system. Some EHR systems were added to the front end of billing systems. Other EHR systems were modified versions of a lab or imaging system. Many of the early EHRs solved only part of the physician’s need for a patient’s healthcare information.

Evolution of the
EHR

Acquisition

Some systems grew through acquisition by purchasing other EHR companies that had needed functionality to build out their usability. For example, to add scheduling to their EHR, an EHR company would buy another company that specialized in scheduling systems. These companies then faced the daunting task of integrating disparate database structures and functionality that in many cases duplicated functionality that they already had.

Growth by
Acquisition

Organic Growth

Some EHR systems (such as MedTrak) grew organically over time. Organic growth meant that they continued to add functions and features to their EHR using their own design and programming team. One of the advantages to having the same development team adding and modifying functionality is the consistency of the EHR look and feel. The major disadvantage to this type of development is that it takes a long time. Complicated systems like an EHR need to be built linearly with each part functioning in a similar fashion and connecting to the other parts seamlessly. EHR systems cannot be effectively built with separate teams simultaneously working on separate parts.

Organic Growth

What did health care leaders do to fix this?

Early EHR Hurdles

(Quick Review)

- Inconsistencies in functionality
- Inconsistencies in data structure
- Inability to share system data
- Acquisition breeds disjointed systems
- Organic growth requires a long time

After a few years, it became apparent to some healthcare leaders that a new service was needed. With hundreds of EHR choices on the market, physicians and medical facilities needed help deciding what EHR they should be using. In 2004, a group of volunteer healthcare leaders formed the non-profit CCHIT (Certification Commission for Health Information Technology) to review and certify the functionality of EHR systems. Because CCHIT was the first organization of its kind, they developed the standard definition through a voluntary consensus-based process engaging diverse stakeholders for what an EHR should contain. CCHIT not only certified EHR functionality, but they also rated the usability of an EHR. What does usability mean? Just because an EHR contains certain functionality, like CPOE, does not mean that it is easy to use the CPOE in the medical setting. Experience reveals that the easiest EHR systems to use are the ones that follow medical process workflow. As of 2014, CCHIT stopped certifying EHRs for functionality and for Meaningful Use. They continue to be a resource for advice and consultation for EHR companies.

Over time, physicians had many choices for an EHR. For physicians who worked in a healthcare system controlled by a hospital or group of hospitals, a committee of users would choose the EHR system. If you worked in that healthcare system, you were obligated to use the chosen EHR system. However, this decision would be difficult because many of the hospital's current healthcare IT vendors would purport to have the best EHR system. To make things easy, the hospital might choose to stay with their current healthcare IT vendor and use their EHR. Other hospital systems looked outside their current vendors to seek an EHR. Some systems chose the "single vendor" method to reduce the amount of system integration work necessary. Other systems chose the "best of breed" method to be sure that every department in the healthcare system had the very best EHR functionality available for their particular needs. Both of these methods work. There is no one-size-fits-all EHR.

Physicians have been slow to adopt EHR systems for a number of reasons, including:

- Resistance to change
- Cost of implementation
- Complexity of the implementation
- Concern for the confidentiality of the patient's health care information
- Physicians view the patient's health care information as proprietary

How did the government get involved?

Many healthcare and political leaders recognized how important it is for our nation to have improved healthcare, and they pushed hard for a legal solution to increase the adoption rate of EHR's. In 2009, the United States federal government decided to require physicians to use an electronic health record system in order to treat patients whose care is paid by Medicare or Medicaid (HITECH Act). The following is taken from the government's website related to Meaningful Use:

The American Recovery and Reinvestment Act of 2009 (Recovery Act) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming "meaningful users" of certified electronic health record (EHR) technology. The Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) that are meaningful users of certified EHR technology. The Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, or upgrade certified EHR technology or for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years.

[Source: <http://healthit.hhs.gov>]



The Recovery Act was signed into law on February 17, 2009.



The government will pay billions of dollars to practices nationwide.

This means that to get physicians, who treat Medicare or Medicaid patients, to use an electronic health record, the government will pay the physicians for some of the cost of doing so. Over a five-year period of time, the government will pay a physician annually for using a system that is certified for Meaningful Use. It is the physician's responsibility to use EHR solutions that are certified for Meaningful Use in order to receive government money. Physicians must attest that they are using such systems, and then produce the required documentation to prove it.

Cash Incentives

Eligible physicians who meet all required objectives could receive as much as \$44,000 over five years from Medicare, or \$63,750 over six years from Medicaid. Hospitals may receive millions of dollars for Meaningful Use under both Medicare and Medicaid. 2014 was the last year that an EP could begin to receive incentive payments.

How does an EHR become certified?

As part of the American Recovery and Reinvestment Act (ARRA), the Office of the National Coordinator for Health Information Technology set up a process to approve companies as Authorized Testing Laboratories (ATLs). These companies review EHRs based on a set of testing criteria for each of the core and menu objectives.

As of June 2015, the following companies were authorized to test and certify EHRs for Meaningful Use:



SLI Global Solutions

Website: www.sliglobalsolutions.com
 Location: Denver, CO

Scope of authorization:
Complete EHR and EHR Modules.



International Computer Security Association (ICSA)

Website: www.icsalabs.com
 Location: Mechanicsburg, PA

Scope of authorization:
Complete EHR and EHR Modules.



InfoGard Laboratories, Inc.

Website: www.infogard.com
 Location: San Luis Obispo, CA

Scope of authorization:
Complete EHR and EHR Modules.



Drummond Group, Inc. (DGI)

Website: www.drummondgroup.com
 Location: Austin, TX

Scope of authorization:
Complete EHR and EHR Modules.



NTS

Website: www.nts.com
 Location: Calabasas, CA

Scope of authorization:
Complete EHR and EHR Modules.

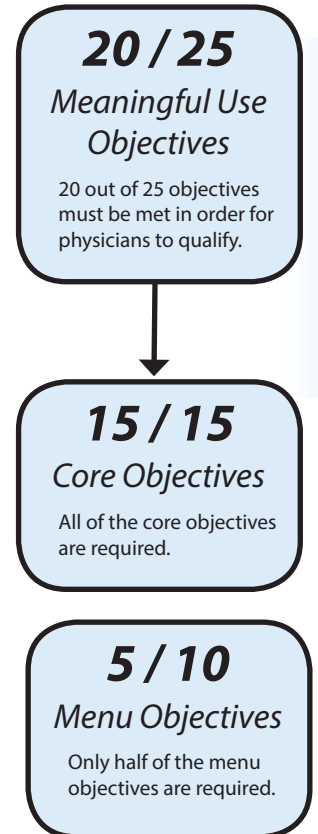
Ambulatory Meaningful Use Objectives

Below is wording taken from the Centers for Medicare & Medicaid Services (CMS) website (<https://questions.cms.hhs.gov>) regarding qualification for incentive payments for Meaningful Use.

Foreligible professionals (EPs) (in other words physicians) to qualify for Meaningful Use, they must participate in the Medicare and Medicaid EHR Incentive Programs, there are a total of 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met. There are 15 required core objectives. The remaining 5 objectives may be chosen from the list of 10 menu set objectives. Certain objectives do provide exclusions. If an EP meets the criteria for that exclusion, then the EP can claim that exclusion during attestation. However, if an exclusion is not provided, or if the EP does not meet the criteria for an existing exclusion, then the EP must meet the measure of the objective in order to successfully demonstrate meaningful use and receive an EHR incentive payment. Failure to meet the measure of an objective or to qualify for an exclusion for the objective will prevent an EP from successfully demonstrating meaningful use and receiving an incentive payment.

[Source: <https://questions.cms.hhs.gov>]

In keeping with the workflow nature of this book, the core and menu objectives will be described as they occur in the patient workflow processing. Throughout the course of this book, you will encounter and fulfill some of these objectives; in these cases, examples are provided, illustrating the work you complete.



Hospitals have additional objectives not covered in this book.

Note: Hospitals
 The core and menu objectives that apply to the inpatient setting for hospitals (including critical access hospitals) are not covered in this book. Many of the core objectives for the inpatient setting are the same as for the ambulatory setting.

Meaningful Use - Review Activities

1. Which of the following was NOT an early hurdle for EHR adoption?
 - A. Inconsistencies in functionality / data structure
 - B. Inability to share system data
 - C. Government regulations
 - D. Disjointed or lengthy EHR growth process

2. The Meaningful Use incentives for adoption of an EHR apply only to medical facilities who treat Medicare and Medicaid patients.

True or False

3. Which of these terms describes the set of 15 Meaningful Use objectives that are required for meaningful use?
 - A. Core objectives
 - B. Menu objectives
 - C. Ambulatory objectives
 - D. Inpatient objectives

3 - Patient Demographics

3

Adding and Changing Patient Demographics

As you learned in Chapter 1, the foundation of a well-managed healthcare revenue cycle is the patient registration process. As part of the patient registration process, the capture of the patient's demographic information is the initial step in the health care revenue cycle. In addition to adding patients to the patient database, you will learn to make changes to a patient's demographic information.

Case Studies in this Chapter

In this chapter's case studies, you will be making some patient demographic changes to existing patient records:

- 3-41** - Patient calls requesting that her name and address be changed because she is now married.
- 3-02** - Patient calls requesting that his cell phone number be changed because he has a new number.
- 3-43** - Patient calls to notify the medical facility that she moved and has a new address.
- 3-44** - Mother calls because she noticed that her daughter's birth date was printed wrong on a recent communication from the medical facility.



Patient Demographics

Adding and Changing Patient Demographics

Patient Registration Process

As you learned in Chapter 1, the foundation of a well-managed healthcare revenue cycle is the patient registration process. As part of the patient registration process, the capture of the patient's demographic information is the initial step in the health care revenue cycle.

Every medical facility has a standard set of forms, either on paper or accessed electronically, for a patient to complete before being seen by a provider. Typically, this set of forms includes the following:

- **Patient Registration Form** - This form provides space for the patient to record their basic demographic data including full name, address, and phone numbers. Additionally, this form includes the patient's date of birth, gender, race, ethnicity, and preferred language.
- **Consent to Treat Form** - This form must be signed by the patient and gives the provider the authorization to treat the patient.
- **Authorization to Release Information and Assignment of Benefits** - This form authorizes the medical facility to release information to the patient's insurance carrier and for the insurance carrier to pay for the patient's care directly to the medical facility. There will also be a paragraph where the patient will acknowledge that they are responsible for paying for services not covered by their insurance carrier.
- **HIPAA Privacy Statement** - The medical facility will have a form explaining the facility's HIPAA Privacy policy. The medical facility will have the patient sign this form as an indication that the patient read it, understood it, and agreed with the medical facility's policy.

If completed on paper, each of these forms is scanned by the front desk medical assistant and electronically attached to the patient's electronic medical record for later retrieval if the need arises.

The information on the **Patient Registration Form** is recorded in the patient's demographic information in the electronic medical record for use in future communication and billing.

The patient's demographic information is electronically recorded if the patient enters the information over the internet or uses a patient registration kiosk in the medical facility's waiting room. If the patient enters their own data, the medical assistant working at the front desk will review this information with the patient to be sure that it was entered accurately.

Patient
Registration

Consent to Treat

Authorization
to Release
Information

HIPAA Privacy

If the patient wrote the information on a paper registration form, the front desk medical assistant will key the data directly into the patient's record from the form.

In addition to the set of forms described above, the front desk medical assistant will scan the patient's government issued photo identification card and the patient's insurance card and also attach these to the patient's electronic medical record.

Patient Demographics - Introduction

The following MedTrak data fields represent the types of data needed for patient registration:

- **Social Security Number** - The social security number is still the identification number used by payers to identify patients for reimbursement purposes. This is a mandatory field for group health and workers compensation insurance companies. For employee health, where the employer pays for the services, the employee number can be used. In each of the patient cases included in this book, the social security number is used.
- **Patient's address information**
 - **Salutation** - this will be Mr., Mrs., or Ms.
 - **First** - the patient's first name
 - **Middle** - the patient's middle initial
 - **Last** - the patient's last name
 - **Suffix** - if applicable, this will be Jr., Sr., II, III, etc.
 - **Address line 2** - this will typically be the patient's street address
 - **Address line 3** - this will be the patient's post office box number or one of the address lines of an international address
 - **Address line 4** - this is used in place of the City, State, and Zip for an international address
 - **City** - name of the patient's city for an address in the United States
 - **State** - two character abbreviation for the state for an address in the United States
 - **Zip** - zip code for an address in the United States
- **Other Information**
 - **Home Phone** - the patient's home phone number
 - **Alternate Phone** - the patient's cell phone or the number of the patient's contact person
 - **Work Phone** - the patient's work phone number
 - **Birth date** - the date of the patient's birth
 - **Gender** - the gender of the patient
 - **Marital Status** - the marital status of the patient

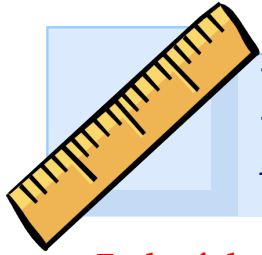
Social Security Number

Patient Name & Address

Other Patient Demographics

- **Preferred Language** - this is the language that the patient uses for verbal communication.
- **Race** - the patient's race based on the US Government's list of races acceptable for recording data for health care purposes.
- **Ethnicity** - the patient's ethnicity based on the US Government's list of ethnicities acceptable for recording data for health care purposes.
- **Employee number** - this is used to record the patient's employee number for employee health and workers compensation cases.
- **Medical Record Number** - this is used to record the patient's previous medical record number when converting from one health care information system to another.

MedTrak Basics: Adding and Changing Patient Demographics



Each of the MedTrak Basics' exercises is designed for you to review the processes and screens before doing the work in MedTrak. So, with that in mind, wait to do the work in MedTrak until you get to a **Do This** section.

On the MedTrak Main Menu, click the *Patient Registration* button (shown below).

The screenshot shows the MedTrak Main Menu with several navigation options. The 'Patient Registration' button is highlighted in blue. A callout box on the right points to this button with the text 'Patient Registration button'.

Patient Registration button

The Patients screen will appear (shown below).

The screenshot shows the MedTrak Patients screen. It features a search bar, navigation icons for Clinic Status, Schedule, and Companies, and a list of patient records. A callout box on the right points to the list with the text 'Patients screen'.

*** BEGINNING OF PATIENTS ***				
Aarnold, Richard T.	12/02/1975	374-67-2782	(231)	555-7737
Aaron, Alice J.	07/22/1981	468-32-9333	(231)	555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231)	555-6096
Amaro, Scott C.	05/11/1987	635-76-3833	(231)	555-3737
Bailey, Darlene M.	06/16/1931	784-73-6333	(231)	555-3868
Bradford, Larry J.	06/12/1987	347-27-3876	(231)	555-2442
Campbell, Susan T.	08/18/1972	274-74-7333	(231)	555-4844
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231)	555-4894
Christianson, Brenda T.	11/12/1980	388-20-3322	(231)	555-3424
Cooper, Janice B.	01/04/1978	372-82-6383	(231)	555-2772
Davis, Denise V.	06/06/1976	534-63-4222	(231)	555-7540
Docier, Robert S.	03/12/1975	943-73-7363	(231)	555-3773
Edwards, Charles L.	03/09/1975	232-86-7444	(231)	555-7474
Evans, Samantha L.	07/25/2007	262-89-4298	(231)	555-8833
Frost, Jean C.	11/23/1975	545-33-8864	(231)	555-3647
Garcia, Candida T.	06/25/2003	634-47-3893	(231)	555-4884
Garcia, Michelle A.	01/01/1980	999-99-9999	(231)	555-4884
Gonzales, Monica W.	06/23/1978	374-73-8320	(231)	555-8484
Gordons, Thomas T.	01/10/1980	489-93-9393	(231)	555-8476

Patients screen

Do This - 3.101



1. Sign into MedTrak
(You should be on the [MedTrak Main Menu](#))
2. Click the **Patient Registration** button
(You should be on the [Patients](#) screen)

Adding a new patient

The following example demonstrates the MedTrak processing for adding a new patient, Samantha Rodriguez. Her completed patient registration form is located at the end of this chapter right before the case studies.

To add a new patient to the patient database, click the **Add Patient** button on the [Patients](#) screen.

The next screen to appear is the [Patient: Add by SSN](#) screen. On this screen, type in the patient's social security number. If the social security number is unavailable because the patient does not have one or refuses to provide it, enter all 9's (999-99-9999) in this field. For this example, Ms. Rodriguez's social security number is 472-56-7864 (shown below).

MedTRAK

Patient: Add by SSN
MON 03:25 11:55a

[Exit Screen](#)

SSN 472 - 56 - 7864

Submit

[Patient: Add by SSN](#) screen

After entering the social security number, click the **Submit** button.

The next screen to appear is the [Patient: Add](#) screen. If the social security number (other than all 9's) is already in the database, the patient's demographic information is shown for review. Otherwise, only the social security number is pre-populated. For this example, Ms. Rodriguez's demographic data from her registration form was entered into the fields on this screen.

On the [Patient: Add](#) screen, **red asterisks** appear next to the fields that *must be answered*. If a required field is not filled in, a message appears (**in red**) below the date and time at the top of the screen, and sets the cursor in the field that needs information. Enter the information using *appropriate punctuation and capitalization*. For example, when entering a street name, the front desk enters "231 W Fulton Street" instead of "231 w fulton street" or "231 W FULTON STREET."

Ms. Rodriguez's completed Patient: Add screen is shown below.

Patient: Add screen

1. Click the **Add Patient** button
(You should be on the Patient: Add by SSN screen)
2. Type "472-56-7864" in the SSN field
3. Click the **Submit** button
(You should be on the Patient: Add screen)
4. Enter **Rodriguez's** demographic information
(Her patient demographic form is before the case studies)



When finished, click the **Submit** button.

If simply adding a new patient, company selection is not necessary. When the Company: Select screen appears (shown below), click the **Exit Screen** button.

*** BEGINNING OF COMPANIES ***		
Select Company	..Patient Responsibility	2
Add Company	AB Manufacturing	1

Company: Select screen

The Patients screen appears again, with the new patient added to the list of patients. You would need to page down to see Ms. Rodriguez.

Do This - 3.103



1. Click the **Submit** button
(You should be on the Company: Select screen)
2. Click the **Exit Screen** button
(You should be back on the Patients screen)

Changing demographics for an existing patient

The following example will be used to demonstrate the MedTrak processing for changing a patient, Susan Robertson, in the patient database. Her alternate phone number area code is 724 and should be 231.

To change the demographics of an existing patient in the patient database, you need to first locate the patient in the patient database. On the MedTrak Main Menu, click the **Patient Registration** button. The Patients list processor screen appears.

To locate a patient in the patient database, type the patient's last name in the search field and click the **Search** button. If there are multiple patients with the same last name, add a comma at the end of the last name, then a space, and then the first name before clicking the **Search** button. For this example, the patient name search is for **Robertson** (shown below).

Type name in Search field

Search button

*** BEGINNING OF PATIENTS ***			
Select Patient	Aemdt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885

The Patients screen refreshes with **Robertson** at the top of the list (shown below).

List set to Robertson

Select Patient	Robertson, Susan S.	05/23/1981	465-87-3933 (231) 555-9389
	Rodriguez, Samantha T.	03/08/1975	999-99-9999 (231) 555-3773

1. Sign into MedTrak
(You should be on the [MedTrak Main Menu](#))
2. Click the **Patient Registration** button
(You should be on the [Patients](#) screen)
3. Type “Robertson” in the **Search** field
4. Click the **Search** button
(The [Patients](#) screen refreshes set to Robertson)

Do This - 3.121



To change the patient’s demographics, place the cursor in the command field next to **Robertson** and click the **Change Patient** button. The next screen to appear is the **Patient: Change** screen displaying the patient’s demographics.

To change Ms. Robertson’s 724 area code for her alternate phone number, place the cursor in the **Alternate Phone / Area Code** field, and type “231” (shown below).

MEDTRAK

Patient: Change

MON 03/25 10:45a

Password ***** Initials CMA

[Exit Screen](#)

[Main Menu](#)

Social Security Number * 465 - 87 - 3933

Name & Address

Prefix (Mr., Mrs., Ms.) Ms. [v]

First * Susan [v] 284A7T

Middle S

Last * Robertson

Suffix (Jr., Sr., II, III)

Address line 1 * 663 W Olive Drive

Address line 2

Address line 3

Address line 4

City * North Muskegon

State * MI

Zip * 49445

Other Information

Home Phone 231 - 555 - 9389

Alternate Phone 231 - 555 - 3733

Work Phone - - - - - ext

Birthdate * 05/23/1983 (mm/dd/yyyy)

Gender * F [v]

Marital Status Single [v]

Preferred Language * English [v]

Race * White [v]

Ethnicity * Not Hispanic or Latino [v]

Employee Number

Medical Record Number:

* Indicates required field.

Patient Change screen

Area code changed to 231

After making this change to the patient’s demographics, click the **Submit** button. MedTrak automatically returns to the [Patients](#) screen after recording the changes.

Do This - 3.122



1. Place the cursor next to **Robertson**
2. Click the *Change Patient* button
(You should be on the Patient: Change screen)
3. Overwrite the "724" with "231" in the Alternate Phone / Area Code field
4. Click the *Submit* button
(You should be back on the Patients screen)

Self Assessment for these examples

MedTrak provides you with an assessment functionality to check your work before you turn in your assignments to your instructor. This **Self Assessment** process compares your work to the expected input for each chapter and case study and provides a print-out of the results of the comparison identifying any errors. Below are instructions for how to do an assessment check of the work that you did so far in this chapter.

Self Assessment

1. You should be on the [Patients](#) screen
2. Type “SA03” in any command field
(SA stands for self assessment and 03 is the chapter number)
3. Press the **ENTER** key
(You should be on the [Self Assessment](#) screen for Chapter 03)
4. Select the checkbox for the **Chapter Example(s)**
5. Click the **Submit** button
(“**Self Assessment sent to printer/queue...**” message appears)
6. Below are instructions for viewing the [Self Assessment](#) report
7. Review the **Self Assessment** report. If you have errors, correct them and re-run the report.
8. Do **NOT** proceed until you have an error-free report



How to: View the Self Assessment report

1. Your [Self Assessment](#) report, as a PDF, will be available shortly
2. Click the **View Prints** button
3. The [Available User Reports](#) screen will open in another window
4. Find your report (If it does not appear, click the **Refresh** button)
5. Place the cursor next to the report that you printed
6. Click the **View Print** button
7. Your report will open as a PDF in its own window
8. Print the report or save / download it to your computer, if error free
9. Close the [PDF](#) window
10. Close the [Available User Reports](#) window

Use the MedTrak knowledge that you gained from these examples to complete the case studies in this chapter.

Patient Demographics - Review Activities

1. Match the forms in the first column to their purpose in the second column.

- | | |
|--|--|
| <input type="checkbox"/> Consent to Treat | A. Used to record the patient's demographic information. |
| <input type="checkbox"/> Authorization to Release Information and Assignment of Benefits | B. Identifies the patient and includes a picture of the patient. |
| <input type="checkbox"/> Patient Registration Form | C. Authorizes the provider to treat the patient. |
| <input type="checkbox"/> Government issued Photo ID | D. Used for patient to authorize the insurance company to pay the provider directly and to be able to review their healthcare information. |
| <input type="checkbox"/> HIPAA Privacy Statement | E. Explains the medical facility's policy for protecting the patient's health care information. |
| <input type="checkbox"/> Insurance Card | F. Identifies the patient's insurance policy including subscriber information. |

2. Which of the following patient demographics data is required for Meaningful Use reporting?

- A. Race
- B. Work phone number
- C. Street address
- D. Ethnicity
- E. City
- F. Gender
- G. Age
- H. Marital status
- I. Preferred language
- J. Date of birth
- K. Last name

3. Which of the following methods can be used to enter the patient's demographic information into a computer system?
 - A. Patient enters the demographics over the internet using a secure connection.
 - B. Provider must record the demographics when examining the patient.
 - C. Patient enters the demographics using a kiosk in the waiting room process.
 - D. Front desk person enters the demographics.

4. Your medical facility is experiencing a large number of rejected claims by insurance companies due to patient demographic errors during the registration process. Explain what procedures you would implement to resolve this problem.

CMA Medical Care

"caring for you"

Date 3 / 25 / 2013

Patient Registration

Social Security Number 472 - 56 - 7864

Name & Address

Prefix (Mr., Mrs., Ms.) Ms.

First Name Samantha

Middle Initial T

Last Name Rodriguez

Suffix (Jr., Sr., II, III) _____

Address Line 2 231 W Fulton Street

Address Line 3 _____

Address Line 4 _____

City North Muskegon

State MI

Zip 49445

Other Information

Home Phone (231) 555 - 3773

Alternate Phone (231) 555 - 4933

Work Phone (_____) _____ - _____ Extension _____

Date of Birth 03 / 08 / 1975 (mm/dd/yyyy)

Gender Male Female

Marital Status Single Married Widowed Separated
 Divorced

Preferred Language Spanish

Race White Black or African American Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native Other

Ethnicity Hispanic or Latino Not Hispanic or Latino

For office use only: Employee Number _____ Medical Record Number _____ Regform032013



Case Study 3-41

Patient calls requesting that her name and address be changed because she is now married.

To aid you in completing this case study, the workflow instructions including screen samples are located right after this case study.

Self-study version:

Jennifer Watson calls requesting that her name and address be changed because she recently married. Her maiden name is Kirkland. She was born on January 20, 1985, and the last four digits of her social security number are 6052. Verify that this is Jennifer Kirkland calling and make the name change to Jennifer Watson in addition to changing her middle initial to K and her address to 1262 W Grover Street in the same city as the old address. Also, change her marital status to married.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Jennifer Watson calling. I am a long time patient of Dr. Smith's. I need my last name changed in your records because I am now married. And, I need to change my address.

MA: Hi Mrs. Watson. Congratulations on your marriage.

MA: First, let me verify some basic information before I make the changes.

MA: What is your maiden name?

Patient: My maiden name is Kirkland.

MA: What is your birth date?

Patient: I was born on January 20, 1985.

MA: And what are the last 4 digits of your social security number?

Patient: 6 0 5 2

Note: *With this information you can now access Mrs. Watson's (formerly Kirkland) demographics by clicking the **Change Patient** button.*

MA: And what will your middle initial be, Mrs. Watson?

Patient: I am changing it to K from T.

MA: And what is your new address?

Patient: 1262 W Grover Street in the same city as my old address.

MA: Has your phone number changed?

Patient: No.

MA: And will your insurance be changing?

Patient: Not yet.

MA: *Be sure that you change her middle initial to K, her last name to Watson, her address to 1262 W Grover Street, and her marital status to Married.*

MA: Let me review your complete record now that I have made the changes that you requested.

MA: Your records are now changed. Is there anything else that I can help you with?

Patient: No, that is all. Thank you.

MA: Just a reminder, if your health insurance does change, be sure to bring in your new insurance card the next time that you visit the clinic.

Patient: OK. Bye.

MA: Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 3-41 - Workflow Instructions

Patient calls requesting that her name and address be changed because she is now married.

Jennifer Watson calls requesting that her name and address be changed because she recently married. Her maiden name is Kirkland. She was born on January 20, 1985, and the last four digits of her social security number are 6052. Verify that this is Jennifer Kirkland calling and make the name change to Jennifer Watson in addition to changing her middle initial to K and her address to 1262 W Grover Street in the same city as the old address. Also, change her marital status to married.

Changing a patient's demographic information

On the MedTrak Main Menu, click the **Patient Registration** button. The Patients screen appears. In the **Search** field, type Jennifer's maiden name of "Kirkland" (shown below).

The screenshot shows the MedTrak Patients interface. At the top, it says 'Patients' with the date 'MON 03/25' and time '2:00p'. Below this is a search bar with 'Patient Name' and a dropdown arrow. To the right are buttons for 'Change Display Order', 'Active Patients Only' (with a dropdown arrow), and 'Change Detail Display'. The search field contains the text 'kirkland' and is highlighted with a yellow box. A blue arrow points from this box to a text box on the right that says 'Kirkland in Search field'. Below the search bar are buttons for 'Search', 'Clinic Status', 'Schedule', and 'Companies'. On the left, there are 'Available Functions' buttons: 'Select Patient', 'Add Patient', 'Change Patient', and 'Patient Notes'. The main area shows a table of patients with the header '*** BEGINNING OF PATIENTS ***'. The table lists several patients, including Amode, Richard T., Aaron, Alice J., Abbott, Sandy L., Amaro, Scott C., and Bailey, Darlene M.

Kirkland in Search field

Click the **Search** button. The Patients screen resets with the last name of Kirkland in the top row of the patients listed (shown below).

The screenshot shows the MedTrak Patients interface after a search. The search bar is now empty and highlighted with a yellow box. A blue arrow points from this box to a text box on the right that says 'List set to Kirkland'. The table of patients now starts with 'Kirkland, Jennifer T.' as the first entry. The rest of the table is the same as in the previous screenshot.

List set to Kirkland

On this screen, place the cursor in the command field next to **Kirkland** and click the *Change Patient* button.

The next screen to appear is the Patient: Change screen (shown below).

Patient: Change screen

MEDTRAK
Patient: Change
 MON 03/25 2:55p
 Password ***** Initials CMA
[Exit Screen](#)
[Main Menu](#)
 Social Security Number 372 - 65 - 6052
Name & Address
 Prefix (Mr., Mrs., Ms.) Ms.
 First Jennifer 284A7F
 Middle T
 Last Kirkland
 Suffix (Jr., Sr., II, III)
 Address line 2 436 West Ogden Ave
 Address line 3
 Address line 4
 City North Muskegon
 State MI
 Zip 49845

Change Jennifer’s middle initial to K, last name to Watson, street address to 1262 W Grover Street, and marital status to married.

Review Jennifer’s entire demographic record with her using the data from the Patient: Change screen (shown below).

- Middle Initial changed
- Last Name changed
- Street Address changed
- Marital Status changed

MEDTRAK
Patient: Change
 MON 03/25 2:55p
 Password ***** Initials CMA
[Exit Screen](#)
[Main Menu](#)
 Social Security Number 372 - 65 - 6052
Name & Address
 Prefix (Mr., Mrs., Ms.) Ms.
 First Jennifer 284A7F
 Middle K
 Last Watson
 Suffix (Jr., Sr., II, III)
 Address line 2 1262 W Grover Street
 Address line 3
 Address line 4
 City North Muskegon
 State MI
 Zip 49845
Other Information
 Home Phone 251 - 555 - 2323
 Alternate Phone
 Work Phone
 Birthdate 01/20/1985 (mm/dd/yyyy)
 Gender F
 Marital Status Married
 Preferred Language English
 Race White
 Ethnicity Not Hispanic or Latino
 Employee Number
 Medical Record Number:
 Submit

Click the **Submit** button to record the changes. The Patients screen refreshes displaying Jennifer Watson’s name and not Jennifer Kirkland.

To double check the demographic changes for Jennifer, use the log command. All additions, changes, and deletions of data are recorded in the Patient Log to enable users to be able to reconstruct what changes were made to the patient’s demographic data including information about who made the change and when they made it.

With the cursor in the command field next to Jennifer Watson, type “log” (shown below).

MEDTRAK Patients
MON 03/25 2:10p

Patient Name: [Change Display Order](#) Active Patients Only [Change Detail Display](#)

[Search](#) [Clinic Status](#) [Schedule](#) [Companies](#)

Available Functions

- Select Patient
- Add Patient
- Change Patient
- Patient Notes
- Appointments
- Payers
- Schedule
- View Prints
- More Functions...

<input type="checkbox"/>	Larson, Andrew K.	11/24/1984	760-76-4044	(231) 555-7968
<input type="checkbox"/>	Maggio, Katie D.	02/14/1986	857-48-4433	(231) 555-8585
<input type="checkbox"/>	Martinez, Angelica F.	01/13/1972	437-62-7211	(231) 555-4747
<input type="checkbox"/>	Nance, Laurie A.	06/27/1976	836-29-2933	(231) 555-8393
<input type="checkbox"/>	Nusom, Peter L.	09/22/1975	386-38-7362	(231) 555-4589
<input type="checkbox"/>	Owen, Brent R.	07/31/1984	347-29-5843	(231) 555-3763
<input type="checkbox"/>	Parsons, Tom A.	03/22/1987	857-49-4363	(231) 555-1323
<input type="checkbox"/>	Patts, Joseph S.	04/23/1978	346-26-2285	(231) 555-2442
<input type="checkbox"/>	Robertson, Susan S.	05/23/1981	465-87-3933	(231) 555-9989
<input type="checkbox"/>	Rodriguez, Samantha T.	03/08/1975	472-56-7864	(231) 555-3773
<input type="checkbox"/>	Sanchez, Christina L.	05/10/1983	854-78-8333	(231) 555-8484
<input type="checkbox"/>	Smith, Bob R.	06/18/1979	548-38-3293	(231) 555-3737
<input type="checkbox"/>	Soto, Demetria W.	08/21/1967	856-39-3224	(231) 555-5974
<input type="checkbox"/>	Taylor, Jack A.	05/03/1945	477-84-9333	(231) 555-4848
<input type="checkbox"/>	Walker, Walter T.	08/21/1979	585-86-3632	(231) 555-2904
<input type="checkbox"/>	Watson, Jennifer K.	01/20/1985	372-65-6052	(231) 555-2323
<input type="checkbox"/>	Willingham, Matthew A.	01/07/1973	267-48-3974	(231) 555-3773

Log

Log command next to Watson

Then, press the **ENTER** key. The next screen to appear is the Patient Log (shown below).

MEDTRAK Patient Log
MON 03/25 2:15p

WATSON, JENNIFER K. (284A7F)

Date/Time:

Available Functions

- Log is OK
- More Functions

*** BEGINNING ***		
<input type="checkbox"/>	03/25/13 2:10p	Entry: CMA Term: EVOL Marital Status: 'M' was 'S'.
<input type="checkbox"/>	03/25/13 2:10p	Entry: CMA Term: EVOL Address Line 2: '1262 W Grover Street' was '436 West Ogden Ave'.

Patient: Log screen

The Patient Log displays the history of the changes to Jennifer Watson’s demographic information.



Case Study 3-02

Patient calls requesting that his cell phone number be changed because he has a new number.

Self-study version:

A regular patient of Dr. Chang's, Robert Docier, calls requesting that his cell phone number (alternate phone number) be changed to 231-555-3454. He wants to be sure that the medical facility's reminder calls are placed to the correct number. He was born on March 12, 1975, and the last four digits of his social security number are 7363. Verify that this is Robert Docier calling and make the phone number change to the new number.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Robert Docier calling. I am a long-time patient of Dr. Chang's. I need to change my cell phone number because I have a new number.

MA: I can help you with that.

MA: First, let me verify some basic information before I make the change.

MA: How do you spell your last name?

Patient: My last name is spelled - D O C I E R.

MA: What day were you born?

Patient: I was born on March 12, 1975.

MA: And what are the last 4 digits of your social security number?

Patient: 7 3 6 3

Note: *With this information you can now confirm that this is Mr. Docier.*

MA: And what is your new cell phone number? (*alternate phone number*)

Patient: 2 3 1 5 5 5 3 4 5 4

MA: *Be sure to change his alternate phone number to his new cell phone number - 231-555-3454.*

MA: Let me review your complete record now that I have made the change that you requested.

MA: Your record is now changed. Is there anything else that I can help you with?

Patient: No, that is all. Thank you.

MA: Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 3-43

Patient calls to notify the medical facility that she moved and has a new address.

Self-study version:

One of Dr. Li's patients, Caty Johnson, calls to notify the medical facility that she has a new address. She was born on September 9, 1978, and the last four digits of her social security number are 9080. Verify that this is Caty Johnson calling and make the address change to 987 South Main Street in Whitehall, Michigan 49447.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Caty Johnson calling. I am a patient of Dr. Li's. I need to change my address because I have moved.

MA: Hi Ms. Johnson.

MA: First, let me verify some basic information before I make the address change.

MA: What day were you born?

Patient: I was born on September 9, 1978.

MA: And what are the last 4 digits of your social security number.

Patient: 9 0 8 0

Note: *With this information you can now confirm that this is Ms. Johnson.*

MA: And what is your new address Ms. Johnson?

Patient: 987 South Main Street in Whitehall, Michigan. Zip code is 4 9 4 4 7.

MA: *Be sure to change her address to 987 South Main Street, Whitehall, MI with the zip code of 49447.*

MA: Let me review your complete record now that I have made the change that you requested.

MA: Your record is now changed. Is there anything else that I can help you with?

Patient: No, that is all. Thank you.

MA: Just a reminder, be sure to bring in your new updated government issued ID card the next time that you visit the clinic.

Patient: OK. Bye.

MA: Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 3-44

Mother calls because she noticed that her daughter's birth date was printed incorrectly on a recent communication from the medical facility.

Self-study version:

The mother of a patient of Dr. Smith's, Renee Talbott, calls requesting that her daughter's, Samantha Evans, birth date be changed to June 25, 2008. She noticed that it was printed on a recent communications from the medical facility as July 25, 2007. Her daughter's social security number ends in 4298. Verify that this is a valid request and make the birth date change.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Mother: This is Renee Talbott calling. I am calling because I noticed that my daughter's birth date was printed incorrectly on a recent communication from your office.

MA: I can help you with that.

MA: First, let me verify some basic information before I make the change.

MA: What is your daughter's name?

Mother: Her name is Samantha Evans.

MA: How do you spell her last name?

Mother: Her last name is spelled - E V A N S

MA: What day did we show that she was born?

Mother: The letter indicates that she was born on July 25, 2007.

MA: What are the last four digits of her social security number?

Mother: 4 2 9 8

Note: *With this information you can now verify her daughter's information.*

MA: And what is her correct birth date?

Mother: June 25, 2008

MA: *Be sure to change her birth date to June 25, 2008.*

MA: Let me review her complete record now that I have made the change that you requested.

MA: Her record is now changed. Is there anything else that I can help you with?

Mother: No, that is all. Thank you.

MA: Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.

Self Assessment for these case studies

Do This - 3.124



1. You should be on the [Patients](#) screen
2. Type “SA03” in any command field
(SA stands for self assessment and 03 is the chapter number)
3. Press the **ENTER** key
(You should be on the [Self Assessment](#) screen for Chapter 03)
4. Select the checkbox for the **Case Studies**
5. Click the **Submit** button
(“Self Assessment sent to printer/queue...” message appears)
6. Click the **View Prints** button
(The [Available User Reports](#) window opens)
7. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
8. Review the **Self Assessment** report. If you have errors, correct them and re-run the report.
9. Do **NOT** proceed until you have an error-free report

Adding and Changing Patient Payers

It is the initial responsibility of the front desk registration staff to record the payer information for all patients being treated at the medical facility. Ultimately, the billing department assumes this responsibility when preparing the bills for payment.

Case Studies in this Chapter

In this chapter's case studies, you will be making some payer changes to patients who have **Group Health** insurance coverage. **Group Health** patients are those that are registered as **Patient Responsibility** patients, meaning that either the patient or a guarantor or their health insurance will be paying for the healthcare services:

- 4-27 - Patient calls because his insurance company is refusing to pay for the healthcare services provided by your medical facility due to an incorrect insurance policy number.
- 4-28 - Patient calls because she has been added to her husband's employer's group health insurance. She currently has group health insurance through her employer, but wants his new insurance information added to her record, also.
- 4-42 - Patient calls because the order of his payers is wrong. He needs the primary payer to be Medicare and the secondary payer to be Blue Cross / Blue Shield of Arizona.
- 4-45 - Patient calls because his wife lost her job and, therefore, he is no longer covered under her former employer's group health insurance. He needs the secondary payer removed.



Patient Payers

Adding and Changing Patient Payers

As you learned in Chapter 1, the foundation of a well-managed health care revenue cycle is the patient registration process. As part of the patient registration process, the recognition of who will be paying for the patient's health care services is of the utmost importance.

Payer Categories

There are three major payer categories: group health, employee health, and worker's compensation. Not all medical facilities treat patients in all three of these payer categories. Some only see patients for group health. Others only see patients for employee health and workers' compensation. Each category has their own unique payer information requirements.

Group Health

Employee Health

Worker's Compensation

- **Group Health** - where either the patient, the guarantor for the patient, or the patient's group health insurance will be paying for the patient's care.
- **Employee Health** - where the patient's employer will be paying for the patient's healthcare services.
- **Workers Compensation** - where the patient's employer's workers compensation insurance carrier will be paying for the patient's care.

Financial Classes

Financial Viability

Mix of Patients

Healthcare organizations track their financial information by the individual payers and by the financial class of the payer. It is important to the *financial viability* of the healthcare organization that the *mix of patients* that visit their facilities are in the financial classes based on their budget projections. Just like an airline company that needs to sell a certain portion of their seats to the last minute travelers at a higher rate than the passengers who book their seats well in advance, a healthcare organization needs to meet their budget based on the mix of patients by financial class.

Some financial classes of patients pay for their medical services at a higher rate than do other financial classes. The rates paid by the federal government's Medicare and the state's Medicaid programs are based on national and state payer tables that vary by geographic location and are typically the lowest rates. The rates paid by commercial insurance carriers vary from one company to another and are higher

rates than paid by the government. Usually the highest rates for medical care are for self pay and guarantor patients. A guaranteed patient is under the age of 18 or incapable of paying for their own medical care, and the guarantor is the person who takes responsibility for paying for the patient's care.

Medical billing departments typically sort payers by financial class. Some standard financial classes (to name just a few) include the following:

- **Self pay** - where the patient is responsible for payment of health care services.
- **Guarantor** - when the patient is under 18 years old or the patient is incapable of paying, someone else over 18 needs to be responsible for payment. Many times this is a parent, but it could be another relative, or someone else over the age of 18.
- **Commercial insurance** - this class includes all of the group health insurance companies like Blue Cross / Blue Shield, Humana, Priority Health, and Cigna who provide insurance plans for employers who purchase it for their eligible employees and the eligible employee's family members.
- **Medicare** - this class is the federal health insurance program for Americans over 65 years of age and for certain younger people with disabilities.
- **Medicaid** - this financial class is a countrywide health program for certain people and families with low income and resources. It is jointly funded by the federal government and the individual states and is run by each individual state. Thus, Michigan has a Medicaid program that is separate from California's Medicaid program. Both Michigan and California receive some funding from the federal government in addition to funding it themselves.
- **Tricare** - this financial class is the health care program serving active duty military service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide.
- **Employee health** - this financial class includes all of the employers who provide pre-employment and annual physicals for their employees. Also included are employers who provide immunization and exposure testing services for their employees.
- **Workers compensation** - this financial class includes all of the insurance companies who provide coverage to employers for when their employees are injured while working. Some states have a state fund that every employer who has over a certain number of employees must participate in. Some of these states actually make the health care payments for the injured employee. Some states just require each employer to provide workers compensation insurance. In other words, it is state controlled and the workers compensation insurance requirements vary by state.

Self Pay

Guarantor

Commercial Insurance

Medicare

Medicaid

Tricare

Employee Health

Worker's Compensation

The Patient Protection and Affordable Care Act

Patient
Protection and
Affordable Care
Act

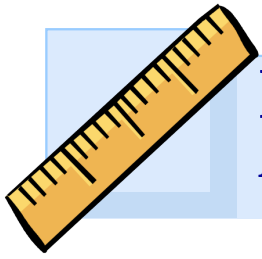
The **Patient Protection and Affordable Care Act** was passed on March 23rd, 2010. The goals of this law include:

- providing more Americans with access to affordable health care,
- improving the quality of health care,
- regulating the health insurance industry,
- and reducing spending in health care.

This new law enables the 40+ million currently uninsured Americans to be able to buy health insurance. The act also expands Medicare and Medicaid to include more Americans.

Effective January 1st, 2014, most Americans will be required to have health insurance or pay a fee on their year-end taxes. The Affordable Care Act requires that all Americans have health insurance either through a private provider or through a state or federally assisted program. Americans who don't have insurance must pay a tax equal to 1% of your income in 2014 and 2.5% in 2016.

Many Americans will be eligible for subsidized health insurance costing anywhere from 0% - 9.5% of their taxable income. Subsidized insurance can be purchased through the Health Insurance Marketplace.



MedTrak Basics: Adding and Changing Patient Payers

Each of the MedTrak Basics' exercises is designed for you to review the processes and screens before doing the work in MedTrak. So, with that in mind, wait to do the work in MedTrak until you get to a **Do This** section.

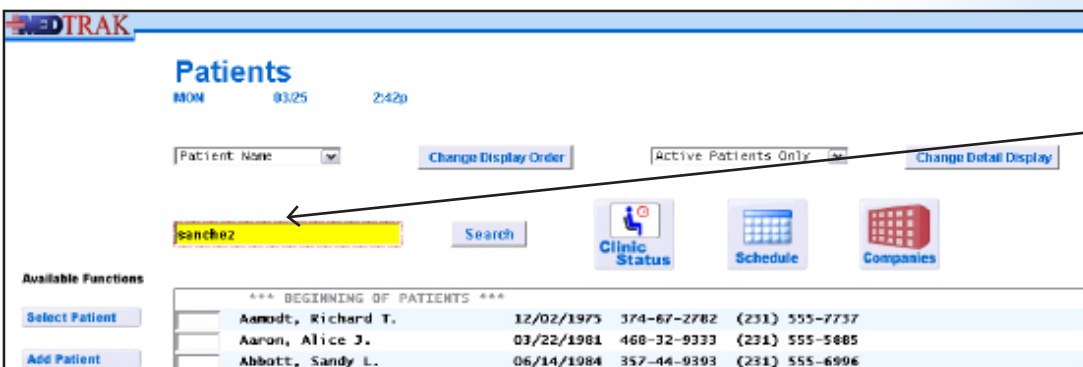
On the MedTrak Main Menu, click the *Patient Registration* button (shown below).



Locating the patient

The Patients screen appears.

To locate a patient, type the last name in the search field and click the *Search* button. If there are a number of patients with the same last name, then put a comma at the end of the last name then a space, and then type the first name before clicking the *Search* button. For this example, the patient name search is for "Sanchez" (shown below).



Do This - 4.101



The Patients screen refreshes reset to the searched patient or to the closest patient name that matches the search.

1. Sign into MedTrak
(You should be on the MedTrak Main Menu)
2. Click the *Patient Registration* button
(You should be on the Patients screen)
3. Type "Sanchez" in the Search field
4. Click the *Search* button
(The Patients screen resets to Sanchez)

Reviewing the patient's payers

The following example will be used to demonstrate the MedTrak processing for reviewing the payers for a patient, Christina Sanchez, in the patient database.

To review payers that are already attached to the patient or to attach payers to a patient, place the cursor in the command field next to the patient and click the *Payers* button.

If the patient already has payers attached, the Patient / Payers screen will appear (shown below).

Patient / Payers
screen for
Sanchez

MEDTRAK

Patient / Payers
MON 03/25 2:30p

SANCHEZ, CHRISTINA L. (284A8D)
Password ***** Initials **CMA**

Available Functions	Payer Information
Primary	P COMM INS - Cigna (01/01/10 - ?)
Secondary	S COMM INS - Humana (01/01/11 - ?)
Tertiary	T COMM INS - Medco Health Solutions, Inc. (01/01/12 - ?)
Quaternary	Q SELF PAY
Remove Payer	-----
Add Payer	*** BEGINNING ***
Change Payer	<input type="checkbox"/> P COMM INS - Cigna (01/01/10 - ?)
Delete Payer	Subscriber: SELF, Copayment: 25.00
Undelete Payer	<input type="checkbox"/> S COMM INS - Humana (01/01/11 - ?)
Show all Payers	Subscriber: SPOUSE, Copayment: 20.00
More Functions	<input type="checkbox"/> T COMM INS - Medco Health Solutions, Inc. (01/01/12 - ?)
Page Up	Subscriber: SELF
Page Down	Q SELF PAY
Exit Screen	*** END ***

In this example, Christina Sanchez has four payers attached:

- Her primary insurance plan (designated with the P for primary) is with Cigna.
- Her secondary insurance plan (designated with the S for secondary) is with Humana.
- She has a tertiary insurance plan (designated with the T for tertiary) with Medco Health Solutions, Inc.
- Her quaternary insurance is self pay (designated with the Q for quaternary) meaning she is responsible for any charges not covered by the other three insurance plans.

If the order of the payers needs to be changed, you can use the *Primary*, *Secondary*, *Tertiary*, and *Quaternary* buttons to do so.

1. Place the cursor next to **Sanchez**
2. Click the *Payers* button
(You should be on the Patient / Payers screen)

Do This - 4.102



To review the particular details of one of her insurance plans, place the cursor next to the insurance plan and click the *Change Payer* button. For this example, the insurance plan selected is Humana. The next screen to appear is the Patient / Payer: Change screen for Ms. Sanchez’s Humana policy information (shown below).

Patient / Payer: Change

MON 03/25 2:47P

SANCHEZ, CHRISTINA L. (284A8D)

Humana (130)

Password Initials **CMA**

Available Functions

- [Relationships](#)
- [Exit Screen](#)
- [Main Menu](#)

Subscriber

Relationship Relationships

Last name

First name

Middle initial

Birthdate (mm/dd/yyyy)

Gender

Policy

Effective date (mm/dd/yyyy)

Termination date (mm/dd/yyyy)

ID number

Group name

Group number

Plan type

Coinsurance %

Copayment

Note

Patient / Payer:
Change screen
for Sanchez

As can be seen from reading the data on this screen, the subscriber for this insurance is her husband Juan, who was born on July 3, 1980. The effective date of the policy is January 1, 2011, the policy ID number is 7847393, the name of the group is Stenson Pharmaceuticals and their group number is 48849. It is a PPO and requires a \$20.00 copayment at the time of service.

After reviewing the patient's payer information for Humana, click the *Exit Screen* button to return to the Patient / Payers screen, and then click the *Exit Screen* button again to return to the Patients screen.

Do This - 4.103



1. Place the cursor next to **Humana**
2. Click the *Change Payer* button
(You should be on the Patient / Payer: Change screen)
3. Review the payer information for **Humana**
4. Click the *Exit Screen* button
(You should be back on the Patient / Payers screen)
5. Click the *Exit Screen* button again
(You should be back on the Patients screen)

Selecting the payer

The following example will be used to demonstrate the MedTrak processing for adding a payer to a patient, Bob Smith, in the patient database.

To locate Bob Smith in the patient database, after logging into MedTrak, click the *Patient Registration* button. Type "**Smith**" in the **Search** field on the Patients screen and click the *Search* button. The Patients screen refreshes reset to Smith.

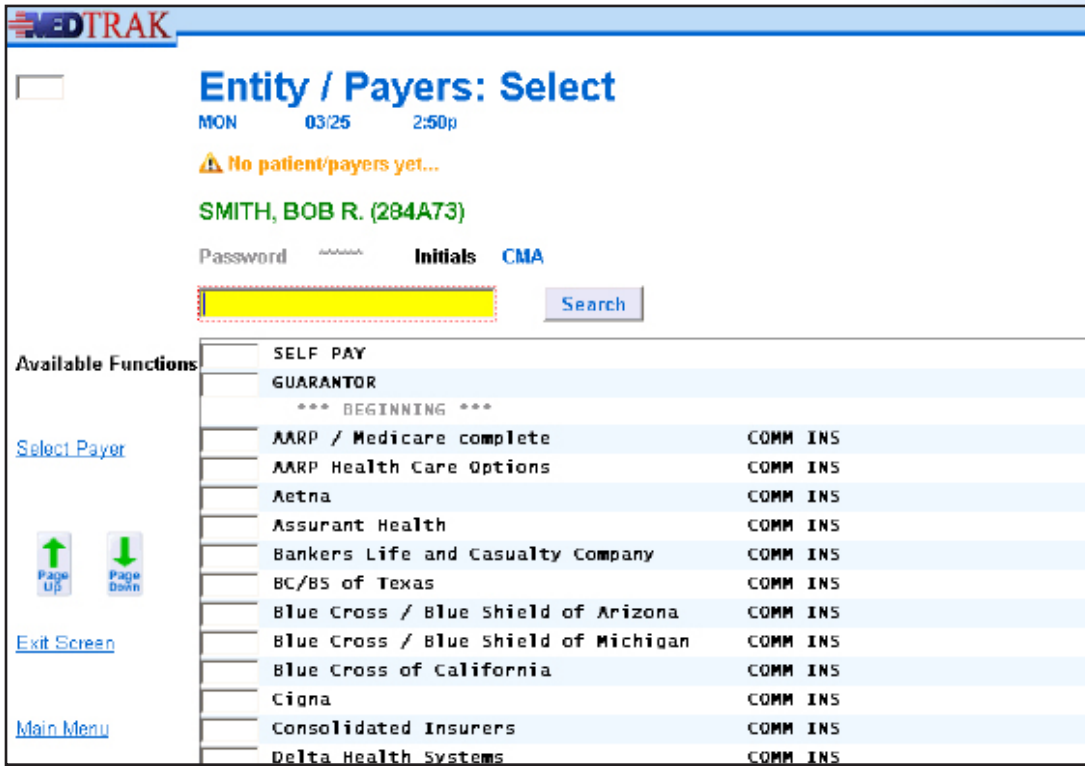
Do This - 4.104



1. Sign into MedTrak
(You should be on the MedTrak Main Menu)
2. Click the *Patient Registration* button
(You should be on the Patients screen)
3. Type "**Smith**" in the **Search** field
4. Click the *Search* button
(The Patients screen resets to Smith)

To add a payer to Bob Smith, place the cursor in the command field next to his name and click the *Payers* button.

If the patient does not have any payers attached, the next screen to appear is the Entity / Payers: Select screen. For this example, Bob Smith does not have any payers attached (shown below).



Entity / Payers: Select screen

The Entity / Payers: Select screen displays all of the authorized payers for the entity that owns the healthcare facility.

To attach a payer, place the cursor in the command field next to the payer and click the *Select Payer* button. For this example, the payer selected is First Health.

1. Place the cursor next to **Smith**
2. Click the *Payers* button
(You should be on the Entity / Payers: Select screen)
3. Place the cursor next to **First Health**
4. Click the *Select Payer* button
(You should be on the Patient / Payer: Add screen)



Entering the subscriber and policy information

For payers other than **Self Pay** and **Guarantor**, the next screen to appear is the Patient / Payer: Add screen. Enter the subscriber and insurance policy information on this screen.

If the subscriber is the patient, type “self” in the **Relationship** field. The following fields will not be required by MedTrak because the subscriber is the patient, and MedTrak already has the patient’s demographic information:

Last name

First name

Middle initial

Birthdate

Gender

To see the other subscriber relationships, click on the **Relationships** button. For example, if the patient is a child and the mother is the subscriber for the insurance policy that is paid by the mother’s employer, then the subscriber relationship is “mother”.

As stated above, any subscriber relationship other than **Self** requires the demographics of last name, first name, middle initial, birthdate, and gender of the subscriber.

The **Effective date** is the starting date for the insurance plan. For your purposes, this date should always be a date in the past.

The **Termination date** is the ending date for the insurance plan. For your purposes, always leave this date blank.

The **ID number** is the individual subscriber’s contract number assigned by the payer and appears on the front of their insurance card.

The **Group name** is the name of the subscriber’s insurance group. In this example, it is **Diamond Distributing**, the subscriber’s employer.

The **Group number** is the number assigned by the insurance company to the subscriber’s group.

The **Plan type** identifies the type of insurance purchased by the group. In this example, the plan type is **PPO**. PPO stands for preferred provider organization and is the most common type of managed care insurance. The managed care company contracts with a network of physicians to provide services at a discounted rate. If the subscriber chooses to see a provider that is not part of the network, the subscriber will be responsible for the portion of the fees that are higher than the contracted rate of the network. The plan type might also be a number as indicated on the front of the insurance card.

The **Coinsurance %** is the portion of the charges that the subscriber must pay for the provider’s evaluation and management services and is calculated at the end of the patient’s visit.

The **Copayment** is the amount of money that the subscriber must pay for each office visit. The copayment amount is applied to the charge for the provider’s time to see the patient.

Use the **Note** field for any special notes about the insurance plan.

The payer information for Mr. Smith for First Health is as follows:

Subscriber

Relationship self (Mr. Smith is the subscriber)
 Last name (leave blank)
 First name (leave blank)
 Middle initial (leave blank)
 Birthdate (leave blank)
 Gender (leave blank)

Policy

Effective date 01/01/12 (January 1, 2012)
 Termination date (leave blank)
 ID number 3488383
 Group name Diamond Distributing
 Group number 0473
 Plan type PPO (preferred provider organization)
 Coinsurance % (leave blank)
 Copayment 30 (patient pays \$30.00 per office visit)
 Note (leave blank)

Mr. Smith's Patient / Payer: Add screen (shown below).

EDTRAK

Patient / Payer: Add
 MON 03.25 2:54p

SMITH, BOB R. (284A73)
 First Health (126)

Password ***** Initials CMA

Available Functions

- Relationships
- Exit Screen
- Main Menu

Subscriber

Relationship self Relationships
 Last name
 First name
 Middle initial
 Birthdate (mm/dd/yyyy)
 Gender

Policy

Effective date 01/01/12 (mm/dd/yyyy)
 Termination date (mm/dd/yyyy)
 ID number 3488383
 Group name Diamond Distributing
 Group number 0473
 Plan type PPO
 Coinsurance %
 Copayment 30
 Note

Submit

Patient / Payer:
Add screen
 showing data

After entering Mr. Smith's payer information, click the **Submit** button to record the information. MedTrak automatically returns to the Entity Payers: Select screen with the message at the top "**Payer attached to patient...**". This enables the user to add additional payers at this time.

After attaching the payers, click the **Exit Screen** button. The Patient / Payers screen displays showing the payers that were added to the patient. In this example, only one payer was attached.

If the payers are not the right ones or they are in the wrong order, use the buttons to correct them.

There must always be a primary payer. Secondary, tertiary, and quaternary payers are optional. If there is more than one payer, then the payers must be ordered in the primary, secondary, tertiary, and quaternary order based on who is responsible for paying the claim first, second, third, and fourth. Again, use the buttons to put the payers in their proper order of responsibility.

Do This - 4.106



1. Type "self" in the Relationship field
2. Type "01/01/12" in the Effective date field
3. Type "3 4 8 8 3 8 3" in the ID number field (Do not include the spaces between the numbers.)
4. Type "Diamond Distributing" in Group name field
5. Type "0 4 7 3" in the Group number field (Do not include the spaces between the numbers.)
6. Type "ppo" in the Plan type field
7. Type "30" in the Copayment field
8. Click the **Submit** button
(You should be back on the Entity / Payers: Select screen)
(The message "**Payer attached to patient...**" appears)
9. Click the **Exit Screen** button
(You should be back on the Patient / Payers screen)
10. Click the **Exit Screen** button again
(You should be back on the Patients screen)

Guarantors

For patients under the age of 18, there must be a guarantor attached to the patient, even if there is a group health plan.

To attach a guarantor, select the **Guarantor** option on the Entity / Payer: Select screen. The next screen to appear is the Guarantor: Select screen. On this screen, locate the guarantor using the **Search** function, then click the **Select** button. If the guarantor is not in the patient list, then add the guarantor just like you added a patient.

If the payers are correct, click the **Exit Screen** button to return to the list of patients.

Self Assessment for this example

Below are instructions for how to do an assessment check of the work that you did so far in this chapter.

1. You should be on the [Patients](#) screen
2. Type “SA04” in any command field
(SA stands for self assessment and 04 is the chapter number)
3. Press the **ENTER** key
(You should be on the [Self Assessment](#) screen for Chapter 04)
4. Select the checkbox for the **Chapter Example(s)**
5. Click the **Submit** button
(“Self Assessment sent to printer/queue...” message appears)
6. Click the **View Prints** button
(The [Available User Reports](#) window opens)
7. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
8. Review the **Self Assessment** report. If you have errors, correct them and re-run the report.
9. Do **NOT** proceed until you have an error-free report

Do This - 4.107



Use the MedTrak knowledge that you gained from this example to complete the case studies in this chapter.

Patient Payers - Review Activities

1. What are the three major payer categories?

- A. Personal health
- B. Employee health
- C. Family health
- D. Workers compensation
- E. National health
- F. Group health

2. Which of the following pays the highest rates for healthcare services?

- A. Commercial health insurance
- B. Medicaid
- C. Self pay patients
- D. Medicare
- E. Guarantors of patients

3. Match the financial classes in the first column to their definitions in the second column.

- | | |
|--------------------------|--|
| ___ Commercial insurance | A. Countrywide health program for certain people and families with low income and resources. It is jointly funded by the federal government and the individual states and is run by each individual state. |
| ___ Guarantor | B. Includes all of the insurance companies who provide coverage to employers for when their employees are injured while working. |
| ___ Medicaid | C. Includes all of the group health insurance companies who provide insurance plans for employers who purchase it for their eligible employees. |
| ___ Workers compensation | D. When the patient is responsible for payment of healthcare services. |
| ___ Employee health | E. Is the federal health insurance program for Americans over 65 years of age. |
| ___ Medicare | F. When the patient is under 18 years old, someone else over 18 needs to be responsible for payment. |
| ___ Self pay | G. Is the health care program serving active duty service members. |
| ___ Tricare | H. Includes all of the employers who provide pre-employment and annual physicals for their employees. |

4. Why is it financially important for medical facilities to treat patients from different financial classes?



Case Study 4-27

Patient calls because his insurance company is refusing to pay for the healthcare services provided by your medical facility due to an incorrect insurance policy number.

To aid you in completing this case study, the workflow instructions including screen samples are located right after this case study.

Self-study version:

Larry Bradford calls inquiring about his Blue Cross / Blue Shield of Michigan insurance policy identification number. According to Blue Cross, the claims for his rehab services care with the medical facility are being denied because of an incorrect policy identification number. He was born on June 12, 1987, and the last four digits of his social security number are 3876. After verifying that this is Larry Bradford calling, you learn that his policy identification number should be 3754473531 instead of what is currently in his record.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Larry Bradford calling. I am a rehab services patient of Sally Jones. I need to check the policy number for Blue Cross / Blue Shield of Michigan in your records because my claims are being denied due to an invalid identification number.

MA: Hi Mr. Bradford. I am sorry to hear that. I can help with this issue.

MA: First, let me verify some basic information before I make the change.

MA: What is your birth date?

Patient: I was born on June 12, 1987.

MA: And what are the last 4 digits of your social security number?

Patient: 3 8 7 6

Note: *With this information you can now confirm that this is Mr. Bradford.*

- MA:** Give me a moment while I pull up your insurance information.
- MA:** Our records show that Blue Cross / Blue Shield of Michigan is your primary insurance and the policy identification number is 375447353? What is the correct policy identification number?
- Patient:** 3 7 5 4 4 7 3 5 3 1
- MA:** Let me repeat that back to you.
- MA:** 3 7 5 4 4 7 3 5 3 1
- MA:** Is that correct?
- Patient:** Yes.
- MA:** *Change the policy identification number to 3 7 5 4 4 7 3 5 3 1. (Do not include the spaces between the numbers.)*
- MA:** Let me review your insurance information now that I have made the change that you requested.
- MA:** The policy number is now changed. Is there anything else that I can help you with?
- Patient:** No. That is all.
- MA:** I will send a message to our billing department to notify them of the policy number correction and the need to re-bill Blue Cross / Blue Shield of Michigan the invoices sent with errors.
- MA:** On behalf of our medical facility, I do apologize for this error and the inconvenience that it caused you.
- MA:** Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 4-27 - Workflow Instructions

Patient calls because his insurance company is refusing to pay for the healthcare services provided by your medical facility due to an incorrect insurance policy number.

Larry Bradford calls inquiring about his Blue Cross / Blue Shield of Michigan insurance policy identification number. According to Blue Cross, the claims for his rehab services care with the medical facility are being denied because of an incorrect policy identification number. He was born on June 12, 1987, and the last four digits of his social security number are 3876. After verifying that this is Larry Bradford calling, you learn that his policy identification number should be 3754473531 instead of what is currently in his record.

Changing a patient's payer information

On the MedTrak Main Menu, click the **Patient Registration** button. The Patients screen appears.

On this screen, review Larry Bradford's date of birth (June 12, 1987) and last four digits of his social security number (3876) to be sure that you have the right Bradford. Place the cursor in the command field next to Mr. Bradford (shown below).

Available Functions:

- Select Patient
- Add Patient
- Change Patient
- Patient Notes
- Appointments
- Payers
- Schedule
- View Prints
- More Functions...
- Page Up
- Page Down
- Exit Screen
- Main Menu

*** BEGINNING OF PATIENTS ***			
<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-87-2782 (231) 555-7757
<input type="checkbox"/>	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885
<input type="checkbox"/>	Abbott, Sandy L.	06/14/1984	357-44-9393 (231) 555-6996
<input type="checkbox"/>	Anaro, Scott C.	05/11/1987	635-76-3833 (231) 555-3737
<input type="checkbox"/>	Bailey, Darlene M.	06/16/1931	784-73-6333 (231) 555-3868
<input type="checkbox"/>	Bradford, Larry J.	06/12/1987	347-27-3876 (231) 555-2442
<input type="checkbox"/>	Campbell, Susan T.	08/18/1972	274-74-7333 (231) 555-4864
<input type="checkbox"/>	Chadwick, Cliff B.	09/19/1979	457-37-3399 (231) 555-4894
<input type="checkbox"/>	Christianson, Brenda T.	11/12/1980	388-20-3322 (231) 555-3424
<input type="checkbox"/>	Cooper, Janice B.	01/04/1978	372-82-6383 (231) 555-2772
<input type="checkbox"/>	Davis, Denise V.	06/06/1976	534-63-4222 (231) 555-7548
<input type="checkbox"/>	Docier, Robert S.	03/12/1975	943-73-7363 (231) 555-3773
<input type="checkbox"/>	Edwards, Charles L.	03/09/1975	232-86-7444 (231) 555-7474
<input type="checkbox"/>	Evans, Samantha L.	07/25/2007	262-89-4298 (231) 555-8833
<input type="checkbox"/>	Frost, Jean C.	11/23/1975	545-33-8864 (231) 555-3647
<input type="checkbox"/>	Garcia, Candida T.	06/25/2003	634-47-3893 (231) 555-4884
<input type="checkbox"/>	Garcia, Michelle A.	01/01/1980	999-99-9999 (231) 555-4884
<input type="checkbox"/>	Gonzales, Monica W.	06/23/1978	374-73-8320 (231) 555-8484
<input type="checkbox"/>	Gordons, Thomas T.	01/10/1980	489-93-9393 (231) 555-8476

Then click the **Payers** button. The Patient / Payers screen appears displaying the payers for Mr. Bradford (shown on the next page).

MEDTRAK

Patient / Payers
MON 03/25 3:04p

BRADFORD, LARRY J. (284A7B)
Password ***** Initials CMA

Available Functions: [Primary](#), [Secondary](#), [Tertiary](#), [Quaternary](#), [Remove Payer](#), [Add Payer](#)

```

P COMM INS - Blue Cross / Blue Shield of Michigan (01/01/12 - ? )
-----
*** BEGINNING ***
P COMM INS - Blue Cross / Blue Shield of Michigan (01/01/12 - ? )
Subscriber: SELF, Copayment: 25.00
*** END ***
    
```

Patient / Payers
for Bradford

In this example, Mr. Bradford only has one payer attached to his record.

The payer information on this screen shows that Mr. Bradford’s primary commercial insurance carrier is Blue Cross / Blue Shield of Michigan and the policy became effective on January 1st, 2012. Mr. Bradford is the subscriber (self) and his copayment is \$25.00.

To change the insurance plan policy ID number, place the cursor in the command field next to Blue Cross / Blue Shield of Michigan insurance and click the **Change Payer** button.

The next screen to appear is the Patient / Payer: Change screen for Mr. Bradford’s Blue Cross / Blue Shield of Michigan insurance plan (shown below).

MEDTRAK

Patient / Payer: Change
MON 03/25 3:07p

BRADFORD, LARRY J. (284A7B)
Blue Cross / Blue Shield of Michigan (121)
Password ***** Initials CMA

Available Functions: [Relationships](#), [Exit Screen](#), [Main Menu](#)

Subscriber
Relationship: SELF Relationship: Relationship
Last name: _____
First name: _____
Middle initial: _____
Birthdate: _____ (mm/dd/yyyy)
Gender: [v]

Policy
Effective date: 01/01/12 (mm/dd/yyyy)
Termination date: _____ (mm/dd/yyyy)
ID number: 375447353
Group name: AMALGAM INDUSTRIES
Group number: 8484
Plan type: PPO
Coinsurance %: _____
Copayment: 25.00
Note: _____
Submit

Patient / Payer:
Change for
Bradford

The number 1
is missing from
the end of the
ID number

Patient / Payers screen for Bradford

On this screen, when you read Mr. Bradford’s insurance plan’s policy ID number you discover that the number “1” is missing from the end of the policy ID number.

Add the number 1 to end of the policy ID number and then review the rest of the information with Mr. Bradford. Because everything else is correct, click the *Submit* button to accept the change.

MedTrak automatically returns to the Patient / Payers screen after making the requested changes (shown below).

MEDTRAK
Patient / Payers
 MON 03/25 3:10p

BRADFORD, LARRY J. (284A7B)
 Password ***** Initials **CMA**

Available Functions: **P COMM INS - Blue Cross / Blue Shield of Michigan (01/01/12 - ?)**

Primary
 Secondary
 Tertiary
 Quaternary
 Remove Payer
 Add Payer

 *** BEGINNING ***
P COMM INS - Blue Cross / Blue Shield of Michigan (01/01/12 - ?)
 Subscriber: SELF, Copayment: 25.00
 *** END ***

Click the *Exit Screen* button on this screen to return to the Patients screen (shown below).

LOG command

MEDTRAK
Patients
 MON 03/25 3:10p

Patient Name: [dropdown] Change Display Order Active Patients Only [dropdown] Change Detail Display

[input] Search [Clinic Status] [Schedule] [Companies]

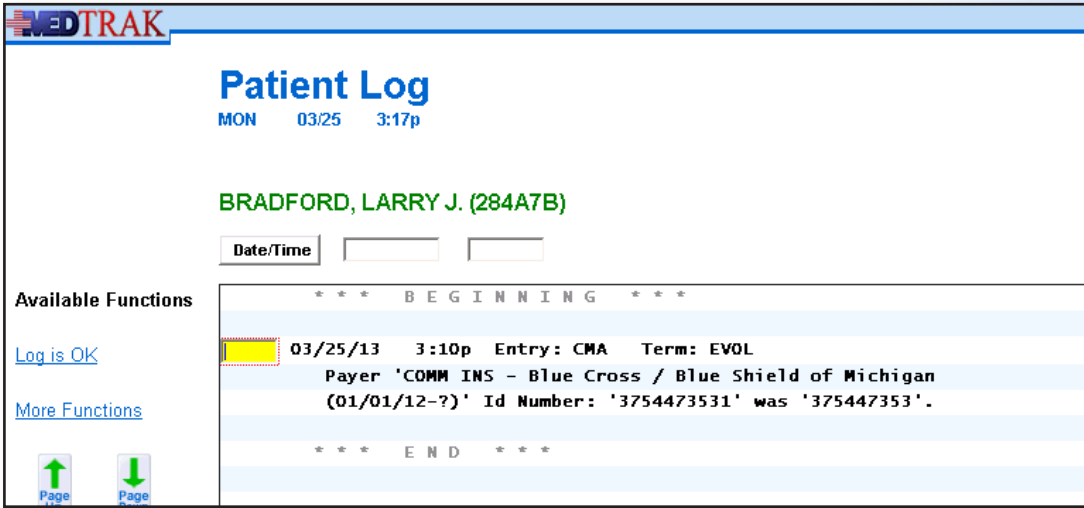
Available Functions:

- Select Patient
- Add Patient
- Change Patient
- Patient Notes
- Appointments
- Payers
- Schedule
- View Prints
- More Functions...

*** BEGINNING OF PATIENTS ***				
Amendt, Richard T.	12/02/1975	374-67-2782	(231)	555-7737
Aaron, Alice J.	03/22/1981	468-32-9333	(231)	555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231)	555-6996
Amaro, Scott C.	05/11/1987	635-76-3833	(231)	555-3737
Bailey, Darlene M.	06/16/1931	784-73-6333	(231)	555-3888
Bradford, Larry J.	06/12/1987	347-27-3876	(231)	555-2442
Campbell, Susan T.	08/18/1972	274-74-7333	(231)	555-4844
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231)	555-4894
Christianson, Brenda T.	11/12/1980	388-20-3322	(231)	555-3424
Cooper, Janice B.	01/04/1978	372-82-6383	(231)	555-2772
Davis, Denise V.	06/06/1976	534-63-4222	(231)	555-7548
Docier, Robert S.	03/12/1975	941-73-7363	(231)	555-3773
Edwards, Charles L.	03/09/1975	232-86-7444	(231)	555-7474

To double check the payer change for Mr. Bradford, use the log command (**log**) to review the changes to the patient’s demographic information. All additions, changes, and deletions of data are recorded in the Patient Log to enable users to be able to reconstruct what changes were made to the patient’s demographic data including information about who made the change and when they made it.

With the cursor in the command field next to Mr. Bradford, type the log command (**log**) and press the **ENTER** key. The next screen to appear is the Patient Log (shown below).



Patient Log screen for Bradford

On this screen is the log record for the requested change to Larry Bradford's insurance policy ID number. After reviewing this log, click the **Exit Screen** button to return to the Patients screen.



Case Study 4-28

Patient calls because she has been added to her husband's employer's group health insurance. She currently has group health insurance through her employer, but wants his new insurance information added to her record, also.

Self-study version:

Janice Cooper calls requesting that her husband's (Thomas Crawford) group health insurance be added to her record. She was born on January 4, 1978, and the last four digits of her social security number are 6383. After verifying that this is Janice Cooper calling, you add her husband's group health insurance as the secondary payer to her record. Her primary insurance is with Paramount Health Care.

Tom's group health insurance is as follows:

Insurance Company	Assurant Health	
Subscriber	Relationship	spouse
	Spouse's Name	Thomas R Crawford
	Birthdate	10/04/1977 (October 4, 1977)
	Gender	Male
Policy	Effective date	01/01/12 (January 1, 2012)
	Termination date	(leave blank)
	ID number	8 3 0 2 7 9 0 2 3 2 (Do not include the spaces between the numbers.)
	Group name	Wilson Supply Co
	Group number	4 0 3 3 7 (Do not include the spaces between the numbers.)
	Plan type	PPO
	Coinsurance %	(leave blank)
	Copayment	25.00 (representing \$25.00)
	Note	(leave blank)

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Janice Cooper calling. I am a patient of Dr. Chang's. My husband now has group health insurance through his new employer, Wilson Supply Co, and I would like it added to my record.

- MA:** Hi Ms. Cooper. I can make this change for you.
- MA:** First, let me verify some basic information before I make the change.
- MA:** What is your birth date?
- Patient:** I was born on January 4th, 1978.
- MA:** And what are the last 4 digits of your social security number?
- Patient:** 6 3 8 3
- Note:** *With this information you can now confirm that this is Ms. Cooper.*
- MA:** Give me a moment while I pull up your insurance information.
- MA:** Our records show that your primary insurance is with Paramount Health Care and that you are the subscriber on that policy. Is this correct?
- Patient:** Yes, that is correct.
- MA:** What is the name of your husband's insurance company?
- Patient:** Assurant Health
- MA:** What is your husband's full name including middle initial?
- Patient:** Thomas R Crawford
- MA:** What is your husband's date of birth?
- Patient:** October 4th, 1977
- MA:** What is the effective date of the policy?
- Patient:** January 1st, 2012
- MA:** Is there a termination date?
- Patient:** No
- MA:** What is the policy identification number on the insurance card?
- Patient:** 8 3 0 2 7 9 0 2 3 2 (Do not include the spaces between the numbers.)
- MA:** What is the name of his company (group name)?
- Patient:** Wilson Supply Co
- MA:** What is the policy group number?

Patient: 4 0 3 3 7 (Do not include the spaces between the numbers.)

MA: What is the plan type?

Patient: PPO

MA: Do you pay a percentage for coinsurance?

Patient: No.

MA: Is there a copayment amount?

Patient: Yes, \$25.00.

MA: Let me review your payer records now that I have made the change that you requested.

MA: Your husband's insurance policy information is now added to your record.

MA: Is there anything else that I can help you with?

Patient: No.

MA: Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 4-42

Patient calls because the order of his payers is wrong. He needs the primary payer to be Medicare and the secondary payer to be Blue Cross / Blue Shield of Arizona.

Self-study version:

Jack Taylor calls requesting that we switch the order of his payers. He currently has Blue Cross / Blue Shield of Arizona as his primary payer and Medicare as his secondary. When registering for an x-ray at the hospital, he was informed that Medicare should be the primary and Blue Cross / Blue Shield of Arizona should be secondary. He was born on May 3rd, 1945, and the last four digits of his social security number are 9333. After verifying that this is Jack Taylor calling, you change the order of his payers.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Jack Taylor calling. The order of my insurance plans is wrong. I need you to make Medicare the primary carrier and Blue Cross the secondary.

MA: Hi Mr. Taylor. I can make this change for you.

MA: First, let me verify some basic information before I make the change.

MA: What is your birth date?

Patient: I was born on May 3rd, 1945.

MA: And what are the last 4 digits of your social security number?

Patient: 9 3 3 3

Note: *With this information you can now confirm that this is Mr. Taylor.*

MA: Give me a moment while I pull up your insurance information.

MA: Our current records show that your primary insurance is with Blue Cross / Blue Shield of Arizona and your secondary insurance is Medicare. You would like us to switch these?

Patient: Yes, that is correct.

Note: *Switch the order of the insurance companies Make Medicare primary and Blue Cross / Blue Shield of Arizona secondary.*

MA: Let me review your payer record now that I have made the change that you requested.

MA: Your primary insurance is now Medicare and your secondary insurance is Blue Cross / Blue Shield of Arizona.

MA: Is there anything else that I can help you with?

Patient: No.

MA: Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 4-45

Patient calls because his wife lost her job; and therefore, he is no longer covered under her former employer's group health insurance. He needs the secondary payer removed.

Self-study version:

Roger Hamilton calls requesting that we remove his wife's group health insurance plan from his record. She lost her job at Foundry Services and no longer has group health coverage from Select Health. He was born on May 12, 1977, and the last four digits of his social security number are 8833. After verifying that this is Roger Hamilton calling, you remove his wife's group health insurance as the secondary payer on his record.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Roger Hamilton calling. I am a patient of Dr. Johnson's. My wife recently lost her job at Foundry Services and consequently her health insurance. I need you to remove her health insurance from my record.

MA: Hi Mr. Hamilton. I can make this change for you.

MA: First, let me verify some basic information before I make the change.

MA: What is your birth date?

Patient: I was born on May 12, 1977.

MA: And what are the last 4 digits of your social security number?

Patient: 8 8 3 3

Note: *With this information you can now confirm that this is Mr. Hamilton.*

MA: Give me a moment while I pull up your payer information.

MA: Our records show that your primary insurance is with Aetna and that you are the subscriber on that policy. Is this correct?

Patient: Yes, that is correct.

MA: We show that Select Health is the secondary payer and that your wife is the subscriber. Is this correct?

Patient: Yes, that is correct.

MA: And, you want me to remove her insurance from your record. Right?

Patient: Yes, please remove her insurance from my record.

Note: *Delete his wife's Select Health insurance as the secondary payer.*

MA: Let me review your payer record now that I have made the change that you requested.

MA: Your wife's health insurance is now removed from your record.

MA: Is there anything else that I can help you with?

Patient: No.

MA: Thanks for your call.

Complete all of the case studies in this chapter before running the self assessment.

Self Assessment for these case studies

Do This - 4.154



1. You should be on the [Patients](#) screen
2. Type "SA04" in any command field
(SA stands for self assessment and 04 is the chapter number)
3. Press the **ENTER** key
(You should be on the [Self Assessment](#) screen for Chapter 04)
4. Select the checkbox for the **Case Studies**
5. Click the **Submit** button
(**"Self Assessment sent to printer/queue..."** message appears)
6. Click the **View Prints** button
(The [Available User Reports](#) window opens)
7. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
8. Review the **Self Assessment** report. If you have errors, correct them and re-run the report.
9. Do **NOT** proceed until you have an error-free report

Communications

One of the medical workflow efficiencies that you learned about in Chapter 1 is about improving communications both inside and outside the medical facility.

Case Studies in this Chapter

Needing a Response from the Provider

- 5-02 - The primary care doctor of a patient being treated for a lower back injury calls one of the orthopedic doctors requesting information about the patient's progress.
- 5-05 - Patient calls to request authorization to participate in the weight loss program at the local hospital.
- 5-21 - Patient calls to renew her medication prescription that has expired.
- 5-23 - Patient calls to get approval from the doctor for physical therapy on his left shoulder.
- 5-25 - Patient calls to get approval from his primary care doctor to see the orthopedic surgeon about his left hip.
- 5-47 - Patient calls to speak with the doctor because he is upset about not progressing with his recovery as fast as he thought that he should.

Needing a Response from the Support Staff

- 5-03 - Patient calls to set up a payment plan for paying the balance on his account.
- 5-22 - Patient calls to find out the results of a laboratory test.
- 5-24 - Patient calls to ask questions about her bill.
- 5-26 - Attorney's office calls requesting a copy of a patient's medical record.
- 5-46 - Patient calls to discuss a prescription medication that she is taking.
- 5-48 - Patient calls to find out the results of an x-ray.



Messaging and Further Review Needed

Secure Messages

As part of the communications process in the electronic medical record, members of the clinical and administrative team need to be able to send secure messages back and forth to each other. The internal messaging process in MedTrak is called **Further Review Needed**. MedTrak customers call these messages **FRNs**.

HIPAA

The HIPAA Privacy Rule permits health care workers to share health care related information without patient authorization as long as they do not disclose or use the protected health care information in an inappropriate way.

Email

This means that a patient's health care information can be emailed, faxed, or discussed over the phone in a secure manner.

Secure email can be accomplished using a specially designed email system that is encrypted and requires password verification.

Faxes

Secure faxing requires that the fax machine be placed in a private location that cannot be seen by anyone without authorization.

Phone calls

Secure phone calls must be made in a physical location where the conversation cannot be overheard by unauthorized personnel.

Two Types of Questions

The two basic types of phone calls made to a healthcare facility are either medical in nature that require the attention of someone on the medical team or administrative in nature that can be answered by someone on the clinical or administrative support staff.

Medical Questions

Some of the more common phone calls are listed below:

- Medical questions
 - Refill requests for prescribed medications
 - Patient questions of a medical nature for the doctor or other clinician
 - Questions from parents or guardians and other clinicians related to the patient's medical progress
 - Patient questions regarding x-ray and laboratory results
 - Patient requests to be referred to a specialist or have a scheduled test such as an MRI or CT scan

- Administrative questions

- Requests to make an appointment or to change an appointment
- Requests from patients to change their demographics or payer information
- Requests for information about the medical practice
- Patient complaints about a clinical or administrative matter
- Billing related questions from patients
- Insurance payment related questions from patients
- Insurance company requests for additional information
- Questions from other healthcare related entities. Some of these questions can be handled by the medical assistant who answers the telephone. In Chapters 3 and 4 you did case studies for patient calls requesting information changes that you were able to make on your own without needing the assistance of someone else.

Administrative
Questions

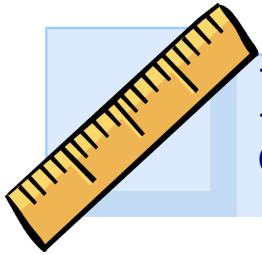
For those patient related questions that require the attention of the physician, other clinician, healthcare administration, or billing department and the recipient is not available, you will need to send a secure message about the question to the appropriate party.

To send a secure message in MedTrak's EMR, you will use the message command (**msg**) to create a **Further Review Needed** order (**FRN**) in the patient's electronic medical record.

Further Review
Needed

All of the clinical and administrative team's internal messages, in addition to testing results and reports from specialists, appear on the Further Review Needed dashboard including:

- Questions from patients
- Questions from other physicians
- Questions from attorneys
- Laboratory results
- X-ray readings
- Results from specialized testing
- Reports from referrals to specialists
- Questions from the billing department
- Any other patient related question



MedTrak Basics: Communications

Each of the MedTrak Basics' exercises is designed for you to review the processes and screens before doing the work in MedTrak. So, with that in mind, wait to do the work in MedTrak until you get to a **Do This** section.

Creating a Message and using the Further Review Needed Dashboard

The following example will be used to demonstrate the MedTrak processing for creating a message and using the Further Review Needed dashboard.

Dr. John Smithson calls the medical facility to inquire about the status of the left knee of one of his patients, Cliff Chadwick. Mr. Chadwick is currently being treated by Dr. Michael Li, one of our orthopedic surgeons. Dr. Li is not available when Dr. Smithson calls so a message is attached to Mr. Chadwick's medical record for Dr. Li to call Dr. Smithson back regarding the status of the left knee. Dr. Smithson can be reached at 231-555-3573 anytime after 3pm tomorrow.

To record a message in MedTrak's EMR while answering a phone call, on the MedTrak Main Menu click the *Patient Registration* button. The Patients screen appears (shown below).

The screenshot shows the MedTrak 'Patients' screen. At the top, it displays 'MON 03/25 3:42p'. Below this are search and filter controls: 'Patient Name' with a dropdown arrow, 'Change Display Order', 'Active Patients Only' with a dropdown arrow, and 'Change Detail Display'. There is a search bar with a 'Search' button and three icons for 'Clinic Status', 'Schedule', and 'Companies'. On the left, under 'Available Functions', there are buttons for 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', 'View Prints', 'More Functions...', 'Page Up', 'Page Down', 'Exit Screen', and 'Main Menu'. The main area shows a list of patients with columns for name, birth date, phone number, and another phone number. The patient 'Chadwick, Cliff B.' is highlighted in yellow.

*** BEGINNING OF PATIENTS ***			
Aemdt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Bradford, Larry J.	06/12/1987	347-27-3876	(231) 555-2442
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 555-4844
Chadwick, Cliff B.	09/19/1979	457-17-3399	(231) 555-4884
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772
Davis, Denise V.	06/06/1976	534-63-4222	(231) 555-7548
Docier, Robert S.	03/12/1975	943-73-7363	(231) 555-3773
Edwards, Charles L.	03/09/1975	232-86-7444	(231) 555-7474
Evans, Samantha L.	07/25/2007	262-89-4298	(231) 555-8833
Frost, Jean C.	11/23/1975	545-33-8864	(231) 555-3647
Garcia, Candida T.	06/25/2003	634-47-3893	(231) 555-4884
Garcia, Michelle A.	01/01/1980	999-99-9999	(231) 555-4884
Gonzales, Monica W.	06/23/1978	374-73-8320	(231) 555-8484
Gordons, Thomas T.	01/10/1980	489-93-9393	(231) 555-8476

Patients screen

1. Sign into MedTrak
(You should be on the [MedTrak Main Menu](#))
2. Click the **Patient Registration** button
(You should be on the [Patients](#) screen)

Do This - 5.101

Creating a Message

Locate the patient on the [Patients](#) screen using the search method that you learned earlier. For this example, the patient name search is for **Cliff Chadwick**. Because Mr. Chadwick is listed on the initial [Patients](#) screen, the search function is not needed.

The most commonly used functions for working with a specific MedTrak screen are displayed on the buttons on the left side of the screen.

The message command (**msg**) is not used as often as the other patient commands available; so therefore, it is not one of those listed on the left side of the screen.

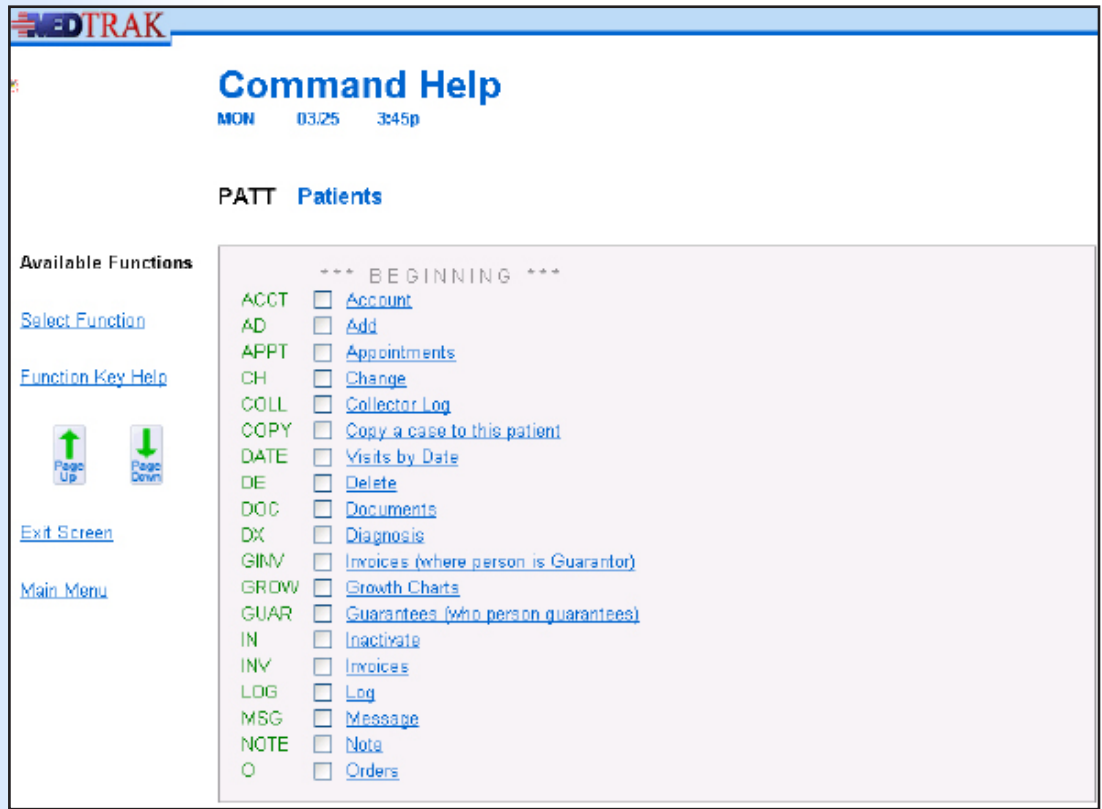
MedTrak offers three ways to activate the functionality of a command:

1. If it is a common function with a button that is listed on the left side of the screen, you can click the button after placing the cursor in the command field next to the patient.
2. If you are not sure what the command is and it is not listed on the left side of the screen, you can click the **More Functions...** button with the cursor in the command field next to the patient. The [Command Help](#) screen displays all of the different functions available for that particular MedTrak screen. On the [Command Help](#) screen, click the command name represented as a web-link button (it is underlined).
3. If you know the command, you can type the command in the command field next to the patient and press the **ENTER** key.

Clicking the **More Functions...** button with the cursor in the command field next to Mr. Chadwick displays the [Patients](#) list processor [Command Help](#) screen (shown on the next page).

MedTrak
Functionality

Command Help screen for Patients list processor

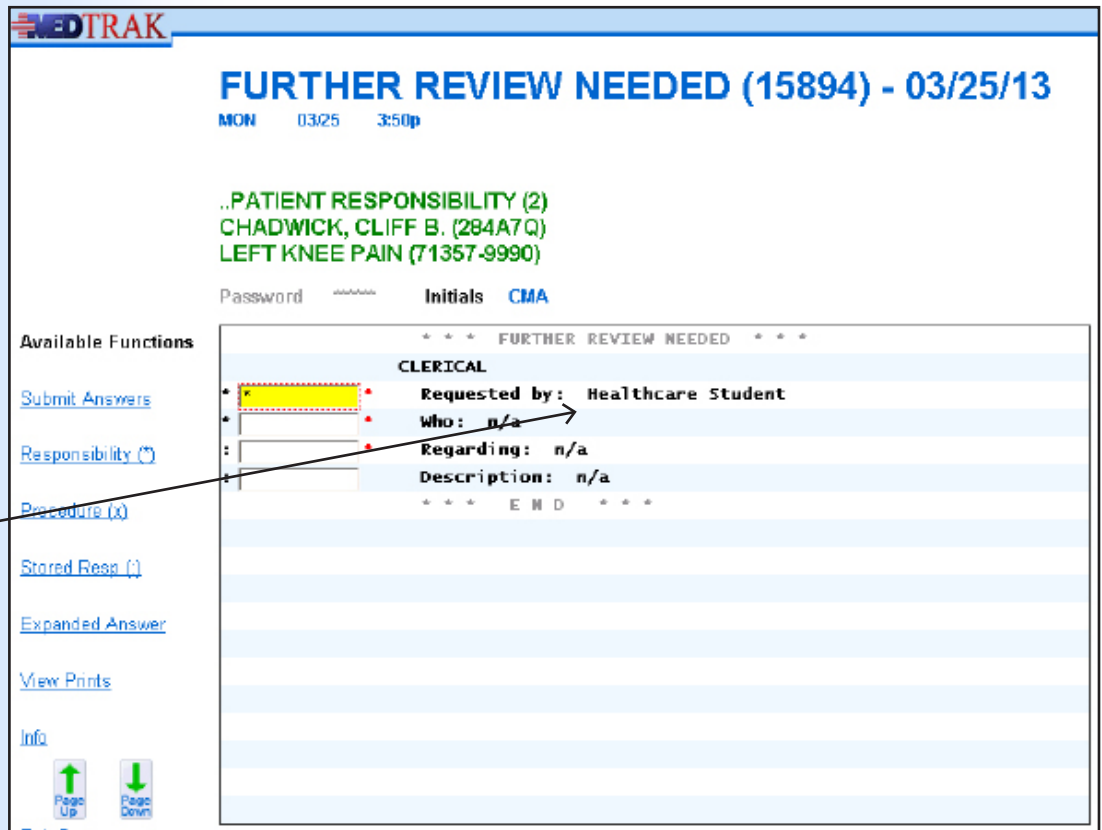


To select a command from the Command Help screen, you can click the command description because it is a web link button or click the checkbox next to the command.

For this example, click the *Message* command description. The message command automatically places the **Further Review Needed** order (shown below).

Further Review Needed order started with the message command

Requested by question answered



Do This - 5.102



1. Place the cursor next to **Chadwick**
2. Click the *More Functions...* button
(You should be on the Command Help screen)
3. Click the command name for the *Message* command
(You should be on the Further Review Needed order screen)

Further Review Needed orders in MedTrak are the universal communication tool for all members of the medical and administrative staff of the medical facility.

On this screen, you will see your name in the **Requested by** answer field. MedTrak automatically enters your name because you initiated the message command.

To locate the person to whom you are sending the message, with the cursor in the answer field next to the **Who** question and click the *Responsibility (*)* button.

The next screen to appear is the Responsibility screen (shown below). This screen lists all of the employees in your medical facility.

Employees in Work Group MED with Authority Level 9 or above.		
BEGINNING		
<input type="checkbox"/>	ACTG	GONZALES, MARIE T MG*
<input type="checkbox"/>	DOC	CHANG, JOHN N JC*
<input type="checkbox"/>		JOHNSON, RICHARD R RJ*
<input type="checkbox"/>		LI, MICHAEL C ML*
<input type="checkbox"/>		SMITH, ALICE T AS*
<input type="checkbox"/>		STUDENT, HEALTHCARE CMA
<input type="checkbox"/>	OT	MARTINEZ, RON J RM*
<input type="checkbox"/>	PA	GARCIA, JUAN O JG*
<input type="checkbox"/>	PT	JONES, SALLY R SJ*
<input type="checkbox"/>	PTA	SCHMIDT, ERIN D ES*
<input type="checkbox"/>	TECH	TOMAS, JEAN R JT*
<input type="checkbox"/>		WILSON, KAREN J KW*

Responsibility screen showing all employees

To select someone from this screen to be placed in the **Who** answer field either click the checkbox next to their name or click their name. In this example, Dr. Michael Li is to be the recipient of the message.

Once the person is selected, the Further Review Needed screen reappears with the person's name selected in the **Who** answer field (shown on the next page).

Who question answered

MEDTRAK

FURTHER REVIEW NEEDED (15894) - 03/25/13

MON 03/25 3:56p

⚠ Changes processed --- re-displaying screen...

..PATIENT RESPONSIBILITY (2)
CHADWICK, CLIFF B. (284A7Q)
LEFT KNEE PAIN (71357-9990)

Password ***** Initials **CMA**

Available Functions * * * FURTHER REVIEW NEEDED * * *

Submit Answers	CLERICAL	Requested by: Healthcare Student
Responsibility (*)	Who? Michael C Li, MD	Regarding: n/a
	Description: n/a	

If you know the initials of the person that you are sending the message to, you can type their initials directly into the **Who** answer field on the Further Review Needed screen without going to the Responsibility screen to select the person.

Do This - 5.103



1. Be sure the cursor is in the **Who** answer field
2. Click the **Responsibility(*)** button
(You should be on the Responsibility screen)
3. Click the **Li, Michael C** name web link button
(The Further Review Needed screen refreshes)
(MedTrak places **Li, Michael C** in the **Who** answer)
(MedTrak moves the cursor to the next question)

The **Regarding** question allows you to create a subject line or header for the message. If the subject line is 10 characters or shorter, the information can be typed directly into **Regarding** answer field on the Further Review Needed order screen without going to the Expanded Answer screen.

Because the subject line for this example is longer than 10 characters, you use the expanded answer functionality to enter the information. To access the Expanded Answer screen, with the cursor in the **Regarding** question's answer field, click the **Expanded Answer** button. On the Expanded Answer screen, you type "**Update on status of Mr. Chadwick's left knee.**" (shown below).

Regarding expanded answer

MEDTRAK

Expanded Answer

MON 03/25 4:03p

CHADWICK, CLIFF B. (284A7Q)
LEFT KNEE PAIN (71357-9990)

Question Regarding / FURTHER REVIEW NEEDED

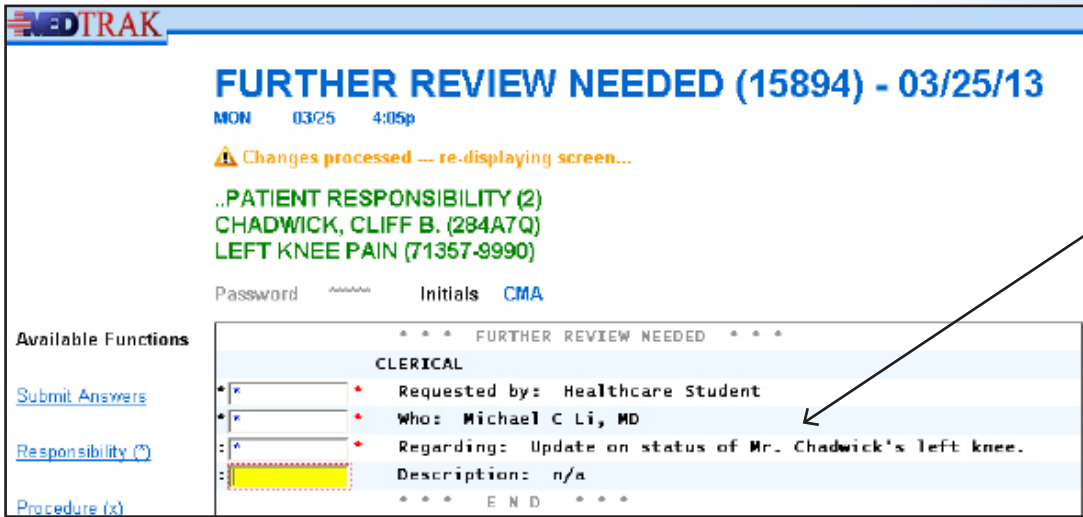
Password ***** Initials **CMA**

Available Functions

Submit Answer Update on status of Mr. Chadwick's left knee. |

Exit Screen

Click the **Submit Answer** button on the Expanded Answer screen. The Further Review Needed screen reappears displaying the subject of the message to the right of the **Regarding** question (shown below).

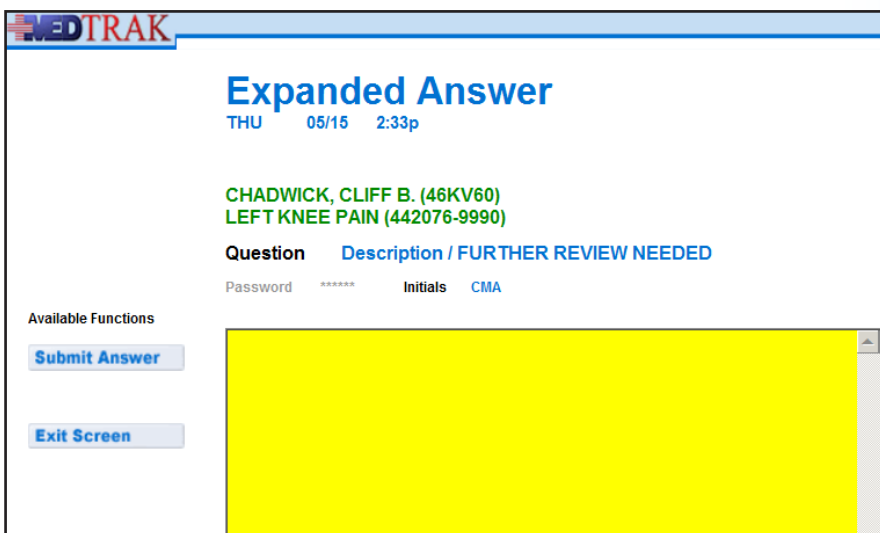


Regarding question answered

1. Be sure the cursor is in the **Regarding** answer field
2. Click the **Expanded Answer** button
(You should be on the Expanded Answer screen)
3. Type the following text in the **Regarding** expanded answer:
Update on status of Mr. Chadwick's left knee.
4. Click the **Submit Answer** button
(The Further Review Needed screen refreshes)
(MedTrak places the text in the **Regarding** answer)
(MedTrak moves the cursor to the next question)



The **Description** question allows you to enter the details of the message. With the cursor in the answer field next to the **Description**, click the **Expanded Answer** button to display the Expanded Answer screen (shown below).

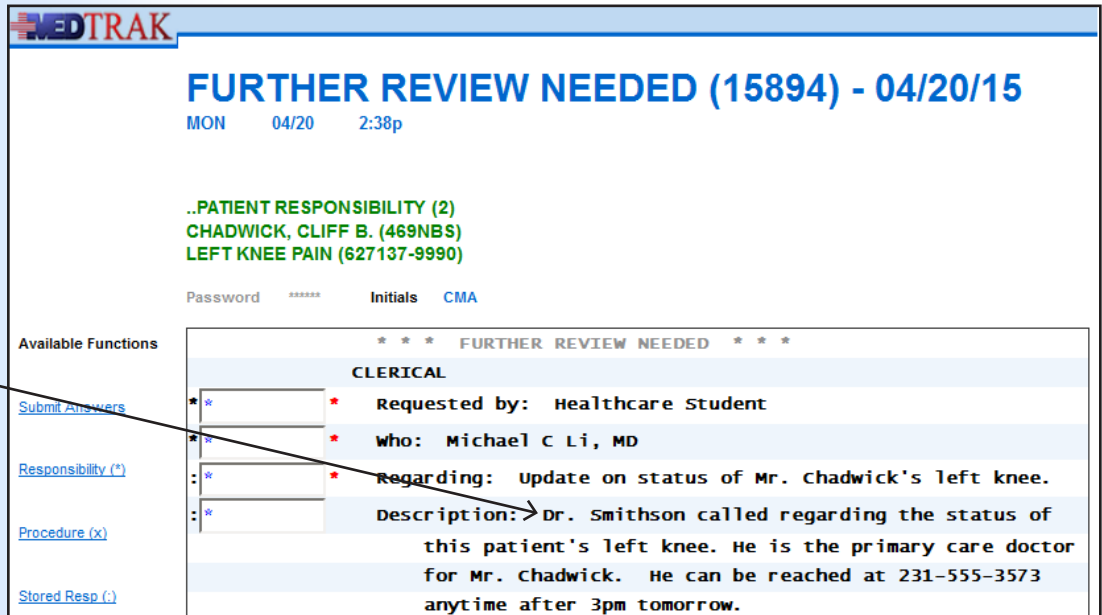


Description expanded answer

On the Expanded Answer screen, type in the detailed description for this message:

Dr. Smithson called regarding the status of this patient's left knee. He is the primary care doctor for Mr. Chadwick. He can be reached at 231-555-3573 anytime after 3pm tomorrow.

Then click the *Submit Answer* button. The Further Review Needed order screen reappears displaying the answer to the **Description** question (shown below).



Review the answers on this screen.

After creating the message for Dr. Li, you have completed the messaging function. Dr. Li now has a **Further Review Needed** order on his Further Review Needed dashboard.

Click the *Exit Screen* button. The next screen to appear is the Messages screen for Mr. Chadwick (shown below).



The message "**FURTHER REVIEW NEEDED order placed...**" appears at the top of the screen. The **Further Review Needed** order for Dr. Li that you just created also appears on this screen.

Click the *Exit Screen* button again to return to the Patients screen.

Then click the *Exit Screen* button again to return to the MedTrak Main Menu.

Do This - 5.105



1. Be sure the cursor is in the **Description** answer field
2. Click the **Expanded Answer** button
(You should be on the Expanded Answer screen)
3. Type the following text in the **Description** expanded answer:
Dr. Smithson called regarding the status of this patient's left knee. He is the primary care doctor for Mr. Chadwick. He can be reached at 231-555-3573 anytime after 3pm tomorrow.
4. Click the **Submit Answer** button
(The Further Review Needed screen refreshes)
(MedTrak places the text in the **Description** answer)
(Review the answers on the screen)
5. Click the **Exit Screen** button
(You should be on the Messages screen)
(The "**FURTHER REVIEW NEEDED order placed...**" message appears)
(The **Further Review Needed** order for Mr. Chadwick appears)
6. Click the **Exit Screen** button again
(You should be back on the Patients screen)
7. Click the **Exit Screen** button again
(You should be back on the MedTrak Main Menu)

Further Review Needed dashboard

All of the clinical and administrative staff's internal messages and orders needing the attention of the provider or any other clinical or administrative staff member appear on this dashboard including:

- Questions from patients
- Questions from other physicians
- Questions from attorneys
- Laboratory results
- X-ray readings
- Results from specialized testing
- Reports from referrals to specialists
- Questions from the billing department
- Any other patient related question

The following steps show how to access Dr. Li's Further Review Needed list processor to review the message just created for his patient, Cliff Chadwick.

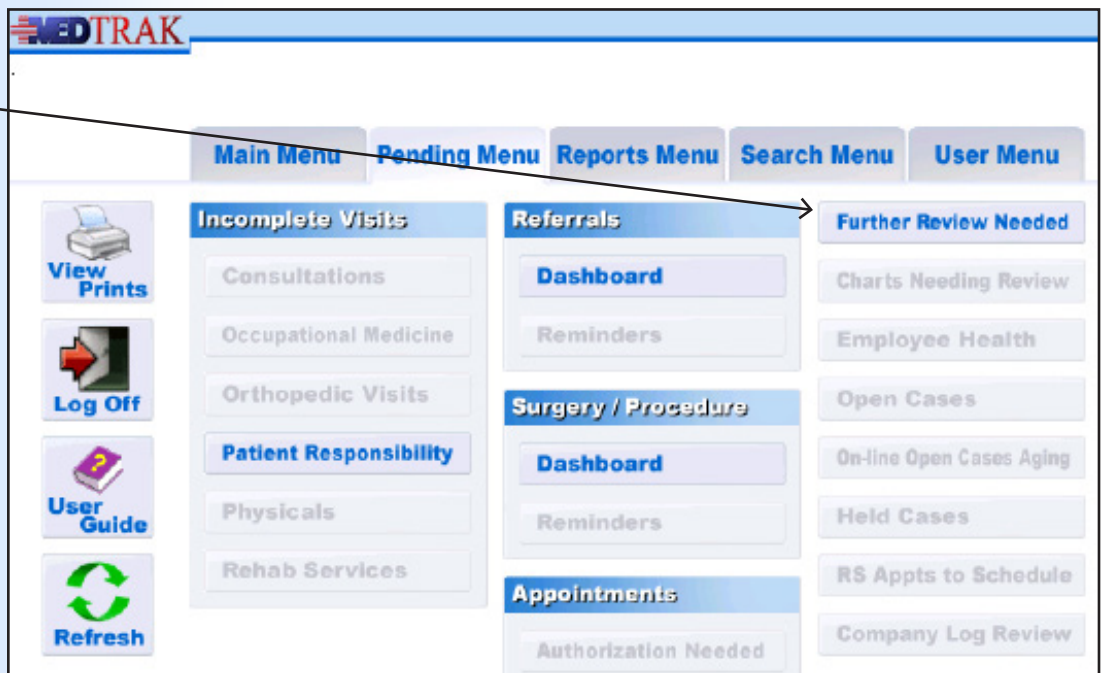
Click the *Pending Menu* tab on the MedTrak Main Menu (shown below).

Pending Menu tab



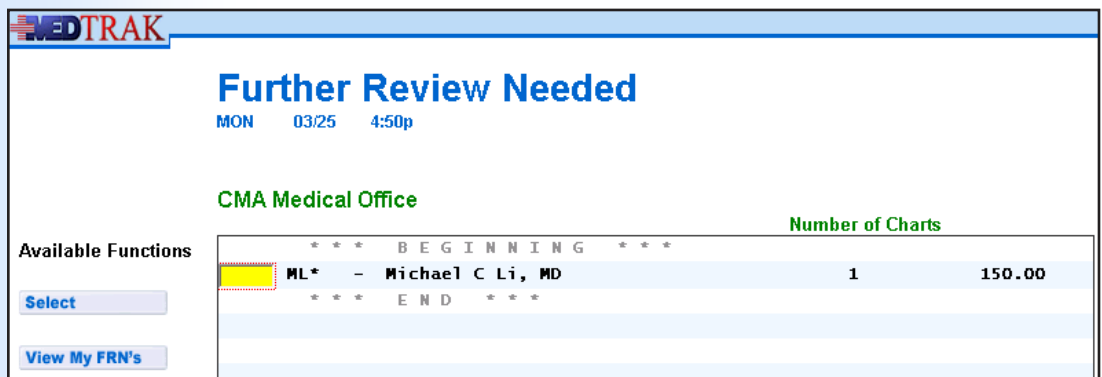
Click the *Further Review Needed* button on the Pending Menu (shown below).

Further Review Needed button



The next screen to appear is the Further Review Needed dashboard (shown below).

Further Review Needed dashboard



1. Click the **Pending Menu** tab on the [MedTrak Main Menu](#)
(You should be on the [Pending Menu](#))
2. Click the **Further Review Needed** button
(The [Further Review Needed](#) dashboard appears)



The [Further Review Needed](#) dashboard for this example only shows one chart that needs reviewing for Michael C Li. If other members of the clinical and administrative staff had charts to review, their names would also be listed with the number of charts that needed review and the total dollar value of the patient's unbilled visits related to those visits.

The dollar value of the visits is also included on this dashboard, because MedTrak will not allow these visits to be billed until the action requested by the **Further Review Needed** order is completed and the order itself closed.

To view the **Further Review Needed** orders for Dr. Li, place the cursor in the command field next to Dr. Li and click the **Select** button.

The next screen to appear is the [Further Review Needed / Staff](#) screen for the selected recipient, in this case Dr. Li. This screen displays the patient's name, the date of the patient's visit, the initials of the provider who saw that patient on that visit date, whether the visit was an initial visit or a return visit (follow-up), and the subject (**Regarding** question) of the **Further Review Needed** order (shown below).

MEDTRAK

Further Review Needed / Staff

MON 03/25 4:52p

ML^c - Michael C Li, MD

Password Initials **CMA**

Available Functions

- Show Order
- Charges
- Visit Log
- More Functions...
- Page Up
- Page Down
- Exit Screen
- Main Menu

```

*** BEGINNING ***
-----
CHADWICK, CLIFF B. - ..PATIENT RESPONSIBILITY
03/25/13, 214, Initial
Update on status of Mr. Chadwick's left knee.
-----
*** END ***
    
```

Further Review Needed / Staff screen for Dr. Li

Do This - 5.122



1. Place the cursor in Dr. Li's command field
2. Click the **Select** button
(You should be on the Further Review Needed / Staff screen)

To review and process the **Further Review Needed** order for Cliff Chadwick, Dr. Li places the cursor in the command field next to the order and clicks the **Show Order** button. The next screen to appear is the Further Review Needed order screen for Cliff Chadwick displaying the question from Dr. Smithson (shown below).

MEDTRAK

FURTHER REVIEW NEEDED (15894) - 04/20/15

MON 04/20 2:38p

..PATIENT RESPONSIBILITY (2)
CHADWICK, CLIFF B. (469NBS)
LEFT KNEE PAIN (627137-9990)

Password ***** Initials CMA

Available Functions

Submit Answers

Responsibility (*)

Procedure (x)

Stored Resp (.)

Expanded Answer

View Prints

*** FURTHER REVIEW NEEDED ***

CLERICAL

* * * Requested by: Healthcare Student

* * * Who: Michael C Li, MD

: * * * Regarding: Update on status of Mr. Chadwick's left knee.

: * * * Description: Dr. Smithson called regarding the status of this patient's left knee. He is the primary care doctor for Mr. Chadwick. He can be reached at 231-555-3573 anytime after 3pm tomorrow.

: * * * Response: n/a

* * * Reviewed By: n/a

* * * E N D * * *

Further Review Needed order screen

Do This - 5.123



1. Place the cursor next to the Chadwick FRN
2. Click the **Show Order** button
(You should be on Further Review Needed order screen)

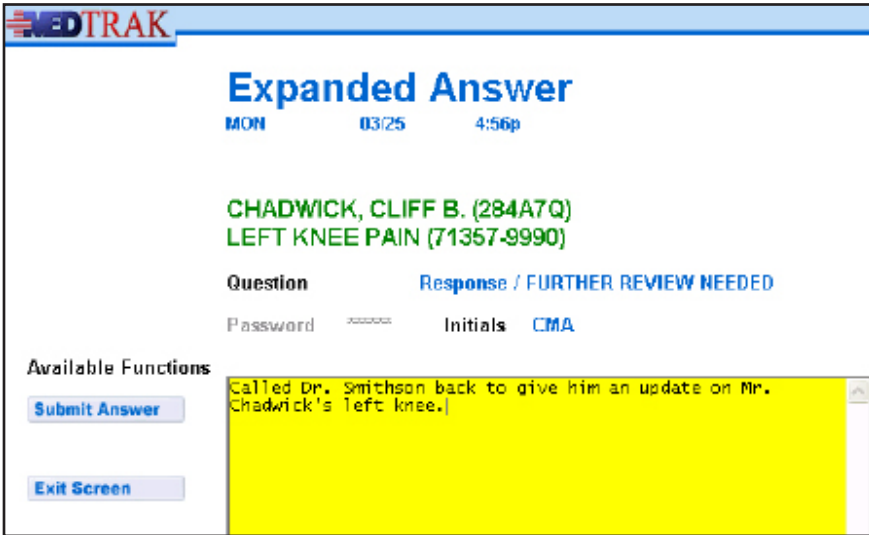
As you can see from looking at this Further Review Needed order screen, there are two more questions remaining to be answered. There is a **Response** question and a **Reviewed By** question.

The day after receiving this message, Dr. Li calls Dr. Smithson back and provides him with the status of Cliff Chadwick's left knee. Dr. Li had this screen open when placing the call and documented that he made the call right after hanging up.

To document the call, Dr. Li places the cursor in the answer field next to the **Response** question and clicks the *Expanded Answer* button.

The next screen to appear is the Expanded Answer screen for the **Response** question (shown below). On this screen, Dr. Li types in the response to this message:

Called Dr. Smithson back to give him an update on Mr. Chadwick's left knee.

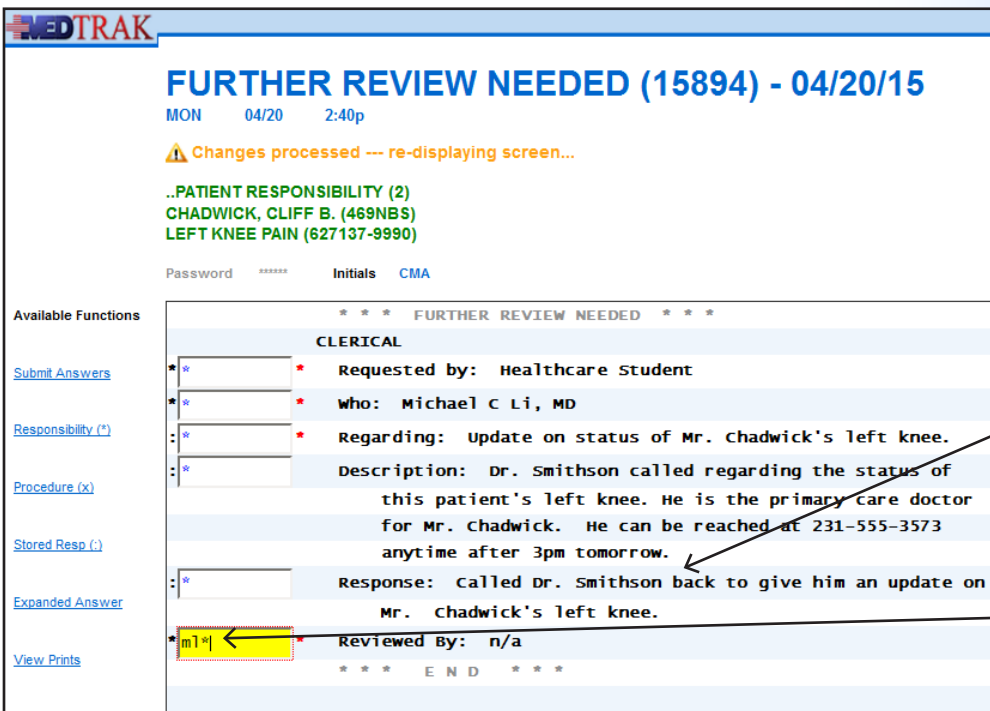


Response expanded answer

Then Dr. Li clicks the *Submit Answer* button.

The Further Review Needed order screen reappears displaying the answer to the **Response** question.

On this screen, to save time by not accessing the Responsibility screen, Dr. Li types his initials (**ml***) in the answer field for the **Reviewed By** question and presses the *ENTER* key.



Response question answered

Reviewed By showing Dr. Li's initials

The Further Review Needed order screen refreshes now showing that Dr. Li reviewed this order and responded to the call from Dr. Smithson (shown below).

Further Review Needed order completed

Dr. Li clicks the *Exit Screen* button to return to the Further Review Needed / Staff screen for him. This was the only message that he needed to respond to at this time so the screen does not display any more **Further Review Needed** orders (shown below).

Further Review Needed orders cleared

Dr. Li clicks the *Main Menu* button to exit all the way back to the MedTrak Main Menu.

Do This - 5.124



1. Be sure the cursor is in the **Response** answer field
2. Click the **Expanded Answer** button
(You should be on the Expanded Answer screen)
3. Type the following text in the **Response** expanded answer:
Called Dr. Smithson back to give him an update on Mr. Chadwick's left knee.
4. Click the **Submit Answer** button
(The Further Review Needed order screen refreshes)
(MedTrak places the text in the **Response** answer)
(MedTrak moves the cursor to the next question)
5. Be sure the cursor is in the **Reviewed By** answer field
6. Type Dr. Li's initials "ml*"
7. Press the **ENTER** key
(The Further Review Needed order screen refreshes)
(Dr. Li's name appears in the **Reviewed By** answer field)
8. Click the **Exit Screen** button
(You should be back on the Further Review Needed / Staff screen)
9. Click the **Main Menu** button
(You should be back on the MedTrak Main Menu)
10. Click the **Patient Registration** button
(You should be on the Patients screen)

Self Assessment for these examples

Do This - 5.125



1. You should be on the [Patients](#) screen
2. Type "SA05" in any command field
(SA stands for self assessment and 05 is the chapter number)
3. Press the **ENTER** key
(You should be on the [Self Assessment](#) screen for Chapter 05)
4. Select the checkbox for the **Chapter Example(s)**
5. Click the **Submit** button
(**"Self Assessment sent to printer/queue..."** message appears)
6. Click the **View Prints** button
(The [Available User Reports](#) window opens)
7. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
8. Review the **Self Assessment** report. If you have errors, correct them and re-run the report.
9. Do **NOT** proceed until you have an error-free report

Use the MedTrak knowledge that you gained from these examples to complete the case studies in this chapter.

Communications - Review Activities**1. Which of the following is permitted by the HIPAA Privacy Rule?**

- A. Discussing a patient's condition with a friend of yours
- B. Discussing a patient's condition with their doctor
- C. Gossiping with a co-worker about a patient
- D. Discussing a patient's condition with a co-worker
- E. Mentioning to a neighbor that a patient was seen at your facility
- F. Sending an unsecure email about a patient's condition

2. Mark the following types of phone calls with whether they are medical (M) or administrative (A) in nature.

- ___ Appointment request from a patient
- ___ Request for the results of an x-ray
- ___ Request for the results of a laboratory test
- ___ Request from a patient for physical therapy
- ___ Request to speak with the doctor about their medical progress
- ___ Request to refill a prescribed medication
- ___ Request to change a patient's demographics
- ___ Call from an insurance company
- ___ Call from another physician requesting to speak with the doctor
- ___ Patient complaint about their medical care
- ___ Request for information about the facilities hours of operation
- ___ Request from a patient to have an MRI



Case Study 5-02

The primary care doctor of a patient being treated for a lower back injury calls one of the orthopedic doctors requesting information about the patient's progress.

To aid you in completing this case study, the workflow instructions including screen samples are located right after this case study.

Self-study version:

Dr. Susan Williams calls to speak with one of our orthopedic physicians, Dr. Johnson, about the status of one of her patients, Thomas Gordons, who is being treated by Dr. Johnson for a lower back injury. Dr. Johnson is not available to speak with Dr. Williams at the time she calls. Dr. Williams says that the best time for Dr. Johnson to call her back is after 2pm tomorrow. She can be reached at 231-555-5973.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Doctor: This is Dr. Susan Williams calling. I would like to speak with Dr. Johnson about the status of one of my patients who is being treated by Dr. Johnson for a lower back injury.

MA: Hi Dr. Williams.

MA: Please hold while I check to see if Dr. Johnson can take your call right now.

MA: I am sorry, Dr. Williams, but Dr. Johnson is not available right now, but I will leave a message for him to call you.

MA: What is the patient's name?

Doctor: The patient's name is Thomas Gordons.

MA: Hold on for a moment while I pull up that patient's record.

Note: *With this information you can go to Thomas Gordons in the Patients list.*

MA: Dr. Williams, on what number can Dr. Johnson reach you?

Doctor: 231 555 5973.

MA: And, when would be the best time for him to call you?

Doctor: He can reach me tomorrow afternoon after 2pm.

Note: *With this information you can now set up a message for Dr. Johnson.*

MA: I set up a message for Dr. Johnson to call you at 231-555-5973 about the status of Thomas Gordons' lower back injury after 2pm tomorrow afternoon. Is that correct?

Doctor: Yes, that is right.

MA: Is there anything else that I can help you with?

Doctor: No, I am all set.

MA: Thanks for your call, Dr. Williams.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-02 - Workflow Instructions

The primary care doctor of a patient being treated for a lower back injury calls one of the orthopedic doctors requesting information about the patient's progress.

Dr. Susan Williams calls to speak with one of our orthopedic physicians, Dr. Johnson, about the progress of one of her patients, Thomas Gordons, who is being treated by Dr. Johnson for a lower back injury. Dr. Johnson is not available to speak with Dr. Williams at the time she calls. Dr. Williams says that the best time for Dr. Johnson to call her back is after 2pm tomorrow. She can be reached at 231-555-5973.

Recording a Message

On the MedTrak Main Menu, click the *Patient Registration* button. The Patients screen appears. In the **Search** field, type Thomas Gordons' last name (shown below).

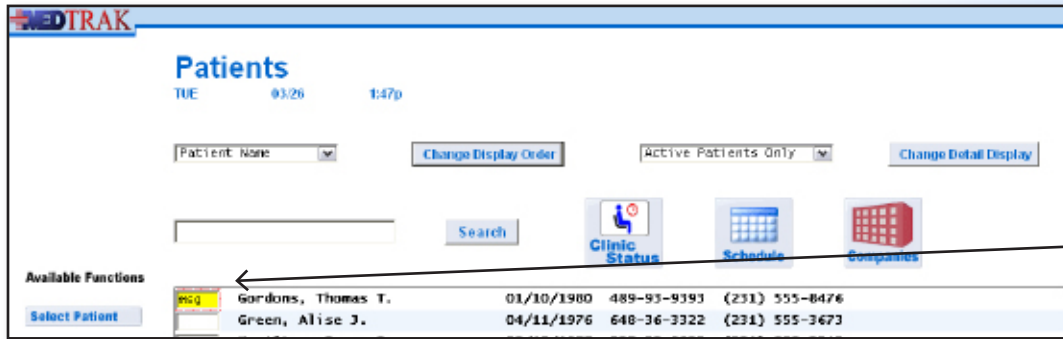
Search for
gordons

The screenshot shows the MedTrak Patients interface. At the top, it says 'Patients' with the date 'TUE 03/26' and time '1:45p'. Below this is a search bar with 'gordons' entered. To the right of the search bar are buttons for 'Change Display Order', 'Active Patients Only', and 'Change Detail Display'. Below the search bar is a 'Search' button. To the right of the search bar are icons for 'Clinic Status', 'Schedule', and 'Companies'. On the left side, there is a list of 'Available Functions' including 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', 'View Prints', 'More Functions...', 'Page Up', 'Page Down', 'Exit Screen', and 'Main Menu'. The main area of the screen displays a list of patients with columns for name, date of birth, phone number, and another phone number. The patient 'Gordons, Thomas T.' is highlighted in the top row of the list.

*** BEGINNING OF PATIENTS ***			
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6096
Amero, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Bradford, Larry J.	06/12/1987	347-27-3876	(231) 555-2442
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 555-4844
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772
Davis, Denise V.	06/06/1976	534-63-4222	(231) 555-7548
Docier, Robert S.	03/12/1975	943-73-7363	(231) 555-3773
Edwards, Charles L.	03/09/1975	232-86-7444	(231) 555-7474
Evans, Samantha L.	07/25/2007	262-89-4298	(231) 555-8833
Frost, Jean C.	11/23/1975	545-33-8864	(231) 555-3647
Garcia, Candida T.	06/25/2003	634-47-3893	(231) 555-4884
Garcia, Michelle A.	01/01/1980	999-99-9090	(231) 555-4884
Gonzales, Monica M.	06/23/1978	374-73-8320	(231) 555-0404
Gordons, Thomas T.	01/10/1980	489-93-9393	(231) 555-8476

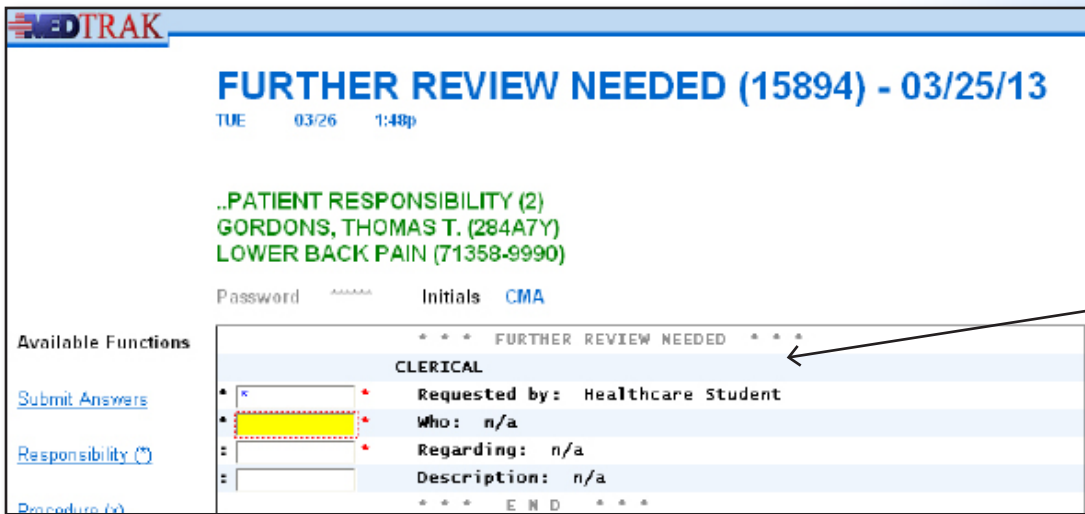
Click the *Search* button. The Patients screen refreshes with the last name of **Gordons** in the top row of the patients listed.

On this screen, with the cursor in the command field next to Gordons type the message command (**msg**) (shown below).



Message command (**msg**)

Press the **ENTER** key. The next screen to appear is the Further Review Needed order screen. This screen already lists your name in the **Requested by** answer (shown below).



Requested by question answered

Be sure that the cursor is in the answer field next to the **Who** question and click the **Responsibility (*)** button. The next screen to appear is the Responsibility screen (shown below).



Responsibility screen showing all employees

On this screen, either click the checkbox next to **Johnson, Richard R** or click his name which is a web link button. MedTrak answers the **Who** question with Dr. Johnson's name and automatically returns to the Further Review Needed order screen (shown below).

Who question answered

EDTRAK

FURTHER REVIEW NEEDED (15894) - 03/25/13

TUE 03/26 1:54p

⚠ Changes processed --- re-displaying screen...

..PATIENT RESPONSIBILITY (2)
GORDONS, THOMAS T. (284A7Y)
LOWER BACK PAIN (71358-9990)

Password ***** Initials CMA

Available Functions

- Submit Answers
- Responsibility (C)
- Procedure (x)
- Stored Resp (.)

FURTHER REVIEW NEEDED	
CLERICAL	
Requested by:	Healthcare Student
Who	Richard R Johnson, MD
Regarding:	n/a
Description:	n/a
*** END ***	

MedTrak automatically moves the cursor to the next question's answer field, which is the **Regarding** question. With the cursor in the answer field for the **Regarding** question, click the *Expanded Answer* button.

The next screen to appear is the Expanded Answer screen for the **Regarding** question. On this screen, type in the subject line for this message: **"Status of lower back injury."** (shown below).

Regarding expanded answer

EDTRAK

Expanded Answer

TUE 03/26 1:55p

GORDONS, THOMAS T. (284A7Y)
LOWER BACK PAIN (71358-9990)

Question Regarding / FURTHER REVIEW NEEDED

Password ***** Initials CMA

Available Functions

- Submit Answer
- Exit Screen

Status of lower back injury.

Then click the **Submit Answer** button. The Further Review Needed order screen refreshes displaying the answer to the **Regarding** question.

MedTrak automatically moves the cursor to the next question's answer field, which is the **Description** question (shown below).

MEDTRAK

FURTHER REVIEW NEEDED (15894) - 03/25/13

TUE 03/26 1:56p

⚠ Changes processed --- re-displaying screen...

..PATIENT RESPONSIBILITY (2)
GORDONS, THOMAS T. (284A7Y)
LOWER BACK PAIN (71358-9990)

Password ***** Initials **CMA**

Available Functions
[Submit Answers](#)
[Responsibility \(C\)](#)
[Procedure \(x\)](#)

*** FURTHER REVIEW NEEDED ***

CLERICAL

- Requested by: Healthcare Student
- Who: Richard R Johnson, MD
- Regarding: Status of lower back injury.
- Description: n/a

*** END ***

Regarding question answered

With the cursor in the answer field for the **Description** question, click the **Expanded Answer** button. The next screen to appear is the Expanded Answer screen for the **Description** question. On this screen, type in the detailed text for this message (shown below):

Dr. Susan Williams called to check on the progress of one of her patients, Thomas Gordons. You are treating him for a lower back injury. She can be reached at this number 231-555-5973 after 2pm tomorrow.

MEDTRAK

Expanded Answer

TUE 03/26 1:58p

GORDONS, THOMAS T. (284A7Y)
LOWER BACK PAIN (71358-9990)

Question Description / **FURTHER REVIEW NEEDED**

Password ***** Initials **CMA**

Available Functions
[Submit Answer](#)
[Exit Screen](#)

Dr. Susan Williams called to check on the progress of one of her patients, Thomas Gordons. You are treating him for a lower back injury. She can be reached at this number 231-555-5973 after 2pm tomorrow.

Description expanded answer

Click the **Submit Answer** button. The Further Review Needed order screen refreshes displaying the answer to the **Description** question (shown below).

Review the answers on this screen.

After creating the message for Dr. Johnson, you have completed the messaging function. Dr. Johnson now has a **Further Review Needed** order on his Further Review Needed dashboard.

Click the **Exit Screen** button. The next screen to appear is the Messages screen for Mr. Gordons (shown below).

The message “**FURTHER REVIEW NEEDED order placed...**” appears at the top of the screen. The **Further Review Needed** order for Dr. Johnson that you just created also appears on this screen.

Click the **Exit Screen** button again to return to the Patients screen.



Case Study 5-05

Patient calls to request authorization to participate in the weight loss program at the local hospital.

Self-study version:

Demetria Soto calls because she would like to enroll in the local hospital's weight loss program and needs her doctor to authorize it. She has been seeing Dr. Chang and he suggested the program to her at her last office visit. She was born on August 21st, 1967, and the last four digits of her social security number are 3224. She can be reached at 231-555-5974 and will stop by the office to pick up the order when it is ready. Create two messages, one for Dr. Chang to authorize the weight loss program and one for you to call Ms. Soto once the order from Dr. Chang is ready to be picked up.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Demetria Soto calling. I am a patient of Dr. Chang's and would like him to authorize my participation in the local hospital's weight loss program. He suggested the program to me during my last office visit.

MA: Hi Ms. Soto. I can send him a message with your request.

MA: How do you spell your last name?

Patient: My last name is spelled S O T O.

MA: What is your birth date?

Patient: I was born on August 21, 1967.

MA: And what are the last 4 digits of your social security number?

Patient: 3 2 2 4

MA: Ms. Soto, on what number can Dr. Chang reach you?

Patient: 2 3 1 5 5 5 9 7 4

Note: *With this information you can now confirm that this is Ms. Soto and set up a message for Dr. Chang requesting the order for the weight loss program.*

*You also need to set up a message to yourself to call Ms Soto when Dr. Chang has written the order. After adding the message for Dr. Chang, use the **Add** button on the Messages list processor to add the message for yourself.*

This case study requires two messages, one for Dr. Chang and one for you.

MA: I set up a message for Dr. Chang requesting the order for your participation in the hospital's weight loss program. As soon as he places the order, I will call you at 231-555-5974 to let you know when you can stop by to pick it up. Is this correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Ms. Soto.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-21

Patient calls to renew her medication prescription that has expired.

Self-study version:

Linda Hughes calls because she needs to renew a prescription that has expired. She is a patient of Dr. Smith. She was born on July 14th, 1979, and the last four digits of her social security number are 2192. She will be home all day today, and Dr. Smith can reach her at 231-555-8483.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Linda Hughes calling. I would like to speak with Dr. Smith about renewing a prescription of mine that has expired.

MA: Hi Ms. Hughes.

MA: Please hold while I check to see if Dr. Smith can take your call right now.

MA: I am sorry, Ms. Hughes, but Dr. Smith is not available right now, but I will leave a message for her to call you.

MA: How do you spell your last name?

Patient: My last name is spelled H U G H E S.

MA: What is your birth date?

Patient: I was born on July 14, 1979.

MA: And what are the last 4 digits of your social security number?

Patient: 2 1 9 2

Note: *With this information you can now confirm that this is Ms. Hughes.*

MA: Ms. Hughes, on what number can Dr. Smith reach you?

Patient: 231 555 8483

MA: And, when would be the best time for her to call you?

Patient: I am planning to be home all day today.

Note: *With this information you can now set up a message for Dr. Smith.*

MA: I set up a message for Dr. Smith to call you at 231-555-8483 today about your prescription renewal. Is that correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Ms. Hughes.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-23

Patient calls to get approval from the doctor for physical therapy on his left shoulder.

Self-study version:

Matthew Willingham calls because he would like to have physical therapy on his left shoulder. At Mr. Willingham's last office visit, Dr. Li recommended that he have physical therapy to help with his left shoulder's range of motion. Dr. Li operated on Mr. Willingham's left shoulder six months ago for a rotator cuff injury. Mr. Willingham was born on January 7th, 1973, and the last four digits of his social security number are 3974. Mr. Willingham can be reached at 231-555-3773.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Matthew Willingham calling. I am a patient of Dr. Li's and would like him to authorize physical therapy for my left shoulder to help with my range of motion. He suggested that I have physical therapy on my left shoulder during my last office visit. He performed rotator cuff surgery on it about six months ago.

MA: Hi Mr. Willingham. I can send him a message with your request.

MA: How do you spell your last name?

Patient: My last name is spelled W I L L I N G H A M.

MA: What is your birth date?

Patient: I was born on January 7, 1973.

MA: And what are the last 4 digits of your social security number?

Patient: 3 9 7 4

MA: What number can Dr. Li call to reach you?

Patient: 2 3 1 5 5 5 3 7 7 3

Note: *With this information you can now confirm that this is Mr. Willingham and set up a message for Dr. Li requesting physical therapy for his left shoulder.*

MA: I set up a message for Dr. Li with your request for physical therapy on your left shoulder. Once Dr. Li places the order, the physical therapy department will call you at 231-555-3773 to arrange for your first appointment. Is this correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Mr. Willingham.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-25

Patient calls to get approval from his primary care doctor to see the orthopedic surgeon about his left hip.

Self-study version:

Steven Jefferson calls because he would like to see either Dr. Li or Dr. Johnson about his left hip. His primary care doctor is Dr. Alice Smith. At his last appointment to see her, she recommended that he have one of our orthopedic surgeons examine his left hip. Mr. Jefferson was born on September 20th, 1982, and the last four digits of his social security number are 5383. Mr. Jefferson can be reached at 231-555-2318.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Steven Jefferson calling. I am a patient of Dr. Smith and would like her to authorize an appointment with one of your orthopedic surgeons to examine my left hip. She suggested this during my last office visit.

MA: Hi Mr. Jefferson. I can send her a message with your request.

MA: How do you spell your last name?

Patient: My last name is spelled J E F F E R S O N.

MA: What is your birth date?

Patient: I was born on September 20, 1982.

MA: And what are the last 4 digits of your social security number.

Patient: 5 3 8 3

MA: What number can she call to reach you?

Patient: 2 3 1 5 5 5 2 3 1 8

Note: *With this information you can now confirm that this is Mr. Jefferson and set up a message for Dr. Smith requesting approval to see either Dr. Li or Dr. Johnson for his left hip.*

- MA:** I set up a message for Dr. Smith with your request for your left hip to be examined by either Dr. Li or Dr. Johnson.
- MA:** Once Dr. Smith places the order, the orthopedic department will call you at 231-555-2318 to arrange for your appointment.
- MA:** Is this correct?
- Patient:** Yes, that is right.
- MA:** Is there anything else that I can help you with?
- Patient:** No, I am all set.
- MA:** Thanks for your call, Mr. Jefferson.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-47

Patient calls to speak with the doctor because he is upset about not progressing with his recovery as fast as he thought that he should.

Self-study version:

Peter Nusom calls because he is upset. He does not feel that he is progressing as fast as he thinks that he should. He is a patient of Dr. Li's and is currently undergoing physical therapy for a right knee injury that Dr. Li surgically repaired several months ago. Mr. Nusom injured his right knee while working at Bermingham Manufacturing. He is concerned about losing his job if he cannot perform the work that is required. He was born on September 22nd, 1975, and the last four digits of his social security number are 7362. He can be reached on his cell phone at 231-555-4884 whenever Dr. Li has time to call him. *(Mr. Nusom is a worker's compensation patient. See the Role-play version of this case study for how to locate a worker's compensation patient.)*

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Peter Nusom calling. I am a patient of Dr. Li's and would like to speak with him about my right knee. He operated on it several months ago for an injury that I incurred at work and now I am in physical therapy. I do not feel that I am progressing as fast as I should. It is affecting my ability to work, and I am concerned about losing my job.

MA: Hi Mr. Nusom. I am sorry to hear about your right knee progress.

MA: Please hold while I check to see if Dr. Li can take your call right now.

MA: I am sorry, Mr. Nusom, but Dr. Li is not available right now, but I will leave a message for him to call you.

MA: How do you spell your last name?

Patient: My last name is spelled N U S O M.

MA: What is your birth date?

Patient: I was born on September 22, 1975.

MA: And what are the last 4 digits of your social security number?

Patient: 7 3 6 2

Note: With this information you can now confirm that this is Mr. Nusom. He mentioned that he injured his knee at work, so this is a workers compensation case.

If you try to add the message to Mr. Nusom like you did in the last two cases, you will get this error:

 **No MSG - no Private Case yet.**

This message means that Mr. Nusom has not been seen for an illness or injury that was paid by his group health payer or by him. To attach the message, you must locate his workers compensation case.

MA: Mr. Nusom, you mentioned that you injured your knee at work, right? Where were you working, when this happened?

Patient: Yes, I was working at Bermingham Manufacturing's Main Street assembly plant.

How to: Locate a Workers Compensation Case

- On the Patients screen
- With the cursor in the command field next to the patient
- Click the **Select Patient** button
- Place the cursor in the command field next to the employer
- Click the **Show Cases** button
- Place the cursor in the command field next to the case
- Type the message command (**msg**)
- Press the **ENTER** key

MA: Mr. Nusom, on what number can Dr. Li reach you?

Patient: 2 3 1 5 5 5 4 8 8 4

MA: And, when would be the best time for him to call you?

Patient: I will be available whenever Dr. Li can call me.

Note: *With this information you can now set up a message for Dr. Li.*

MA: I set up a message for Dr. Li to call you at 231-555-4884 about your unsatisfactory progress regarding your right knee injury. Is that correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Mr. Nusom.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-03

Patient calls to set up a payment plan for paying the balance on his account.

Self-study version:

Joseph Patts calls because would like to set up a payment plan for paying the balance on his account. He is a patient of Dr. Li. Mr. Patts was born on April 23rd, 1978, and the last four digits of his social security number are 2285. Mr. Patts can be reached at 231-555-2442 at any time. Set up a message for Marie Gonzales, our billing manager, to call him to discuss setting up a payment plan.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Joseph Patts calling. I am a patient of Dr. Li's and would like to speak with someone about setting up a payment plan for paying the balance on my account.

MA: Hi Mr. Patts. I will have someone call you back to discuss this with you.

MA: How do you spell your last name?

Patient: My last name is spelled P A T T S.

MA: What is your birth date?

Patient: I was born on April 23, 1978.

MA: And what are the last 4 digits of your social security number?

Patient: 2 2 8 5

Note: *With this information you can now confirm that this is Mr. Patts.*

MA: I will set up a message for Marie Gonzales, our billing manager, to give you a call back to discuss a payment plan.

MA: What number can she call to reach you?

Patient: 2 3 1 5 5 5 2 4 4 2

MA: And, when would be the best time for her to call you?

Patient: She can reach me at this number at any time

Note: *With this information you can now set up a message for Marie Gonzales.*

MA: I set up a message for Marie Gonzales to call you at 231-555-2442 about setting up a payment plan.

MA: Is this correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Mr. Patts.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-22

Patient calls to find out the results of a laboratory test.

Self-study version:

Charles Edwards calls because he would like to find out the results of the laboratory test that he had yesterday. He is a patient of Dr. Chang. Mr. Edwards was born on March 9th, 1975, and the last four digits of his social security number are 7444. Mr. Edwards can be reached at 231-555-7474 anytime this afternoon. Set up a message for Karen Wilson, our head nurse, to call him to discuss his lab results.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Charles Edwards calling. I am a patient of Dr. Chang's and would like to speak with someone about the results of the laboratory test that I had yesterday.

MA: Hi Mr. Edwards. I will have someone call you back to discuss this with you.

MA: How do you spell your last name?

Patient: My last name is spelled E D W A R D S.

MA: What is your birth date?

Patient: I was born on March 9, 1975.

MA: And what are the last 4 digits of your social security number?

Patient: 7 4 4 4

Note: *With this information you can now confirm that this is Mr. Edwards.*

MA: I will set up a message for Karen Wilson, our head nurse, to give you a call back to discuss your lab results.

MA: What number can she call to reach you?

Patient: 2 3 1 5 5 5 7 4 7 4.

MA: And, when would be the best time for her to call you?

Patient: She can reach me at this number anytime this afternoon.

Note: *With this information you can now set up a message for Karen Wilson.*

MA: I set up a message for Karen Wilson to call you today at 231-555-7474 about the results of your lab test.

MA: Is this correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Mr. Edwards.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-24

Patient calls to ask questions about her bill.

Self-study version:

Katie Maggio calls because she has some questions about the medical bill that she recently received from our office. She is a patient of Dr. Li. Ms. Maggio was born on February 14th, 1966, and the last four digits of her social security number are 4433. Ms. Maggio can be reached at 231-555-8585 anytime tomorrow. Set up a message for Marie Gonzales, our billing manager, to call her to discuss her medical bill.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Katie Maggio calling. I am a patient of Dr. Li and would like to speak with someone about the medical bill that I recently received.

MA: Hi Ms. Maggio. I will have someone call you back to discuss this with you.

MA: How do you spell your last name?

Patient: My last name is spelled M A G G I O.

MA: What is your birth date?

Patient: I was born on February 14, 1966.

MA: And what are the last 4 digits of your social security number?

Patient: 4 4 3 3

Note: *With this information you can now confirm that this is Ms. Maggio.*

MA: I will set up a message for Marie Gonzales, our billing manager, to give you a call back to discuss your bill.

MA: What number can she call to reach you?

Patient: 2 3 1 5 5 5 8 5 8 5.

MA: And, when would be the best time for her to call you?

Patient: She can reach me at this number anytime tomorrow.

Note: *With this information you can now set up a message for Marie Gonzales.*

MA: I set up a message for Marie Gonzales to call you tomorrow at 231-555-8585 about your bill.

MA: Is this correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Ms. Maggio.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-26

Attorney's office calls requesting a copy of a patient's medical record.

Self-study version:

Diane Foster calls from the law firm of Jones & Broderick requesting a copy of Hans Zimmer's medical record. Mr. Zimmer was involved in a motor vehicle accident, and the Jones & Broderick law firm represents Mr. Zimmer's automobile insurance company. Mr. Zimmer was born on May 15th, 1985, and the last four digits of her social security number are 9783. Ms. Foster can be reached at 231-555-4747 to discuss this request. Set up a message for Jean Tomas, our medical records manager, to contact Ms Foster.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Lawyer: This is Diane Foster calling. I am with the law firm of Jones & Broderick. We represent the automobile insurance company for Hans Zimmer. We would like a copy of the medical record for Hans Zimmer's motor vehicle accident that occurred last month.

MA: Hi Ms. Foster. I will have someone call you back to discuss this with you.

MA: How do you spell the last name of the patient?

Lawyer: His last name is spelled Z I M M E R.

MA: What is his birth date?

Lawyer: He was born on May 15, 1985.

MA: And what are the last 4 digits of his social security number?

Lawyer: 9 7 8 3

Note: *With this information you can now locate and confirm that this is about Mr. Zimmer.*

MA: I will set up a message for Jean Tomas, our records department manager, to give you a call back to discuss this request.

MA: What number can she call to reach you?

Lawyer: 231 555 4747.

MA: And, when would be the best time for her to call you?

Lawyer: She can reach me at this number this afternoon.

Note: *With this information you can now set up a message for Jean Tomas.*

MA: I set up a message for Jean Tomas to call you at 231-555-4747 about obtaining a copy of Mr. Hans Zimmer's medical record.

MA: Is this correct?

Lawyer: Yes, that is right.

MA: Is there anything else that I can help you with?

Lawyer: No, I am all set.

MA: Thanks for your call, Ms. Foster.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-46

Patient calls to discuss a prescription medication that she is taking.

Self-study version:

Sandy Abbott calls because she would like to speak to someone about the medication that Dr. Smith prescribed for her. At her last appointment, she received a prescription of Relafen for her lower back pain. Ms. Abbott was born on June 14th, 1984, and the last four digits of her social security number are 9393. Ms. Abbott can be reached at 231-555-6996. Set up a message for Karen Wilson, the head nurse, to call Ms. Abbott to discuss the medication.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Sandy Abbott calling. I am a patient of Dr. Smith and would like to speak with someone about the medication Relafen that was prescribed at my last appointment for my lower back pain. I have some questions about how and when to take this medication.

MA: Hi Ms. Abbott. I will have someone call you back to discuss this with you.

MA: How do you spell your last name?

Patient: My last name is spelled A B B O T T.

MA: What is your birth date?

Patient: I was born on June 14, 1984.

MA: And what are the last 4 digits of your social security number?

Patient: 9 3 9 3

Note: *With this information you can now confirm that this is Ms. Abbott.*

MA: I will set up a message for Karen Wilson, our head nurse, to give you a call back to discuss your medication.

MA: What number can she call to reach you?

Patient: 231 555 6996.

MA: And, when would be the best time for her to call you?

Patient: She can reach me at this number all day today.

Note: *With this information you can now set up a message for Karen Wilson.*

MA: I set up a message for Karen Wilson to call you today at 231-555-6996 about the prescription for Relafen for your lower back pain.

MA: Is this correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Ms. Abbott.

Complete all of the case studies in this chapter before running the self assessment.



Case Study 5-48

Patient calls to find out the results of an x-ray.

Self-study version:

Kim Jackson calls because she would like to find out the results of a left wrist x-ray that she had yesterday. She is a patient of Dr. Smith. The x-ray was sent out last night for an overread by a radiologist. Ms. Jackson was born on August 16th, 1981, and the last four digits of her social security number are 3383. Ms. Jackson can be reached at 231-555-7483 anytime today. Set up a message for Karen Wilson, our head nurse, to call her to discuss the radiologist's read of her x-ray.

Role-play version:

MA: *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?

Patient: This is Kim Jackson calling. I am a patient of Dr. Smith and would like to speak with someone about the results of the left wrist x-ray that I had yesterday. The x-ray was sent out last evening for an overread by a radiologist.

MA: Hi Ms. Jackson. I will have someone call you back to discuss this with you.

MA: How do you spell your last name?

Patient: My last name is spelled J A C K S O N.

MA: What is your birth date?

Patient: I was born on August 16, 1981.

MA: And what are the last 4 digits of your social security number?

Patient: 3 3 8 3

Note: *With this information you can now confirm that this is Ms. Jackson.*

MA: I will set up a message for Karen Wilson, our head nurse, to give you a call back to discuss your left wrist x-ray results.

MA: What number can she call to reach you?

Patient: 231 555 7483.

MA: And, when would be the best time for her to call you?

Patient: She can reach me at this number any time today.

Note: *With this information you can now set up a message for Karen Wilson.*

MA: I set up a message for Karen Wilson to call you today at 231-555-7483 about the results of your x-ray.

MA: Is this correct?

Patient: Yes, that is right.

MA: Is there anything else that I can help you with?

Patient: No, I am all set.

MA: Thanks for your call, Ms. Jackson.

Complete all of the case studies in this chapter before running the self assessment.

Self Assessment for these case studies

Do This - 5.126



1. You should be on the [Patients](#) screen
2. Type "SA05" in any command field
(SA stands for self assessment and 05 is the chapter number)
3. Press the **ENTER** key
(You should be on the [Self Assessment](#) screen for Chapter 05)
4. Select the checkbox for the **Case Studies**
5. Click the **Submit** button
(**"Self Assessment sent to printer/queue..."** message appears)
6. Click the **View Prints** button
(The [Available User Reports](#) window opens)
7. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
8. Review the **Self Assessment** report. If you have errors, correct them and re-run the report.
9. Do **NOT** proceed until you have an error-free report