

Clinical & Administrative Medical Assisting

2ND 2019
EDITION

Learn by Doing

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

using the

**ELECTRONIC
HEALTH
RECORD**

MedTrak *Learning*

Rick Schanhals

edited by **David Blaszak**

Software licensed by:

ADePT Electronic Solutions, LLC

Development Lab
1847 Ruddiman Drive
North Muskegon, MI 49445

Author

Rick Schanhals CHTS-CP, CHTS-PW
BSE Industrial Engineering, BSE Mathematics
University of Michigan, College of Engineering

Editor

David A. Blaszak
BS Mathematics
Michigan State University

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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.

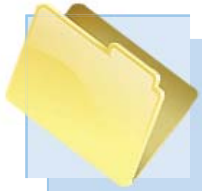
MA: Hi Mrs. Watson. Congratulations on your marriage.

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.

Example of Self Assessment process

1. You should be on the Patients screen
2. Type **SA03** in the **Search** or 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, fix them and run a new **SA03 - Chapter Example(s)** report.
9. You must have a 100% (error free) report before continuing.



Logging into MedTrak

MedTrak is an **internet-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.

You do not need to install any software on your computer. Every time 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.

To log out of MedTrak click the *Log Off* button.

Browsers and devices

Although MedTrak works with most modern browsers, it works best when run using Google Chrome.



Chrome, Internet Explorer, and Mozilla Firefox are recommended.

Not all of MedTrak's functionality may work as designed when using other major browsers, such as Internet Explorer, Mozilla Firefox, 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, and cursor precision.

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 the patient schedules an appointment until the account is paid in full. The healthcare facility needs to take the necessary steps to be sure they receive payment for the services rendered 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 usually the patient does not pay **out-of-pocket** for services at the time 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 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. The front desk registration process 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 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 claims 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 charge with accurate CPT code. 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 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 or a health care system that 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.

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

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.

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

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. Experience reveals that the easiest EHR systems to use are the ones that follow medical process workflow.

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>]

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.



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



The government will pay billions of dollars to practices nationwide.

Quality Payment Program

The original monetary incentives for providers and hospitals were designed to get them to use certified electronic health record technology (CEHRT). Those incentives are now over. Now, the CMS incentives for providers and hospitals to provide better health care involve the payments for treatment of Medicare and Medicaid patients.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) provides new tools and resources to help providers give their patients the best possible care. The Quality Payment Program has two tracks for receiving payment for caring for Medicare patients:

- Advanced Alternative Payment Model (APM) or the
- Merit-based Incentive Payment System (MIPS)

The Advanced APM may earn providers an incentive payment. The MIPS program earns providers a performance-based payment adjustment.

A provider qualifies for the Quality Payment Program if he or she is in an Advanced APM or bills more than \$30,000 in Medicare Part B allowed charges a year and provides care to more than 100 Medicare patients in a year. The provider must meet both minimums. For the MIPS program, a provider must also be a physician, or a physician's assistant, or a nurse practitioner, or a clinical nurse specialist, or a certified registered nurse anesthetist.

Clinical Quality Measures

The Quality Payment Program uses Clinical Quality Measures (CQM) to determine whether providers and hospitals receive incentive payments for treating Medicare and Medicaid patients. CQMs are tools that measure and track the quality of the health care services. These CQMs help ensure that the health care system is delivering effective and safe patient-centered care in a timely fashion.

CQMs include:

- Patient and family engagement
- Patient safety
- Care coordination
- Population / public health
- Efficient use of health care resources
- Clinical process / effectiveness
- CQMs must be reported electronically (eCQM) and adhere to the CMS requirements.

Every year the CMS makes updates to the eCQMs to reflect changes in:

- Evidence-based medicine
- Code sets
- Measure logic

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.

For eligible 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>]

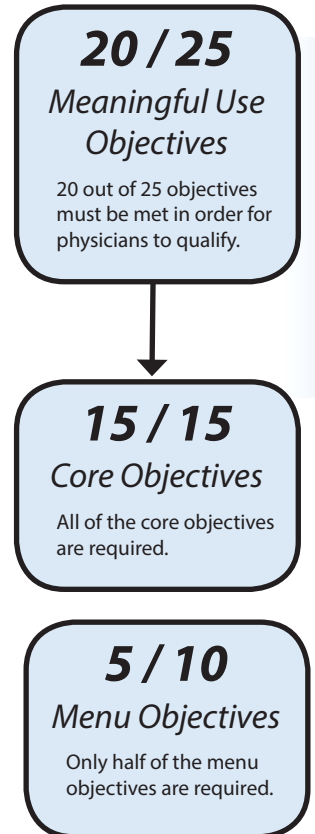
In keeping with the workflow nature of this book, the core and menu objectives will be described as they occur in the patient workflow processing. Throughout the course of this book, you will encounter and fulfill some of these objectives; in these cases, examples are provided, illustrating the work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

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 entered by the medical assistant 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

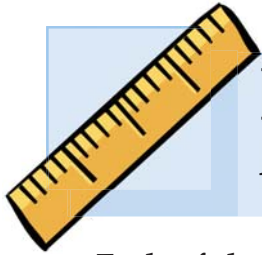
Social Security Number

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 These Steps** section.

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

Patient Registration button

The Patients screen will appear (shown below).

*** 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) 555-6996
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	457-37-3399	(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

Patients screen

Do These Steps
3.101 =====>

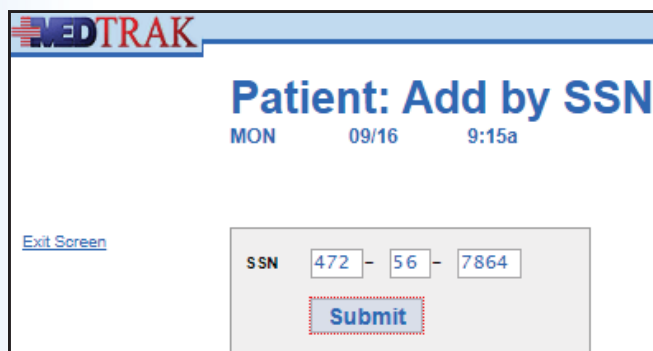
1. **Sign into MedTrak**
(You should be on the [MedTrak Main Menu](#))
2. **Click the *Patient Registration* button**
(You should be on the [Patients](#) screen)

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).



[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)

Do These Steps
<==== 3.102

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.

Company: Select screen

Do These Steps
3.103 =====>

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.

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

MEDTRAK
Patients
MON 09/16 9:21a

Patient Name Change Display Order Active Patients Only Change Detail Display

Search

Available Functions

*** BEGINNING OF PATIENTS ***

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

List set to
Robertson

MEDTRAK
Patients
MON 09/16 9:22a

Searched for: ROBERTSON...

Patient Name Change Display Order Active Patients Only Change Detail Display

Search

Available Functions

Select Patient	Robertson, Susan S.	05/23/1981	465-87-3933	(231) 555-9389
	Rodriguez, Samantha T.	03/08/1975	472-56-7864	(231) 554-3773
Add Patient	Sanchez, Christina L.	05/30/1983	854-78-8333	(231) 555-8484

Do These Steps
<==== 3.121

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**)

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 09/16 9:23a

Password ***** Initials ZZZ

[Exit Screen](#)

[Main Menu](#)

Social Security Number * 465 - 87 - 3933

Name & Address

Prefix (Mr., Mrs., Ms.) Ms. 47YG7D

First * Susan

Middle S

Last * Robertson

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

Address line 2 * 663 W Olive Drive

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 ext

Work Phone - - ext

Birthdate * 05/23/1981 (mm/dd/yyyy)

Gender * F

Marital Status Single

Preferred Language * English

Race * White

Ethnicity * Not Hispanic or Latino

Employee Number

Medical Record Number:

Submit

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 These Steps
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 the Search or 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, fix them and run a new SA03 - Chapter Example(s) report.**
9. **You must have a 100% (error free) report before continuing.**

Do These Steps
<===== 3.123

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.

Medical Care Offices

Patient Registration Form

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
 Date of Birth 03 / 08 / 1975
 Gender Female
 Marital Status Single
 Preferred Language Spanish
 Race White
 Ethnicity Hispanic or Latino



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.

Note: *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 'MEDTRAK Patients' with the date 'MON 09/30' and time '10:22a'. Below this are several controls: a 'Patient Name' dropdown menu, a 'Change Display Order' button, an 'Active Patients Only' dropdown menu, and a 'Change Detail Display' button. A search field contains the text 'kirkland' and a 'Search' button. To the right of the search field are three icons: 'Clinic Status', 'Schedule', and 'Companies'. Below the search area, there is a section titled 'Available Functions' with a 'Select Patient' button. A table lists patients with the following data:

*** BEGINNING OF PATIENTS ***				
<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
<input type="checkbox"/>	Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885

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. At the top, it says 'MEDTRAK Patients' with the date 'MON 09/30' and time '10:27a'. Below this is a message: 'Searched for: KIRKLAND...'. The search field is now empty. The table lists patients with the following data:

<input type="checkbox"/>	Kirkland, Jennifer T.	01/20/1985	372-65-6052	(231) 555-2323
<input type="checkbox"/>	Larson, Andrew K.	11/24/1984	768-76-4844	(231) 555-7968
<input type="checkbox"/>	Maggio, Katie O.	02/14/1966	857-48-4433	(231) 555-8585
<input type="checkbox"/>	Martinez, Angelica F.	01/13/1972	437-62-7211	(231) 555-4747

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 09/30 10:29a
 Password ***** Initials ZZZ
[Exit Screen](#)
[Main Menu](#)
 Social Security Number * 372 - 65 - 6052
Name & Address
 Prefix (Mr., Mrs., Ms.) Ms. ▼
 First * Jennifer 47YG81
 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

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 09/30 10:29a
 Password ***** Initials ZZZ
[Exit Screen](#)
[Main Menu](#)
 Social Security Number * 372 - 65 - 6052
Name & Address
 Prefix (Mr., Mrs., Ms.) Ms. ▼
 First * Jennifer 47YG81
 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 * 49445
Other Information
 Home Phone 231 - 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:

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 09/30 10:32a

Patient Name Change Display Order Active Patients Only Change Detail Display

Search

Available Functions

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

	Larson, Andrew K.	11/24/1984	768-76-4844	(231) 555-7968
	Maggio, Katie O.	02/14/1966	857-48-4433	(231) 555-8585
	Martinez, Angelica F.	01/13/1972	437-62-7211	(231) 555-4747
	Nance, Laurie A.	06/27/1976	836-29-2933	(231) 555-8393
	Nusom, Peter L.	09/22/1975	386-38-7362	(231) 555-4589
	Owen, Brent R.	07/31/1984	347-29-5843	(231) 555-3763
	Parsons, Tom A.	03/22/1987	857-49-4363	(231) 555-1323
	Patts, Joseph S.	04/23/1978	346-26-2285	(231) 555-2442
	Robertson, Susan S.	05/23/1981	465-87-3933	(231) 555-9389
	Rodriguez, Samantha T.	03/08/1975	472-56-7864	(231) 555-3773
	Sanchez, Christina L.	05/30/1983	854-78-8333	(231) 555-8484
	Smith, Bob R.	06/18/1979	548-38-3293	(231) 555-3737
	Soto, Demetria N.	08/21/1967	856-39-3224	(231) 555-5974
	Taylor, Jack A.	05/03/1945	477-84-9333	(231) 555-4848
	Walters, Walter T.	08/21/1979	585-86-3632	(231) 555-2904
log	Watson, Jennifer K.	01/20/1985	372-65-6052	(231) 555-2323

Page Up Page Down

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 09/30 10:34a

WATSON, JENNIFER K. (47YG61)

Date/Time

Available Functions

- Log is OK

```

*** BEGINNING ***
09/30/YY 10:32a Entry: ZZZ Term: EVOL
Marital Status: 'M' was 'S'.
    
```

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

- Note:** *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.

Note: *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

Note: *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 These Steps
3.124 =====>

1. You should be on the Patients screen
2. Type **SA03** in the **Search** or 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, fix them and run a new **SA03 - Case Studies** report.
9. You must have a 100% (error-free) report before continuing

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 whom 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 workers' 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

Workers' 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 workers' compensation insurance carrier for the employer 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* being treated at 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

Workers’ Compensation

The Patient Protection and Affordable Care Act

Patient
Protection and
Affordable Care
Act

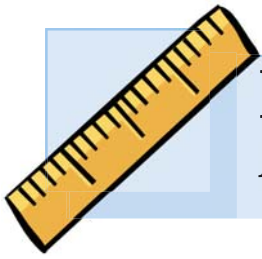
The **Patient Protection and Affordable Care Act** was passed on March 23rd, 2010. The goals of this law include:

- 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 These Steps** 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 These Steps
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

ALL

Patient / Payers

TUE 10/01 9:14a

i If registering a visit, exit and click 'Select Patient'...

SANCHEZ, CHRISTINA L. (47YG7Y)

Password ***** Initials ZZZ

Available Functions

- [Primary](#)
- [Secondary](#)
- [Tertiary](#)
- [Quaternary](#)
- [Remove Payer](#)
- [Add Payer](#)
- [Change Payer](#)
- [Delete Payer](#)
- [Undelete Payer](#)
- [Show all Payers](#)
- [More Functions](#)

Page Up Page Down

Exit Screen

<input type="checkbox"/>	P	COMM INS - Cigna (01/01/10 - ?)
<input type="checkbox"/>	S	COMM INS - Humana (01/01/11 - ?)
<input type="checkbox"/>	T	COMM INS - Medco Health Solutions, Inc. (01/01/12 - ?)
<input type="checkbox"/>	Q	SELF PAY

*** BEGINNING ***		
<input checked="" type="checkbox"/>	P	COMM INS - Cigna (01/01/10 - ?)
		Subscriber: SELF, Copayment: 25.00
<input type="checkbox"/>	S	COMM INS - Humana (01/01/11 - ?)
		Subscriber: SPOUSE, Copayment: 20.00
<input type="checkbox"/>	T	COMM INS - Medco Health Solutions, Inc. (01/01/12 - ?)
		Subscriber: SELF
<input type="checkbox"/>	Q	SELF PAY
*** 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.

Do These Steps
<==== 4.102

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

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 screen
for Sanchez

MEDTRAK
Patient / Payer: Change
TUE 10/01 9:16a

SANCHEZ, CHRISTINA L. (47YG7Y)
Humana (130)
Password ***** Initials ZZZ

Available Functions
[Relationships](#)
[Exit Screen](#)

Subscriber

Relationship: **SPOUSE** Relationships

Last name: Sanchez

First name: Juan

Middle initial: T

Birthdate: 07/03/1980 (mm/dd/yyyy)

Gender: M

Policy

Effective date: 01/01/11 (mm/dd/yyyy)

Termination date: (mm/dd/yyyy)

ID number: 7847393

Group name: STENSON PHARMACEUTICALS

Group number: 48849

Plan type: PPO

Coinsurance %:

Copayment: 20.00

Note:

Submit

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 These Steps
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.

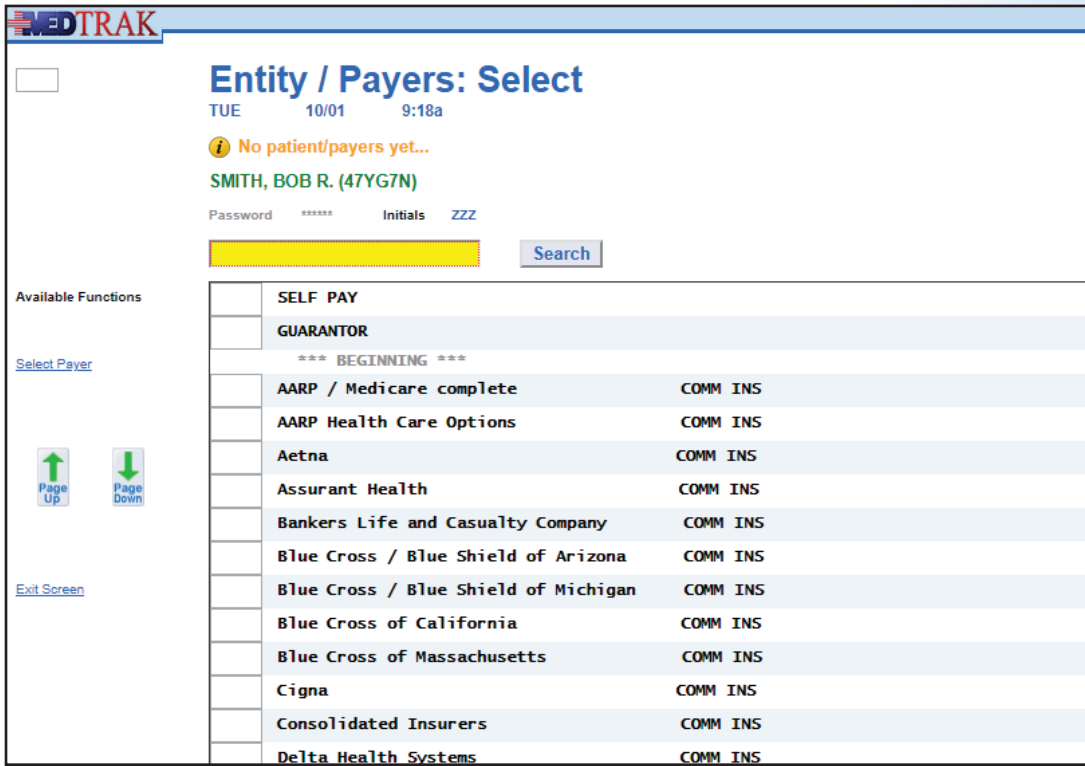
To locate Bob Smith in the patient database, after logging into MedTrak, click the **Patient Registration** button. Type **Smith** in the **Search** field on the **Patients** screen and click the **Search** button. The **Patients** screen refreshes reset to Smith.

Do These Steps
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)

Do These Steps
<==== 4.105

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).

MEDTRAK

Patient / Payer: Add

TUE 10/01 9:49a

SMITH, BOB R. (47YG7N)
 First Health (126)

Password ***** Initials ZZZ

Available Functions
[Relationships](#)
[Exit Screen](#)

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:
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 These Steps
4.106 =====>

1. Type **self** in the **Relationship** field
2. Type **01/01/12** in the **Effective date** field
3. Type **3488383** in the **ID number** field
4. Type **Diamond Distributing** in **Group name** field
5. Type **0473** in the **Group number** field
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.

Do These Steps
<==== 4.107

1. You should be on the Patients screen
2. Type **SA04** in the **Search** or 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, fix them and run a new **SA04 - Chapter Example(s)** report.
9. You must have a 100% (error free) report before continuing.

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.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ___ Commercial insurance ___ Guarantor ___ Medicaid ___ Workers' compensation ___ Employee health ___ Medicare ___ Self pay ___ Tricare | <ul style="list-style-type: none"> 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. B. Includes all of the insurance companies who provide coverage to employers for when their employees are injured while working. C. Includes all of the group health insurance companies who provide insurance plans for employers who purchase it for their eligible employees. D. When the patient is responsible for payment of healthcare services. E. Is the federal health insurance program for Americans over 65 years of age. F. When the patient is under 18 years old, someone else over 18 needs to be responsible for payment. G. Is the health care program serving active duty service members. 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.
- Note:** *Change the policy identification number to 3754473531*
- 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).

The screenshot shows the MedTrak Patients interface. At the top, it says 'MEDTRAK Patients' with the date 'TUE 10/01' and time '9:53a'. Below this are several filters: 'Patient Name' (dropdown), 'Change Display Order', 'Active Patients Only' (dropdown), 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, there is a sidebar with 'Available Functions' including 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', and 'View Prints'. The main area displays a table of patients with the following data:

*** 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) 555-6996
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	457-37-3399	(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

Cursor next to Bradford

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

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).

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
 TUE 10/01 9:58a
 If registering a visit, exit and click 'Select Patient'...
BRADFORD, LARRY J. (47YG6W)
 Password ***** Initials ZZZ

Available Functions:
[Primary](#)
[Secondary](#)
[Tertiary](#)
[Quaternary](#)
[Remove Payer](#)
[Add Payer](#)
[Change Payer](#)
[Delete Payer](#)
[Undelete 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 ***	

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

LOG command

MEDTRAK
Patients
 TUE 10/01 9:59a

Patient Name [v] Change Display Order Active Patients Only [v] Change Detail Display

Search [] Clinic Status Schedule Companies

Available Functions:
[Select Patient](#)
[Add Patient](#)
[Change Patient](#)
[Patient Notes](#)
[Appointments](#)
[Payers](#)

*** 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) 555-6996
	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	457-37-3399	(231) 555-4894

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).

The screenshot shows the MEDTRAK Patient Log interface. At the top left is the MEDTRAK logo. The main title is "Patient Log" with the date and time "TUE 10/01 10:00a". Below this, the patient name "BRADFORD, LARRY J. (47YG6W)" is displayed. There are two empty input fields labeled "Date/Time". On the left side, under "Available Functions", there are links for "Log is OK", "View Prints", and "More Functions". The central area contains a log entry starting with "***** BEGINNING *****". The entry details are: "10/01/YY 9:58a Entry: ZZZ Term: EVOL", "Payer 'COMM INS - Blue Cross / Blue Shield of Michigan (01/01/12-?)' Id Number: '3754473531' was '375447353'." The entry ends with "***** END *****".

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	8302790232
	Group name	Wilson Supply Co
	Group number	40337
	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 These Steps
4.154 =====>

1. You should be on the Patients screen
2. Type **SA04** in the **Search** or 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, fix them and run a new **SA04 - Case Studies** report.
9. You must have a 100% (error-free) report before continuing

Communications

One of the medical workflow efficiencies that you learned in Chapter 1 is 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

HIPAA

Email

Faxes

Phone calls

Two Types of Questions

Medical Questions

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**.

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.

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.

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

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

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.

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

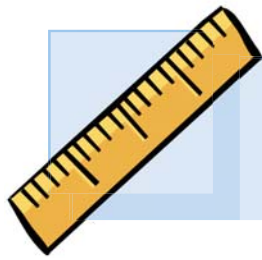
For those patient related questions that require the attention of the physician, other clinician, healthcare administration, or billing department and the recipient is not available, you will need to send a secure message about the question to the appropriate party.

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 (FRN)

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 These Steps** 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).

Patients screen

*** BEGINNING OF PATIENTS ***				
Select Patient	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
	Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Add Patient	Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Change Patient	Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Patient Notes	Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Appointments	Bradford, Larry J.	06/12/1987	347-27-3876	(231) 555-2442
Payers	Campbell, Susan T.	08/18/1972	274-74-7333	(231) 555-4844
Schedule	Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
View Prints	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
	Decier, Robert S.	03/12/1975	943-73-7363	(231) 555-3773

Do These Steps
<==== 5.101

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)

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

MEDTRAK
Command Help
 THU 10/03 4:44p

PATT Patients

Available Functions

Select Function
 Function Key Help
 Page Up
 Page Down
 Exit Screen

*** BEGINNING ***

- ACCT [Account](#)
- AD [Add](#)
- APPT [Appointments](#)
- CH [Change](#)
- CHCO [Chart Checkout](#)
- COLL [Collector Log](#)
- COPY [Copy a case to this patient](#)
- DATE [Visits by Date](#)
- DE [Delete](#)
- DOC [Documents](#)
- DX [Diagnosis](#)
- GINV [Invoices \(where person is Guarantor\)](#)
- GROW [Growth Charts](#)
- GUAR [Guarantees \(who person guarantees\)](#)
- IN [Inactivate](#)
- INV [Invoices](#)
- LOG [Log](#)
- MSG [Message](#)
- NOTE [Note](#)

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

MEDTRAK
FURTHER REVIEW NEEDED
 THU 10/03 4:45p

..PATIENT RESPONSIBILITY (2)
 CHADWICK, CLIFF B. (47YG7A)
 LEFT KNEE PAIN (701865-9990)

Password ***** Initials ZZZ

Available Functions

Submit Answers
 Responsibility (*)
 Procedure (x)
 Stored Resp. (:)
 Expanded Answer
 View Prints
 Info

*** FURTHER REVIEW NEEDED ***

CLERICAL

*: [Yellow Box] * Requested by Healthcare Student

*: [] * Who: n/a

: [] * Regarding: n/a

: [] * Description: n/a

*** E N D ***

Do These Steps
<==== 5.102

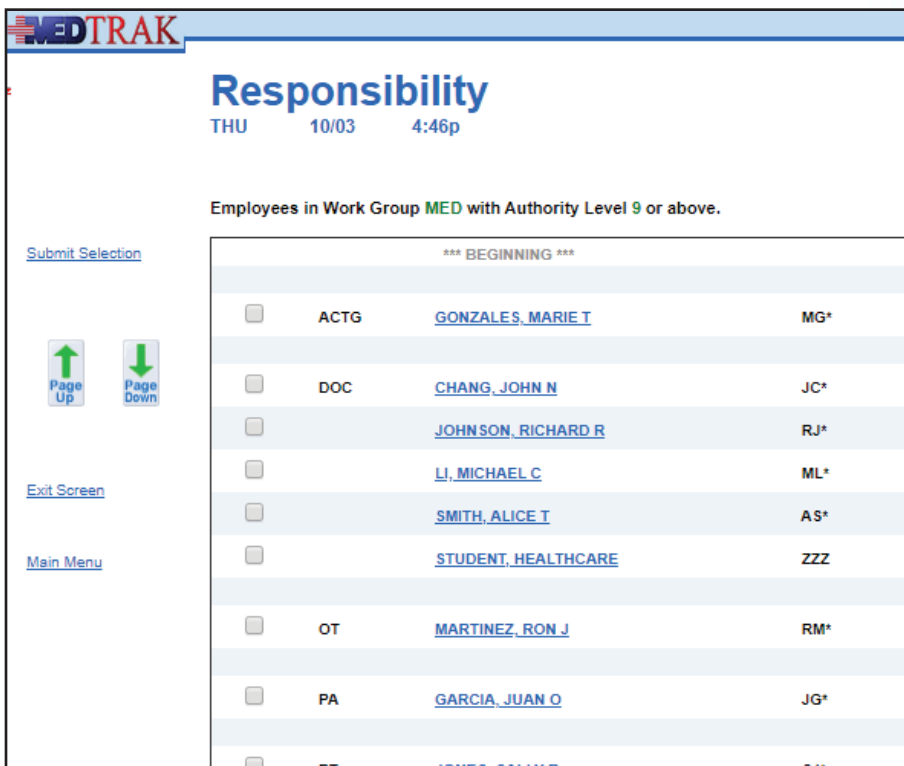
1. Place the cursor next to Chadwick
2. Click the *More Functions...* button
(You should be on the Command Help screen)
3. Click the command name for the **Message** command
(You should be on the Further Review Needed order screen)

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.

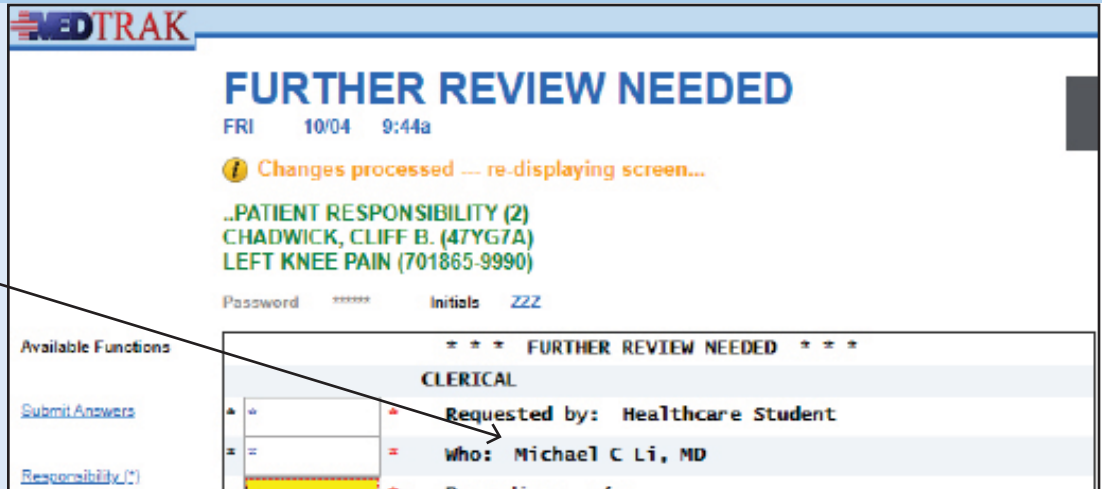


Responsibility
screen showing
all employees

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



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.

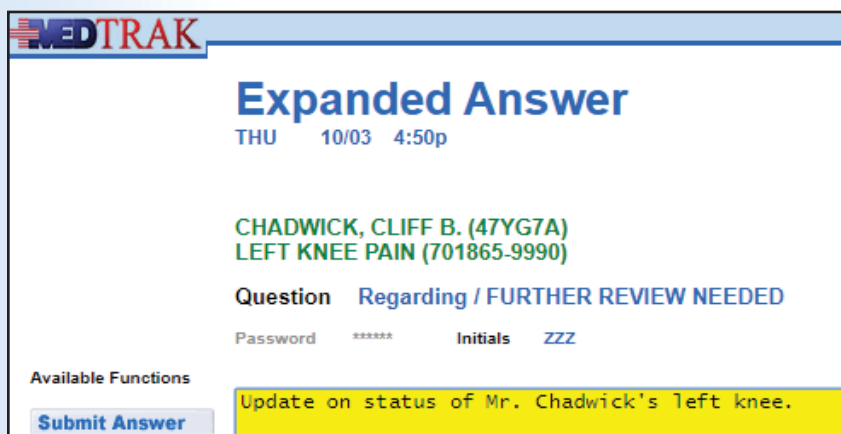
Do These Steps
5.103 =====>

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)

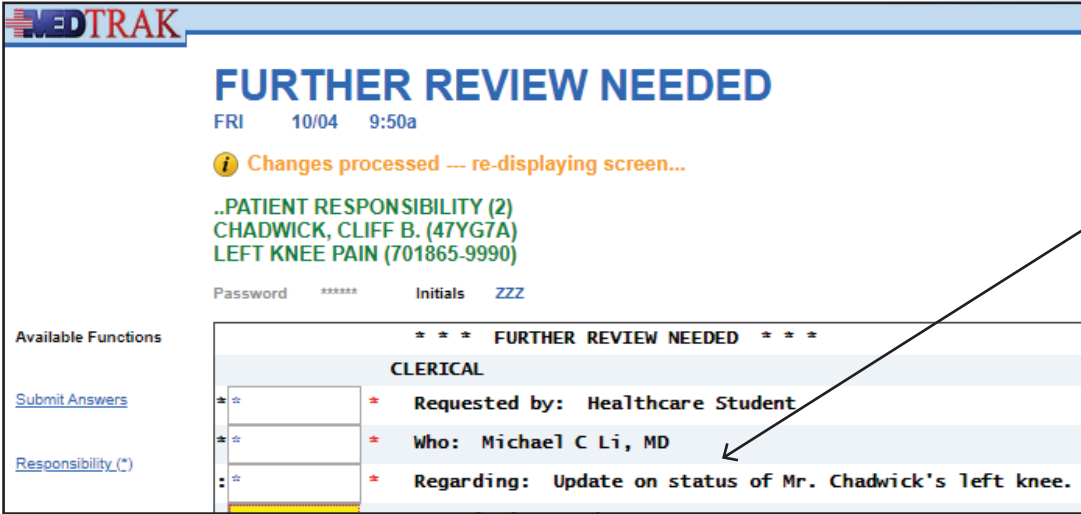
The **Regarding** question allows you to create a subject line or header for the message. If the subject line is 10 characters or shorter, the information can be typed directly into **Regarding** answer field on the Further Review Needed order screen without going to the Expanded Answer screen.

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



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).

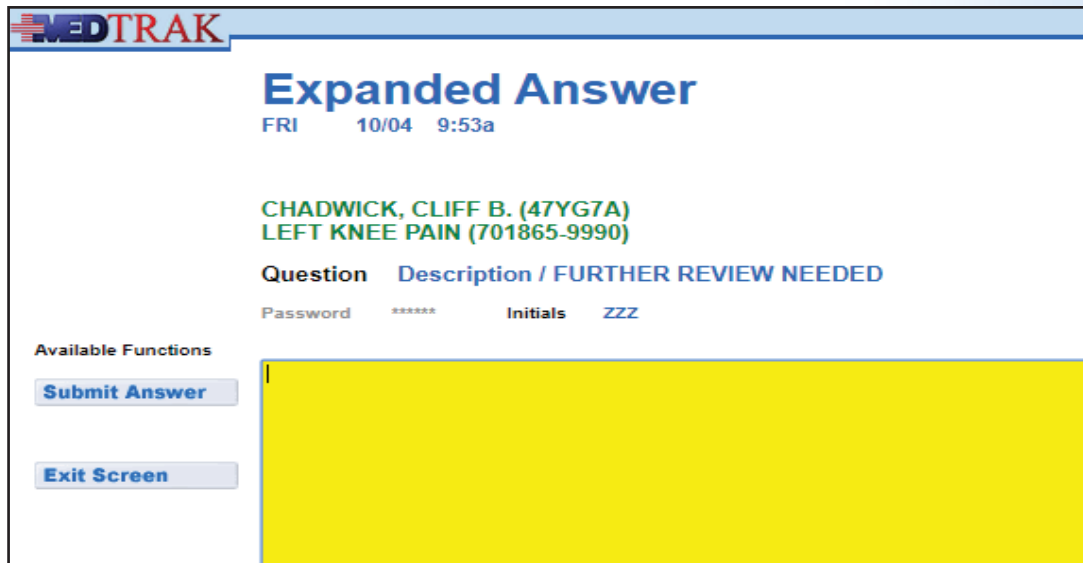


Regarding question answered

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)

Do These Steps
<==== 5.104

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).

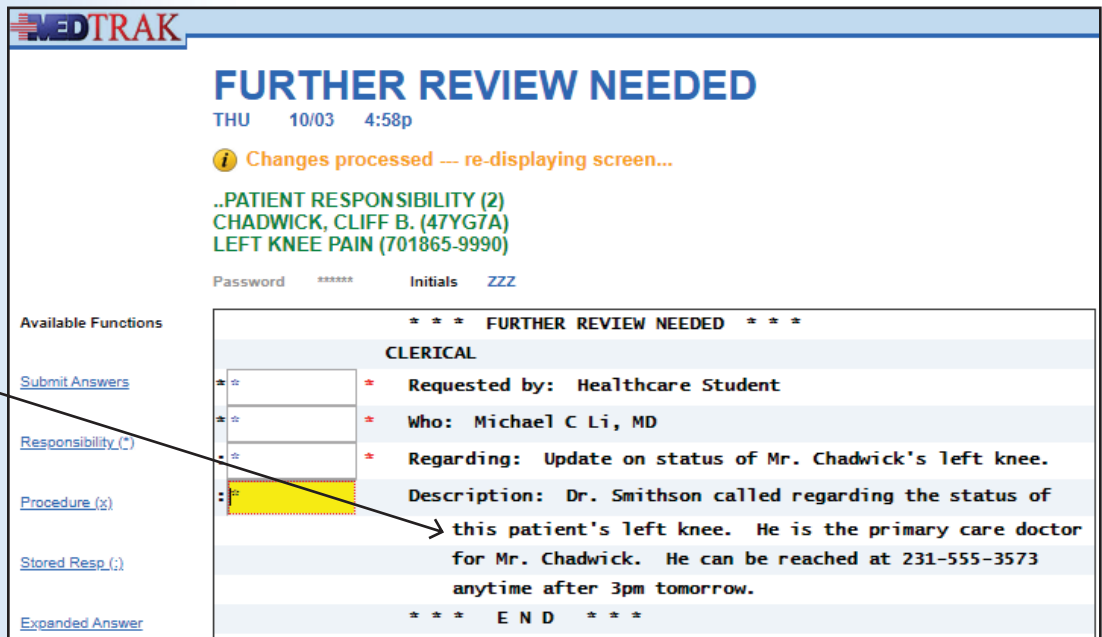


Description expanded answer

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.

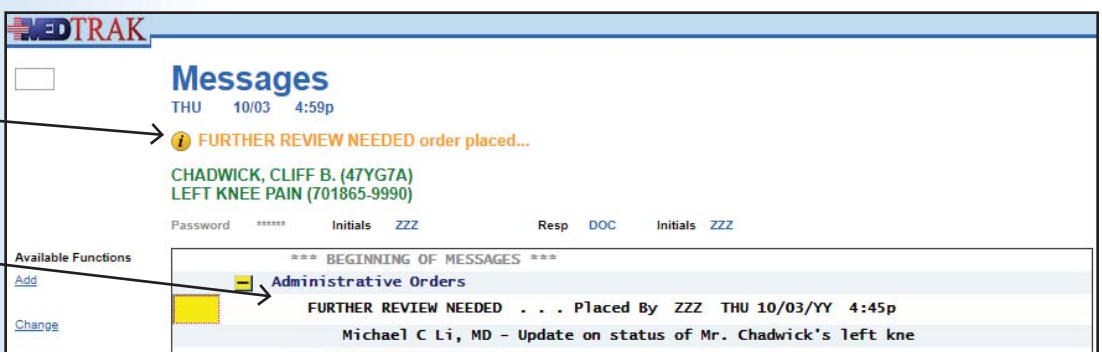
Then click the *Submit Answer* button. The Further Review Needed order screen reappears displaying the answer to the **Description** question (shown below).



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 These Steps
<==== 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

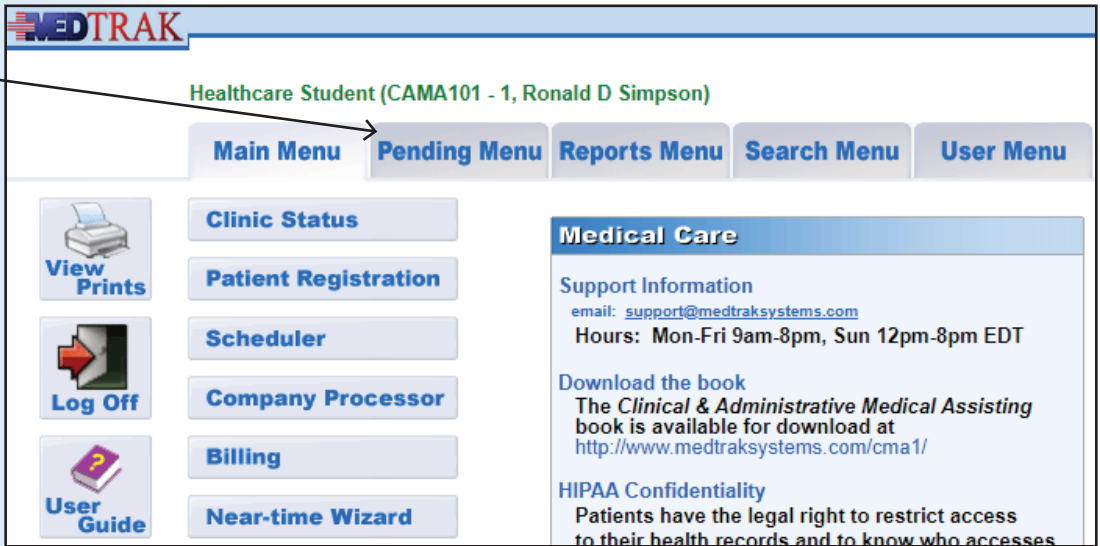
All of the clinical and administrative staff's internal messages and orders needing the attention of the provider or any other clinical or administrative staff member appear on this dashboard including:

- 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



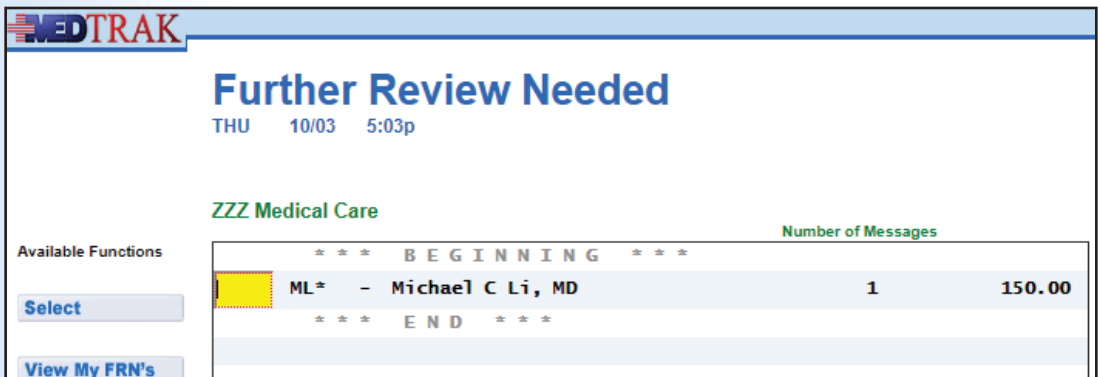
Click the *Further Review Needed* button on the Pending Menu (shown below).

Further Review Needed button



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

Further Review Needed dashboard



Do These Steps
<==== 5.121

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

THU 10/03 5:09p

ML* - Michael C Li, MD
Password ***** Initials ZZ

Available Functions

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

```

*** BEGINNING ***
-----
CHADWICK, CLIFF B. - ..PATIENT RESPONSIBILITY
09/13/YY, Z14, Initial
Update on status of Mr. Chadwick's left knee.
-----
*** END ***
    
```

Further Review
Needed / Staff
screen for Dr. Li

Do These Steps
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

THU 10/03 5:10p

..PATIENT RESPONSIBILITY (2)
CHADWICK, CLIFF B. (47YG7A)
LEFT KNEE PAIN (701865-9990)

Password ***** Initials ZZZ

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 These Steps
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)

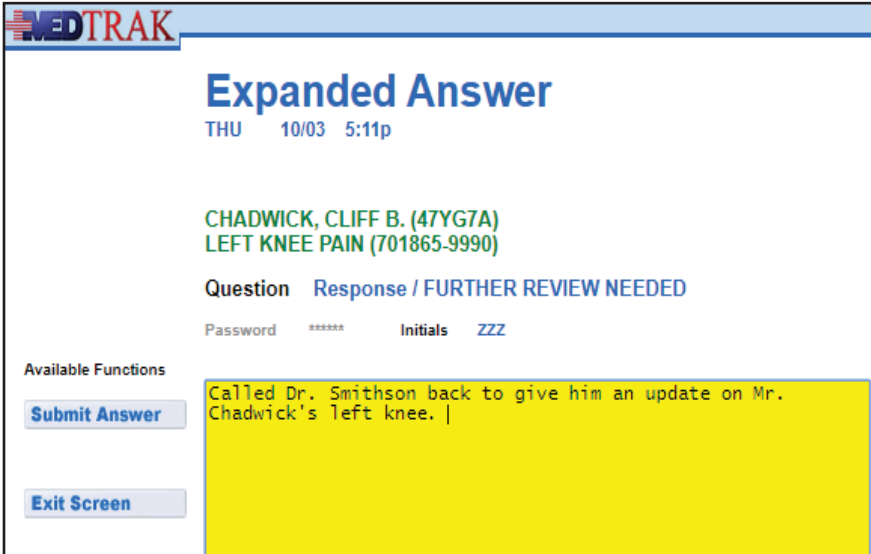
As you can see from looking at this Further Review Needed order screen, there are two more questions remaining to be answered. There is a **Response** question and a **Reviewed By** question.

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.

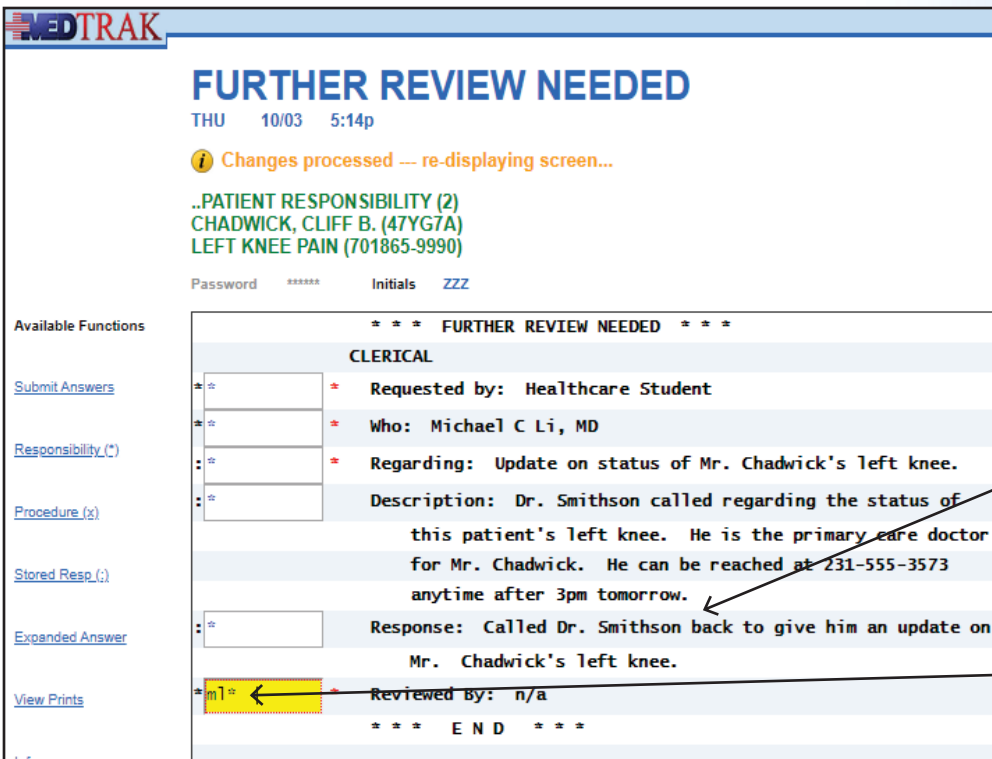


Response expanded answer

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

MEDTRAK

FURTHER REVIEW NEEDED

THU 10/03 5:15p

i Changes processed --- re-displaying screen...

..PATIENT RESPONSIBILITY (2)
 CHADWICK, CLIFF B. (47YG7A)
 LEFT KNEE PAIN (701865-9990)

Password ***** Initials ZZZ

Available Functions

- Submit Answers
- Responsibility (C)
- Procedure (x)
- Stored Resp (.)
- Expanded Answer
- View Prints
- Info

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

* * Reviewed By: Michael C Li, MD

* * * E N D * * *

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

MEDTRAK

Further Review Needed / Staff

THU 10/03 5:16p

ML* - Michael C Li, MD

Password ***** Initials ZZZ

Available Functions

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

*** BEGINNING ***

*** END ***

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

Do These Steps
<==== 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 These Steps
5.125 =====>

1. You should be on the Patients screen
2. Type **SA05** in the **Search** or 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, fix them and run a new **SA05 - Chapter Example(s)** report.
9. You must have a 100% (error free) report before continuing.

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).

The screenshot shows the MedTrak Patients search interface. At the top, it says 'MEDTRAK Patients' with the date and time 'FRI 10/04 8:51a'. Below this are several controls: a 'Patient Name' dropdown menu, a 'Change Display Order' button, an 'Active Patients Only' dropdown menu, and a 'Change Detail Display' button. A search field contains the text 'gordons' and a 'Search' button. To the right of the search field are three icons: 'Clinic Status', 'Schedule', and 'Companies'. Below the search field is a list of 'Available Functions' including 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', and 'View Prints'. The main area displays a table of patients with the following data:

*** BEGINNING OF PATIENTS ***				
<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
<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"/>	Amaro, 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) 555-4844
<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"/>	Decker, Robert S.	03/12/1975	943-73-7363	(231) 555-3773

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

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

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

FRI 10/04 8:59a

i Changes processed --- re-displaying screen...

..PATIENT RESPONSIBILITY (2)
GORDONS, THOMAS T. (47YG7J)
LOWER BACK PAIN (701866-9990)

Password ***** Initials ZZZ

Available Functions

- Submit Answers
- Responsibility(*)
- Procedure(*)

* * * FURTHER REVIEW NEEDED * * *	
CLERICAL	
* *	* Requested by: Healthcare Student
* *	* Who: Richard R Johnson, MD
* *	* Regarding: Status of lower back injury.
* *	* Description: n/a

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

FRI 10/04 8:59a

GORDONS, THOMAS T. (47YG7J)
LOWER BACK PAIN (701866-9990)

Question Description / FURTHER REVIEW NEEDED

Password ***** Initials ZZZ

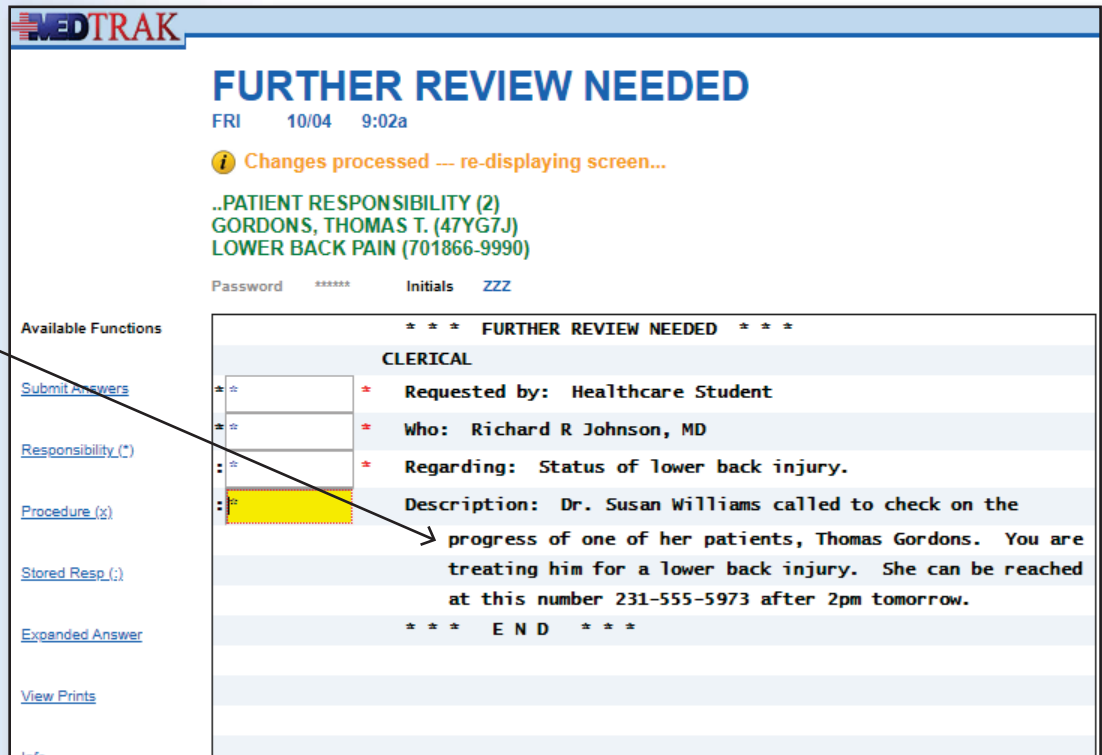
Available Functions

- 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 workers' compensation patient. See the Role-play version of this case study for how to locate a workers' 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

1. On the Patients screen
2. With the cursor in the command field next to the patient
3. Click the *Select Patient* button
4. Place the cursor in the command field next to the employer
5. Click the *Show Cases* button
6. Place the cursor in the command field next to the case
7. Type the **message** command (**msg**)
8. 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: 231 555 7474.

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: 2 3 1 5 5 5 6 9 9 6.

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 These Steps

5.126 =====>

1. You should be on the Patients screen
2. Type **SA05** in the **Search** or 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, fix them and run a new **SA05 - Case Studies** report.
9. You must have a 100% (error-free) report before continuing

Managing the Schedule

Depending on the patient mix, scheduled patients and walk-in patients, a medical facility will set up schedules according to the availability of the providers to see patients. Providers are only available to see patients in the office when they are not visiting patients in the hospital, in a care facility, in surgery, or in meetings in the office or at another location.

Case Studies in this Chapter

In this chapter's case studies, you will be blocking out time frames in the schedules for the medical facility, the divisions, and the individual providers.

- 6-01 - Block time in the schedule at the medical facility location level for a meeting.
- 6-02 - Block time in the schedule at the medical facility location level every day of the week for lunch.
- 6-03 - Block time in the schedule at the Medical division for a meeting on Monday morning at 8:30 am for one-half an hour (30 minutes).
- 6-04 - Block time in the schedule at the Rehab Services division level for a meeting on Monday morning at 8:30 am for one-half an hour (30 minutes).
- 6-05 - Block two time ranges in the schedule for an individual provider on one day.
- 6-06 - Block three time ranges in the schedule for an individual provider on three different days.
- 6-07 - Block out time in the schedule for an individual provider for vacation.
- 6-08 - Block out time in the schedule for an individual provider for surgeries, a meeting, and an unavailable time period.

Managing the Schedule - Introduction

Medical facilities use a scheduling system to help control their patient flow. Providers plan their days based on seeing a certain number of patients, returning phone calls, or meeting with patients outside of the office. The medical facility does not want a waiting room full of unhappy patients due to long waiting times because of overbooking. Nor does the medical facility want their providers sitting around without any patients to treat. Using a scheduling system can help avoid both of these issues.

Depending on the patient mix, scheduled patients and walk-in patients, a medical facility will set up schedules according to the availability of the providers to see patients. Providers are only available to see patients in the office when they are not visiting patients in the hospital, in a care facility, in surgery, or in meetings either in the office or at another location.

For the case studies in this book, your medical facility has three divisions with providers in different medical disciplines:

- The **Medical** division sees patients for primary care, urgent care, employee health, and workers' compensation.

Primary Care

Primary care physicians are commonly referred to as your "family doctor" and are concerned with your health over a period of time. In addition to taking care of patients for their everyday health care needs, these physicians handle the management of chronic illnesses like diabetes and high blood pressure.

Urgent Care

Urgent care is for the immediate health issues that occur on a daily basis and can be resolved in one or two office visits such as colds, bladder infections, and cuts. Urgent care treatment is typically done at an urgent care clinic or in the emergency department of a hospital.

Employee Health

Employee health includes the review and preventative care for the employees of companies through the use of pre-employment examinations, annual physicals, drug testing, TB testing, and immunizations such as vaccinations and flu shots.

Workers' Compensation

Workers' compensation physicians work with injured employees who are hurt on the job, whether it is a musculoskeletal injury or an exposure to heat or a chemical. These physicians are contracted by the employer to provide this care.

There are three providers who work in the **Medical** division:

- **Dr. Alice Smith** is an MD treating primary care and urgent care patients.
- **Dr. John Chang** is also an MD treating urgent care, employee health and workers' compensation patients.
- **Juan Garcia** is a physician's assistant who works with both of the doctor's patients, and therefore sees patients for primary care, urgent care, employee health, and workers' compensation patients.

- The **Rehab Services** division treats group health and workers' compensation patients for both physical therapy (PT) and occupational therapy (OT).

Occupational therapists work with patients to evaluate and improve the patient's functional ability to optimize their daily activities at home, at school, and at work following an injury or physical impairment.

Physical therapists are more focused on treating a patient's functional injury by treating the source of the injured tissues and physical structure.

Physical therapy assistants work under the direction and supervision of a physical or occupational therapist. They are not permitted to perform initial evaluations or periodic assessments, nor can they develop treatment plans, but they are allowed to perform modalities.

There are three therapists who work in the **Rehab Services** division:

- Sally Jones** is a physical therapist (PT) and treats patients for all types of musculoskeletal issues.
- Ron Martinez** is an occupational therapist (OT) and treats patients to help improve their quality of life at home and at work.
- Erin Schmidt** is a physical therapist assistant (PTA) and treats patients for all types of musculoskeletal issues under the direction of Sally Jones and Ron Martinez.

- The **Orthopedic** division treats patients for musculoskeletal problems for both group health and workers' compensation.

There are two physicians who work in the **Orthopedic** division:

- Dr. Richard Johnson** is an MD specializing in joint replacement surgery.
- Dr. Michael Li** is also an MD specializing in spine surgery.

Below is the schedule for the medical facility by division and staff member.

	Mon	Tue	Wed	Thu	Fri	Sat
Medical Care	8-5	8-5	8-5	8-5	8-5	9-1
Medical	8-5	8-5	8-5	8-5	8-5	9-1
Chang	8-5	8-5	8-5	8-5	8-5	
Garcia	8-5	8-5	8-5	8-5	8-12	9-1
Smith	8-5	8-5	8-5	8-5	8-5	
Rehab Services	8-5	8-5	8-5	8-5	8-5	
Jones	8-5	8-5	8-5	8-5	8-5	
Martinez	8-5	8-5	8-5	8-5	8-5	
Schmidt	8-5	8-5	8-5	8-5	8-5	
Orthopedic	9-5	1-4	9-5	1-4	9-5	
Johnson	9-5		9-5		9-5	
Li		1-4	9-5	1-4		

Occupational
Therapy

Physical
Therapy

Orthopedics

Blocking Out Time on the Scheduling

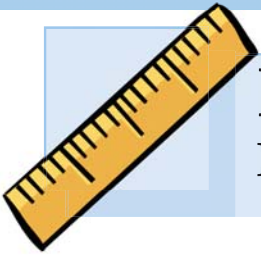
The medical facility, its divisions, and individual providers are not always available to see patients in the office. To prevent a patient from being scheduled when the provider is not available, the unavailable times are blocked out on the schedule.

At the **facility and division level**, the schedule is blocked for:

- Facility staff meetings
- Division level staff meetings
- Holidays
- Special events

At the **provider level**, the schedule is blocked for:

- Lunch
- Meetings outside the office
- Times when the provider is not available due to personal reasons
- Rounds at the hospital when they are seeing patients
- Surgeries



MedTrak Basics:

How to Block Time in the Schedule

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 These Steps](#) section.

Accessing the MedTrak Scheduler

On the [MedTrak Main Menu](#), click the [Scheduler](#) button. The [Scheduling](#) screen is used by all of the divisions within the medical facility. In this example, the divisions are medical, rehab services, and orthopedic (shown below).

Scheduling screen

1. Sign into MedTrak
(You should be on the [MedTrak Main Menu](#))
2. Click the [Scheduler](#) button
(You should be on the [Scheduling](#) screen)

Do These Steps
<==== 6.101

This screen displays the medical facility's *location's schedule* for the days of the week (and the business hours of each day) that the location is open. Each scheduling line is based on the *time increment* that the location uses for scheduling each appointment.

Overall, this medical facility schedules appointments every 15 minutes and is open Monday through Friday from 8am to 5pm and Saturday from 9am to 1pm. Each division (medical, rehab services, and orthopedic) has their own divisional schedule. Within the orthopedic division each of the orthopedic surgeons has a different schedule.

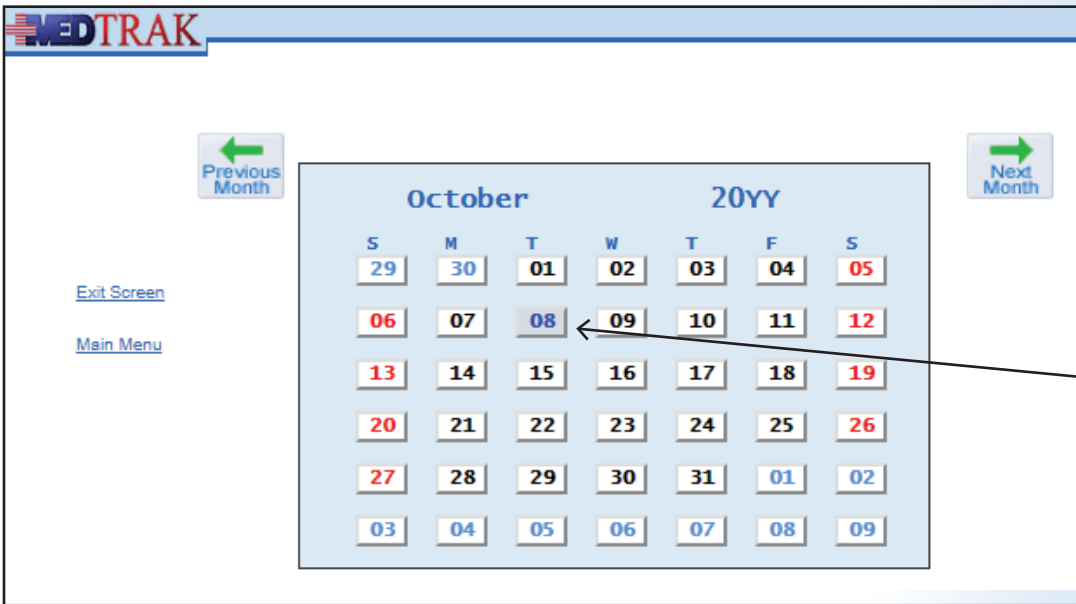
Setting to a Specific Date

The Scheduling screen allows resetting the schedule to any day that the medical facility is open (shown below).

Scheduling screen

There are several ways to change the date on the Scheduling screen:

- To move one day at a time, click the *Previous Day* icon button to move back a day in time, click the *Next Day* icon button to move forward a day in time.
- To set directly to a date, manually type the date in the date field (mm/dd/yy format) at the top of the Scheduling screen and press the *ENTER* key.
- To use the monthly calendar to set to a date, click the *Calendar* icon button located between the *Previous Day* and *Next Day* icon buttons. The next screen to appear is the Calendar screen set to the current month. The current day of the month is bright blue (shown on the next page).



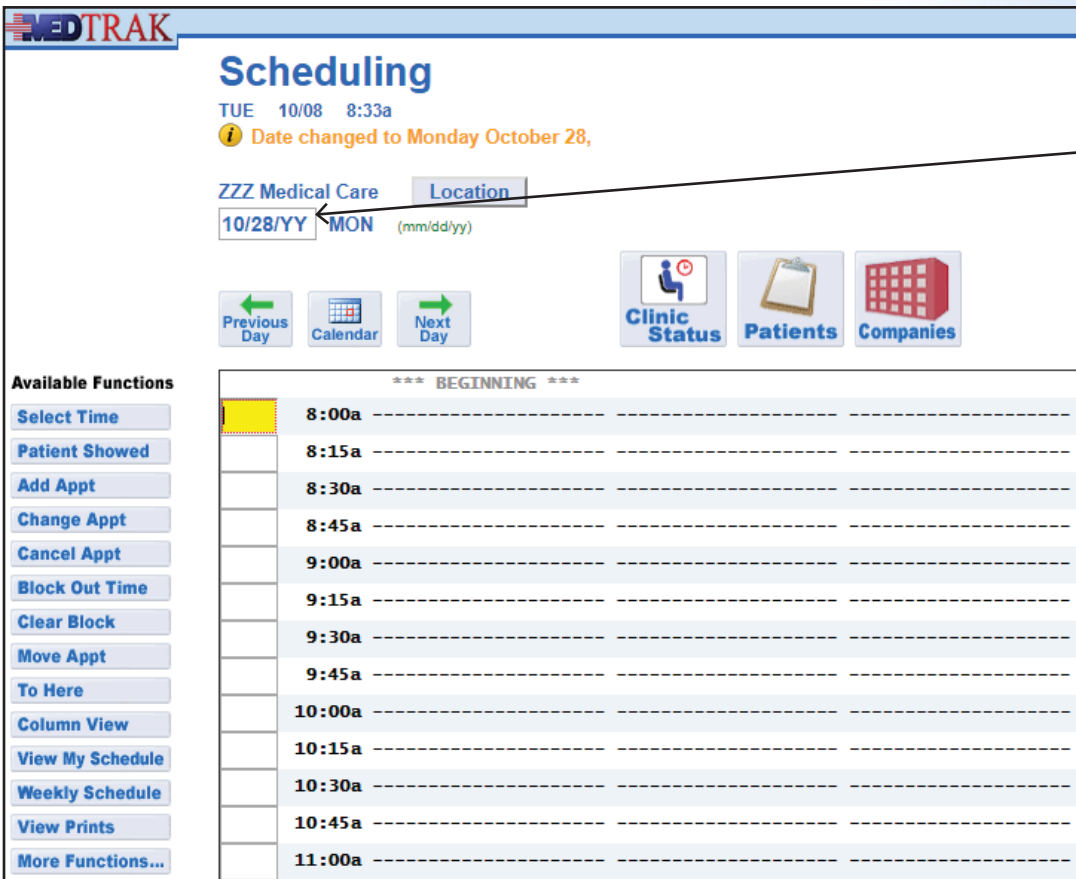
Calendar screen

Current date in bright blue

- To set to a date on the monthly calendar, move to the month using the *Previous Month* and *Next Month* icon buttons. On the specific month, click the day button to set to that date in the calendar.

The example below set to Monday, October 28th, using the Calendar screen above by clicking the day *28* for *October* button on the calendar.

The Scheduling screen reappears set to October 28th (shown below).



Date is set to October 28th

Do These Steps
6.102 =====>

1. Click the *Previous Day* icon button
(The Scheduling screen resets to yesterday)
2. Click the *Next Day* icon button
(The Scheduling screen resets back to today)
3. Type next Monday's date in the **Date** field (mm/dd/yy)
4. Press the **ENTER** key
(The Scheduling screen resets to next Monday)
5. Click the *Calendar* icon button
(The Calendar screen appears for the month)
6. Click the *Date* button for today's date (it is **bright blue**)
(The Scheduling screen resets back to today)

Setting to a Provider's Schedule

The MedTrak scheduling system uses a three-level hierarchical structure.

1. The first level is the **location level**. This level is used to define a physical location, usually the name of the medical facility.
2. The second level is the **division level** (first indentation), and defines the departments within the medical facility. In this example, the divisions are Medical, Rehab Services, and Orthopedics.
3. The third level is the **staff level** (second indentation), where the physician's, specialist's, and other provider's names appear.

To access the medical facility's location structure click the *Location* button at the top of the Scheduling screen. The Location/Division: Select screen appears (shown below).

MEDTRAK

Location/Division: Select

TUE 10/08 8:34a

Available Functions

[Submit Selection](#)

[Page Up](#) [Page Down](#)

[Exit Screen](#)

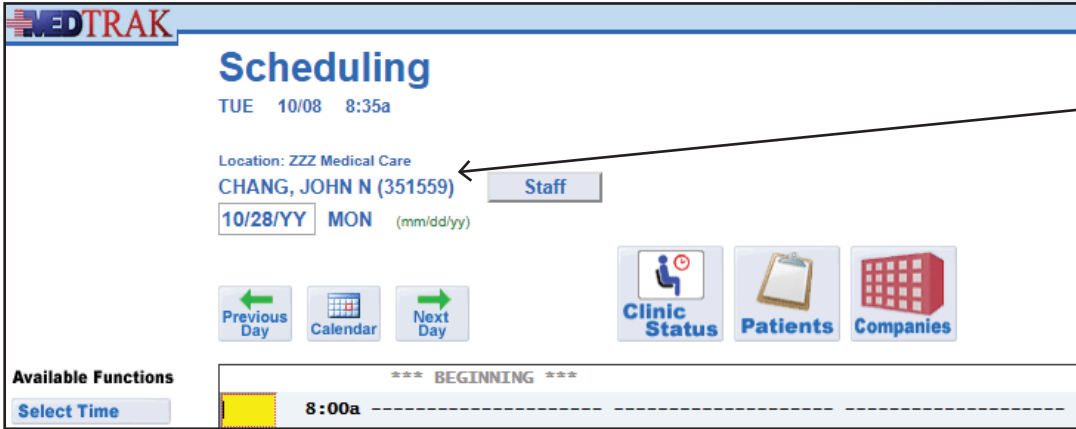
[Main Menu](#)

- [ZZZ Medical Care](#)
- [MEDICAL](#)
- [CHANG, JOHN N](#)
- [GARCIA, JUAN O](#)
- [SMITH, ALICE T](#)
- [REHAB SERVICES](#)
- [JONES, SALLY R](#)
- [MARTINEZ, RON J](#)
- [SCHMIDT, ERIN D](#)
- [ORTHOPEDIC](#)
- [JOHNSON, RICHARD R](#)
- [LI, MICHAEL C](#)

Location/
Division: Select
screen

To select a division's or provider's schedule, click the division's or provider's name button or click the checkbox next to their name. MedTrak will reset the Scheduling screen to the selected division or provider.

When Dr. Chang's name is clicked, the Scheduling screen reappears displaying Dr. Chang's schedule for Monday, October 28th (shown below).



Dr. Chang's schedule

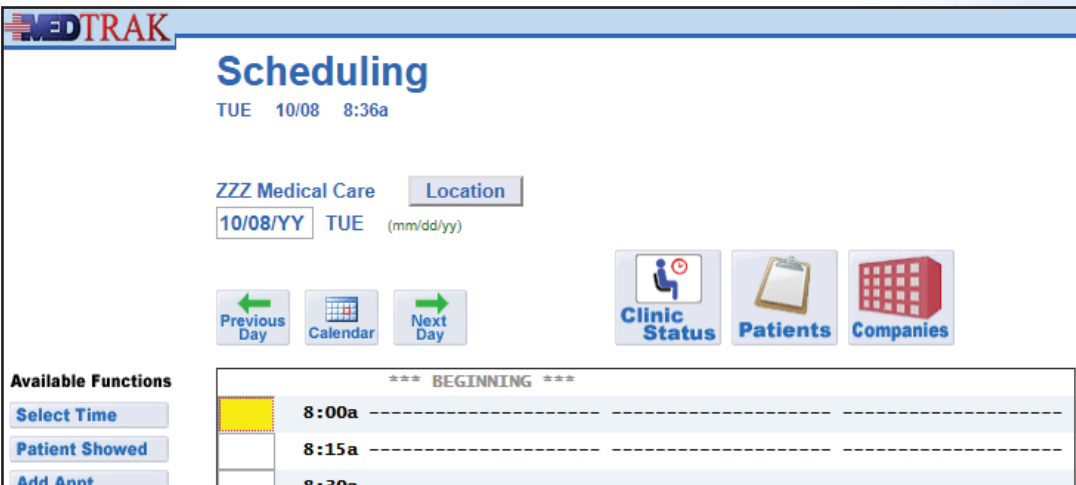
1. Click the *Location* button
(You should be on the Location/Division: Select screen)
2. Click the *Chang, John N* name button
(The Scheduling screen resets to Dr. Chang's schedule)
3. Click the *Exit Screen* button
(You should be back on the MedTrak Main Menu)

Do These Steps
<==== 6.103

Blocking Out Time in the Schedule at the Location Level

From the MedTrak Main Menu, click the *Scheduler* button.

The Scheduling screen must be set to the location level to block out time for the entire medical facility (shown below).



Scheduling screen for the location

For example, to block out from 8:00 am to 9:00 am on Monday, October 28th for walk-in patients for every division and provider, set to October 28th, place the cursor in the command field next to 8:00 am, and click the **Block Out Time** button. The Block Out Time screen appears (shown below).

Block Out Time screen

MEDTRAK

Block Out Time
TUE 10/08 8:39a

ZZZ Medical Care

Password ***** Initials ZZZ

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

Date 10/28/YY MON

Time-Beg 8:00a (hh:mm or hh:mmp)

End (hh:mm or hh:mmp)

Reason

Submit

On the Block Out Time screen enter the **Time-End** (9:00a) and the **Reason** (Walk-in patients) for the block (shown below). The ending time must be entered using the correct format – **hh:mm** followed by either an **a** for **am** or a **p** for **pm**. The leading zero in front of the hour is not needed.

Block Out Time screen filled in

MEDTRAK

Block Out Time
TUE 10/08 8:39a

ZZZ Medical Care

Password ***** Initials ZZZ

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

Date 10/28/YY MON

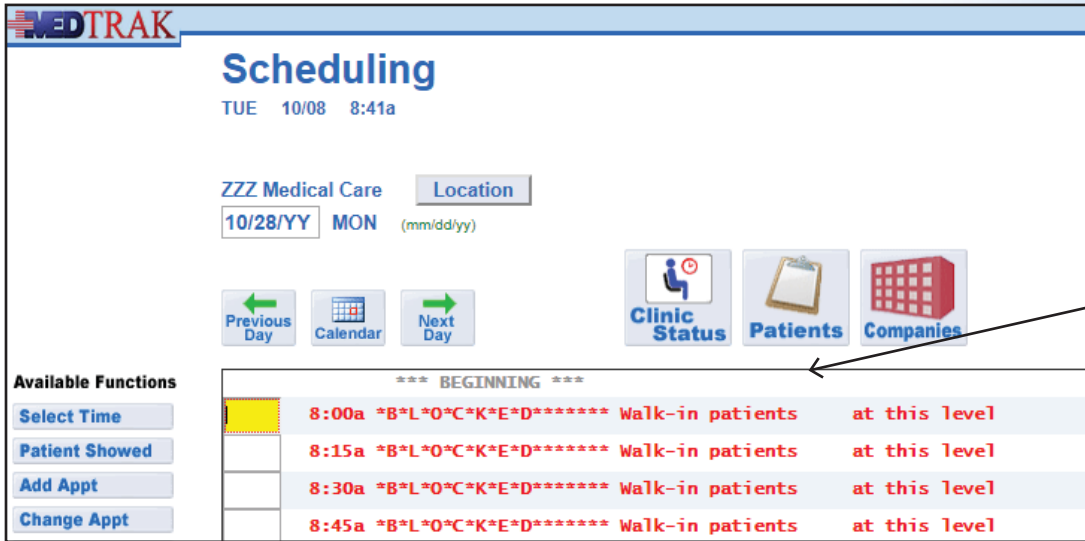
Time-Beg 8:00a (hh:mm or hh:mmp)

End 9:00a (hh:mm or hh:mmp)

Reason Walk-in patients

Submit

Then click the *Submit* button to set the block. MedTrak automatically returns to the Scheduling screen displaying the blocked time (shown below).



Location Scheduling screen showing blocked out time

1. Sign into MedTrak
(You should be on the MedTrak Main Menu)
2. Click the *Scheduler* button
(You should be on the Scheduling screen at the **Location** level)
3. Set the day to next **Monday**
4. Be sure the cursor is in the **8:00a** command field
5. Click the *Block Out Time* button
(You should be on the Block Out Time screen)
6. Type **9:00a** in the **Time-End** field
7. Type **Walk-in patients** in the **Reason** field
8. Click the *Submit* button
(The Scheduling screen refreshes showing the block)

Do These Steps
<==== 6.104

There are several things to note on this screen in addition to the block that now appears for the 8:00 am to 9:00 am time frame. The fact that this time frame is blocked has the word ***B*L*O*C*K*E*D******* in the first column with the reason for the block in the second column. The third column indicates that this block is **at this level**. This means that this block is at the location level and includes all of the divisions and providers at this medical facility.

To show that this block is also at the division levels, click the *Location* button at the top of the Scheduling screen and select the **Medical** division on the Location / Division: Select screen. The Scheduling screen for the **Medical** division appears with the same block (shown on the next page).

Medical division Scheduling screen showing blocked out time

MEDTRAK Scheduling
TUE 10/08 8:42a

Location: ZZZ Medical Care
MEDICAL (351558) **Division**

10/28/YY MON (mm/dd/yy)

Previous Day Calendar Next Day

Clinic Status Patients Companies

Available Functions

- Select Time
- Patient Showed
- Add Appt
- Change Appt
- Cancel Appt
- Block Out Time
- Clear Block
- Move Appt
- To Here
- Column View
- View My Schedule

*** BEGINNING ***		
8:00a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
8:15a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
8:30a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
8:45a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
9:00a	-----	-----
9:15a	-----	-----
9:30a	-----	-----
9:45a	-----	-----
10:00a	-----	-----
10:15a	-----	-----
10:30a	-----	-----

Notice on this screen that the *Location* button now says **Division** and the third column indicates that this block is **at location level**.

The same is true for the **Rehab Services** division. Click the *Division* button at the top of the *Scheduling* screen and select the **Rehab Services** division on the *Location / Division: Select* screen. The *Scheduling* screen for the **Rehab Services** division appears with the same block (shown below).

Rehab Services division Scheduling screen showing blocked out time

MEDTRAK Scheduling
TUE 10/08 8:43a

Location: ZZZ Medical Care
REHAB SERVICES (351562) **Division**

10/28/YY MON (mm/dd/yy)

Previous Day Calendar Next Day

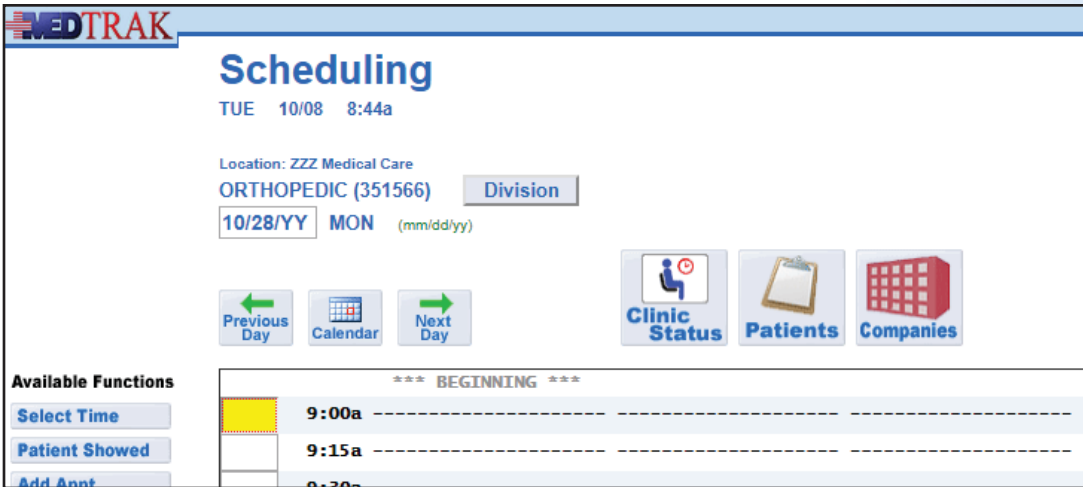
Clinic Status Patients Companies

Available Functions

- Select Time
- Patient Showed
- Add Appt
- Change Appt
- Cancel Appt
- Block Out Time
- Clear Block
- Move Appt
- To Here
- Column View
- View My Schedule
- Weekly Schedule

*** BEGINNING ***		
8:00a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
8:15a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
8:30a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
8:45a	*B*L*O*C*K*E*D*****	Walk-in patients at location level
9:00a	-----	-----
9:15a	-----	-----
9:30a	-----	-----
9:45a	-----	-----
10:00a	-----	-----
10:15a	-----	-----
10:30a	-----	-----

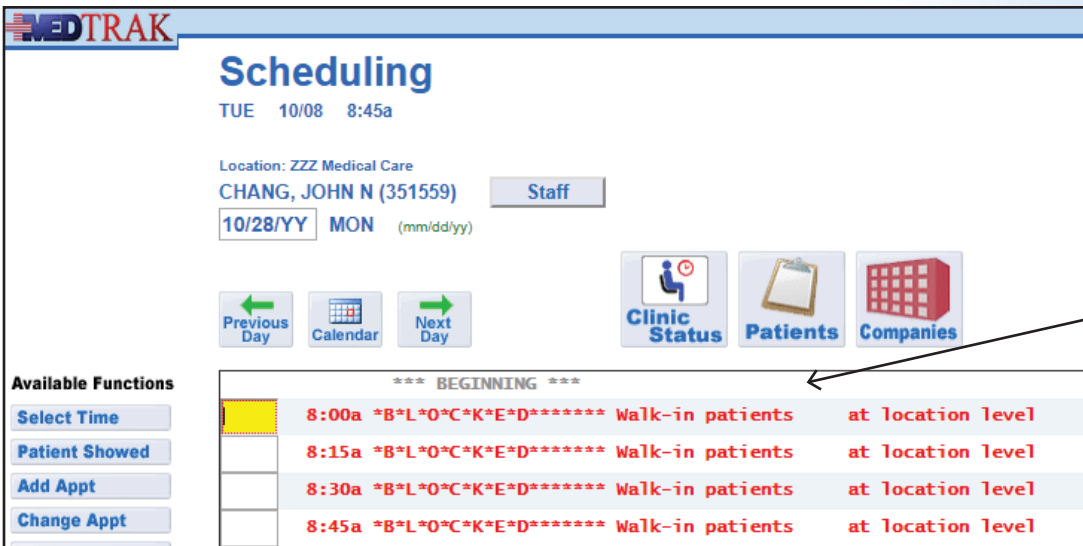
The same is not true for the **Orthopedic** division. Click the *Division* button at the top of the Scheduling screen and select the **Orthopedic** division on the Location / Division: Select screen. The Scheduling screen for the **Orthopedic** division appears but does not display the block (shown below).



Orthopedic division Scheduling screen not showing blocked out time

The reason the block does not show is because the **Orthopedic** division is not open on Mondays at 8:00 am.

The same is true for each of the providers in the **Medical** and **Rehab Services** divisions. Click the *Division* button at the top of the Scheduling screen and select the **Dr. Chang** on the Location / Division: Select screen. The Scheduling screen for Dr. Chang appears with the same block (shown below).



Dr. Chang's Scheduling screen showing blocked out time

Notice on this screen that the *Location* button now says **Staff** and the third column indicates that this block is **at location level**.

Because of MedTrak's three-tiered hierarchical structure, when time frames are blocked at a higher tier, the lower tiers automatically inherit the block. The third column always indicates at which level the block was added.

Do These Steps
6.105 =====>

1. Click the **Location** button
(You should be on the Location/Division: Select screen)
2. Click the **Medical division** button
(You should be on the Medical division's Scheduling screen)
(The block for walk-in patients is at the location level)
(The **Location** button now says **Division**)
3. Click the **Divison** button
(You should be on the Location/Division: Select screen)
4. Click the **Rehab Services division** button
(You should be on the Rehab Services Scheduling screen)
5. Click the **Divison** button
(You should be on the Location/Division: Select screen)
6. Click the **Orthopedic division** button
(You should be on the Orthopedic Scheduling screen)
(Observe that the 8:00a to 9:00a time frame is not there)
7. Click the **Divison** button
(You should be on the Location/Division: Select screen)
8. Click the **Chang, John N** name button
(You should be on the Dr. Chang's Scheduling screen)
(The block for walk-in patients is at the location level)
(Observe that the **Division** button now says **Staff**)

Clearing Blocked Time in the Schedule

Sometimes blocks of time frames need to be removed or cleared because they are no longer needed or were made in error.

Clearing blocked time must be done at the level that the block was made. For example, if the **Clear Block** button is clicked on a lower level on the Scheduling screen than the block was made, the block will not be cleared. The Scheduling screen is still set to Dr. Chang's schedule and not the location's schedule. An error message appears at the top of the Scheduling screen indicating the level of the block (shown below).

Block error message

The screenshot shows the WEDTRAK Scheduling interface. At the top, it says 'WEDTRAK Scheduling'. Below that, it displays 'TUE 10/08 8:46a'. A red error message with a stop sign icon reads: 'Can only clear block at location level.' Below the error message, it shows 'Location: ZZZ Medical Care' and 'CHANG, JOHN N (351559)' with a 'Staff' button. There is a date selector showing '10/28/YY MON (mm/dd/yy)'. At the bottom, there are navigation buttons: 'Previous Day', 'Calendar', 'Next Day', 'Clinic Status', 'Patients', and 'Companies'.

In this example, the block must be cleared at the **Location** level where it was made on the Scheduling screen. To reset to the location level, click the *Staff* button and select the *Location* level on the Location / Division: Select screen. The Scheduling screen resets to the location level (shown below).

The screenshot shows the MEDTRAK Scheduling interface. At the top, it displays 'Scheduling' for 'TUE 10/08 8:47a'. Below this, the location is set to 'ZZZ Medical Care' and the level is 'Location'. The date is '10/28/YY' and the day is 'MON'. There are navigation buttons for 'Previous Day', 'Calendar', and 'Next Day'. On the right, there are icons for 'Clinic Status', 'Patients', and 'Companies'. On the left, under 'Available Functions', there are buttons for 'Select Time', 'Patient Showed', 'Add Appt', 'Change Appt', 'Cancel Appt', 'Block Out Time', and 'Clear Block'. The main schedule area shows a table with the following entries:

*** BEGINNING ***		
8:00a	*B*L*O*C*K*E*D*****	Walk-in patients at this level
8:15a	*B*L*O*C*K*E*D*****	Walk-in patients at this level
8:30a	*B*L*O*C*K*E*D*****	Walk-in patients at this level
8:45a	*B*L*O*C*K*E*D*****	Walk-in patients at this level
9:00a	-----	
9:15a	-----	

Scheduling screen at the location level

To clear the blocked time for the walk-in patients in the schedule, place the cursor in any one of the time increments for the block and click the *Clear Block* button. The next screen to appear is the Clear Blocked Time screen which displays the time range for the block (shown below).

The screenshot shows the MEDTRAK Clear Blocked Time interface. It displays 'Clear Blocked Time' for 'TUE 10/08 8:48a'. A message says 'Click SUBMIT or press ENTER to clear blocked time...'. The location is 'ZZZ Medical Care'. There are fields for 'Password *****' and 'Initials ZZZ'. On the left, there are links for 'Exit Screen' and 'Main Menu'. The main area shows a summary of the block to be cleared:

Date	10/28/YY MON
Time-Beg	8:00a
End	9:00a
Reason	Walk-in patients
<input type="button" value="Submit"/>	

Clear Blocked Time screen

To confirm the clearing of the block, click the *Submit* button. MedTrak automatically returns to the Scheduling screen showing the schedule is now clear for that time period. The message "**Block cleared...**" appears at the top of the screen (shown on the next page).

Scheduling screen showing block cleared message

Do These Steps
6.106 =====>

1. Be sure the cursor is in the **8:00a** command field
(You should still be on Dr. Chang’s schedule)
2. Click the **Clear Block** button
 (“Can only clear this block at location level.” message appears)
3. Click the **Staff** button
(You should be on the Location/Division: Select screen)
4. Click the **Medical Care location** button
(You should be on the location Scheduling screen)
5. Be sure the cursor is still in the **8:00a** command field
6. Click the **Clear Block** button
(You should be on the Clear Blocked Time screen)
7. Click the **Submit** button
(You should be back on the Scheduling screen)
(The “Block cleared...” message appears)
(The block no longer appears on the schedule)

Blocking Out Time in the Schedule at the Division Level

To further explain how the block time feature works in MedTrak, a block will be set at the **Rehab Services** division for a rehab meeting on Tuesday, October 29th, from 11:30 am to 12:00 pm (noon). Navigate to the **Rehab Services** division and place the cursor in the command field for 11:30 am on the Scheduling screen (shown on the next page).

Scheduling screen at the Rehab Services level

Click the *Block Out Time* button. The next screen to appear is the Block Out Time screen. On this screen, enter the ending time of **12:00p** and the reason for the block **Rehab meeting** (shown below).

Block Out Time screen

Click the *Submit* button. The Scheduling screen reappears displaying the block (shown on the next page).

Scheduling screen showing block at the Rehab Services level

MEDTRAK Scheduling
TUE 10/08 9:06a

Location: ZZZ Medical Care
REHAB SERVICES (351562) **Division**

10/29/YY TUE (mm/dd/yy)

Previous Day Calendar Next Day

Clinic Status Patients Companies

Available Functions

- Select Time
- Patient Showed
- Add Appt
- Change Appt
- Cancel Appt
- Block Out Time
- Clear Block
- Move Appt
- To Here
- Column View
- View My Schedule
- Weekly Schedule
- View Prints
- More Functions...

Page Up Page Down

Exit Screen

Time	Event	Level
8:00a	*** BEGINNING ***	
8:15a		
8:30a		
8:45a		
9:00a		
9:15a		
9:30a		
9:45a		
10:00a		
10:15a		
10:30a		
10:45a		
11:00a		
11:15a		
11:30a	*B*L*O*C*K*E*D***** Rehab meeting	at this level
11:45a	*B*L*O*C*K*E*D***** Rehab meeting	at this level
12:00p		

This block was set at the **Rehab Services** division level, so the other two divisions (**Medical** and **Orthopedic**) are not affected by the block, but the staff members in the **Rehab Services** division are affected. Click the **Division** button and select **Sally Jones** (the physical therapist) to display her **Scheduling** screen. The block for the **Rehab meeting** appears on her schedule indicating that it was set up at the division level (shown below).

Scheduling screen showing block for Sally Jones

MEDTRAK Scheduling
TUE 10/08 9:08a

Location: ZZZ Medical Care
JONES, SALLY R (351563) **Staff**

10/29/YY TUE (mm/dd/yy)

Previous Day Calendar Next Day

Clinic Status Patients Companies

Available Functions

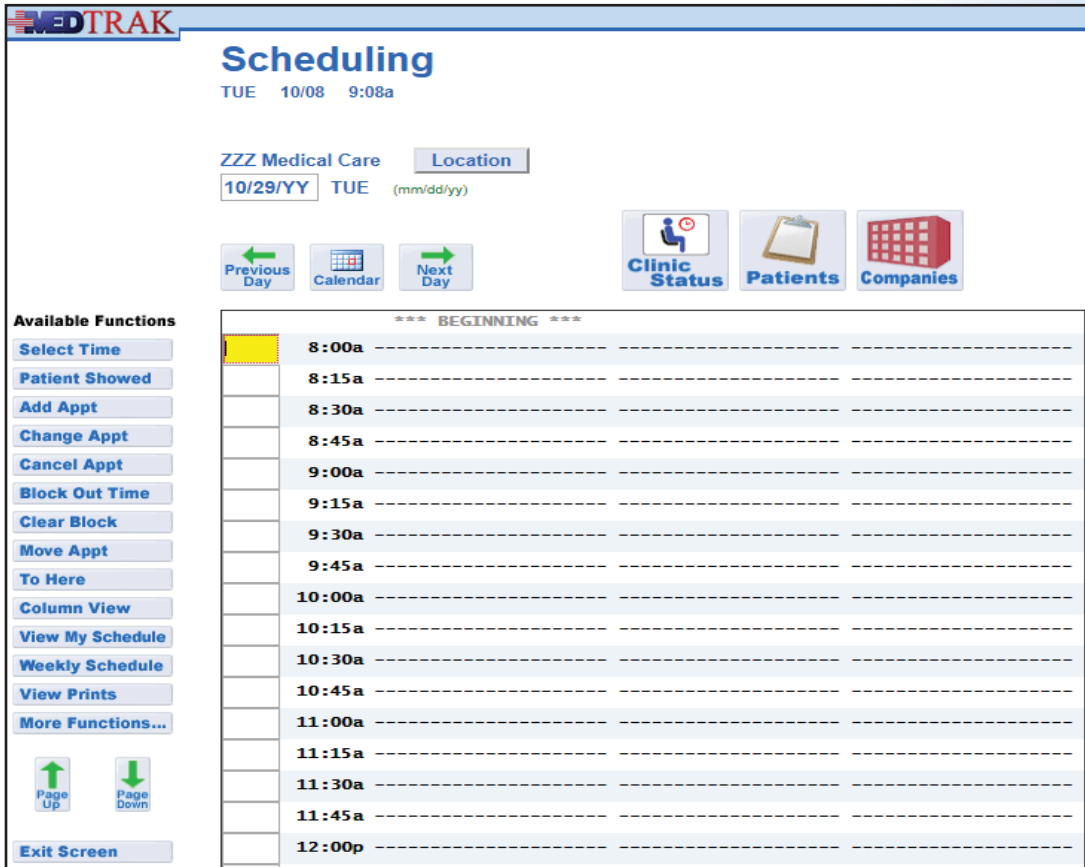
- Select Time
- Patient Showed
- Add Appt
- Change Appt
- Cancel Appt
- Block Out Time
- Clear Block
- Move Appt
- To Here
- Column View
- View My Schedule
- Weekly Schedule
- View Prints
- More Functions...

Page Up Page Down

Exit Screen

Time	Event	Level
8:00a	*** BEGINNING ***	
8:15a		
8:30a		
8:45a		
9:00a		
9:15a		
9:30a		
9:45a		
10:00a		
10:15a		
10:30a		
10:45a		
11:00a		
11:15a		
11:30a	*B*L*O*C*K*E*D***** Rehab meeting	at division level
11:45a	*B*L*O*C*K*E*D***** Rehab meeting	at division level
12:00p		

Now click the *Staff* button and select the **Medical Care** location to display the Scheduling screen. The block for the **Rehab meeting** does not appear (shown below).



Scheduling screen at the location level not showing block for Rehab Services

1. Click the *Location* button
(You should be on the Location/Division: Select screen)
2. Click the *Rehab Services division* button
(You should be on the Rehab Services Scheduling screen)
3. Set the day to next **Tuesday**
4. Place the cursor in the **11:30a** command field
5. Click the *Block Out Time* button
(You should be on the Block Out Time screen)
6. Type **12:00p** in the **Time-End** field
7. Type **Rehab meeting** in the **Reason** field
8. Click the *Submit* button
(The Rehab Services Scheduling screen reappears showing the block)
9. Click the *Division* button
(You should be on the Location/Division: Select screen)

Do These Steps
<==== 6.107

10. Click the *Jones, Sally R. name* button
(You should be on Sally Jones Scheduling screen)
(The block for rehab meeting indicates that it is at the division level)
11. Click the *Staff* button
(You should be on the Location/Division: Select)
12. Click the *Medical Care location* button
(You should be on the Medical Care Scheduling screen)
(Observe the block for the rehab meeting does not appear)

Blocking time in MedTrak works from the higher level tiers to the lower level tiers. If you block a time frame at the **Medical Care** location level, the block will affect every division and provider at the location. If you block a time range at a division level, the block will only affect that division and each provider who works in that division. If you block a time range for an individual provider, the block only affects that provider.

Self Assessment for these examples

Do These Steps
6.152 =====>

1. You should be on the Scheduling screen
2. Type **SA06** in any command field
(**SA** stands for self assessment and **06** is the chapter number)
3. Press the **ENTER** key
(You should be on the Self Assessment screen for Chapter 06)
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, fix them and run a new **SA06 - Chapter Example(s)** report.
9. You must have a 100% (error free) report before continuing.

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

Managing the Schedules - Review Activities

1. Why is it important for a medical facility to use a scheduling system?
2. Providers only treat patients in their medical facility.

True or False



Case Study 6-01

Block time in the schedule at the medical facility location level for a meeting.

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

Self-study and Role-play version:

Block time in the schedule at the location level for a medical facility location-wide office meeting to be held next Monday morning for a half an hour starting at 8:00 am.

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



Case Study 6-01 - Workflow Instructions

Block time in the schedule at the medical facility location level for a meeting.

Block time in the schedule at the location level for a medical facility location wide office meeting to be held next Monday morning for a half an hour starting at 8:00 am.

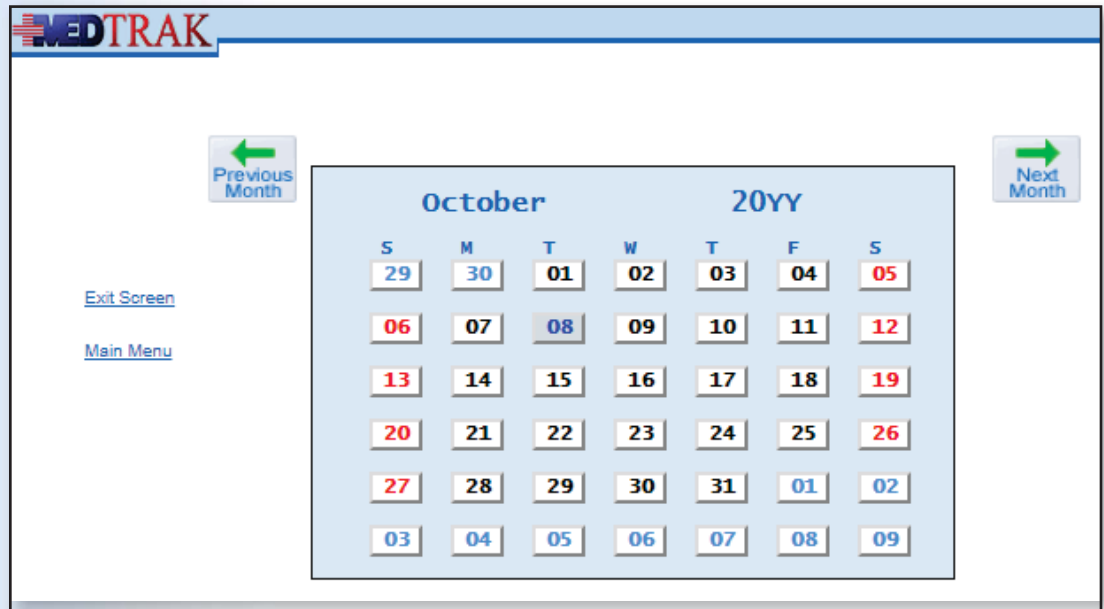
Blocking Time in the Schedule

On the MedTrak Main Menu, click the *Scheduler* button. The Scheduling screen appears (shown below).

Scheduling screen at the location level

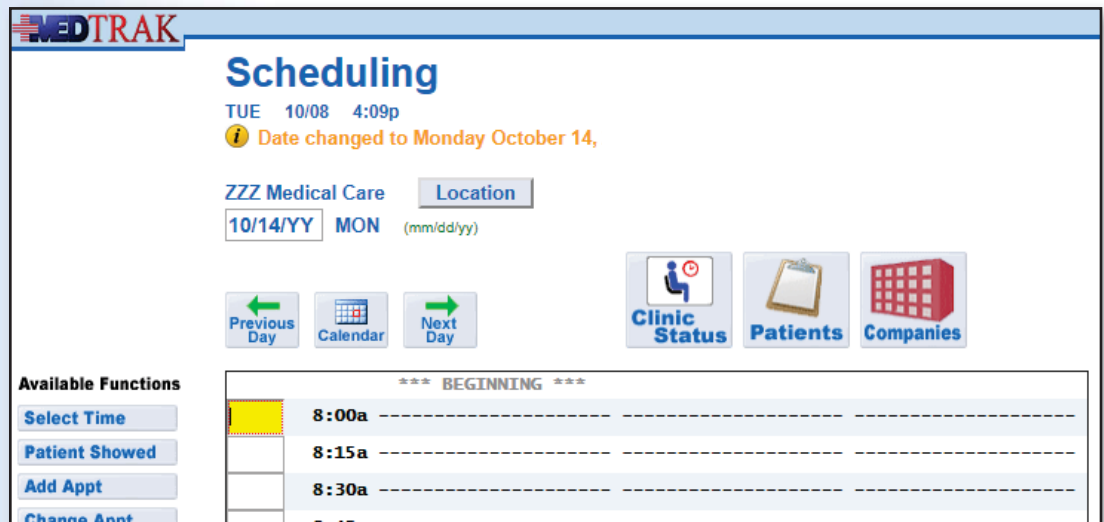
MedTrak automatically sets the Scheduling screen to the current date. The block for the medical facility location level meeting needs to be set for next Monday morning at 8:00 am for one-half an hour.

To change the date to next Monday, click the *Calendar* button. The next screen to appear is the Calendar screen (shown below).



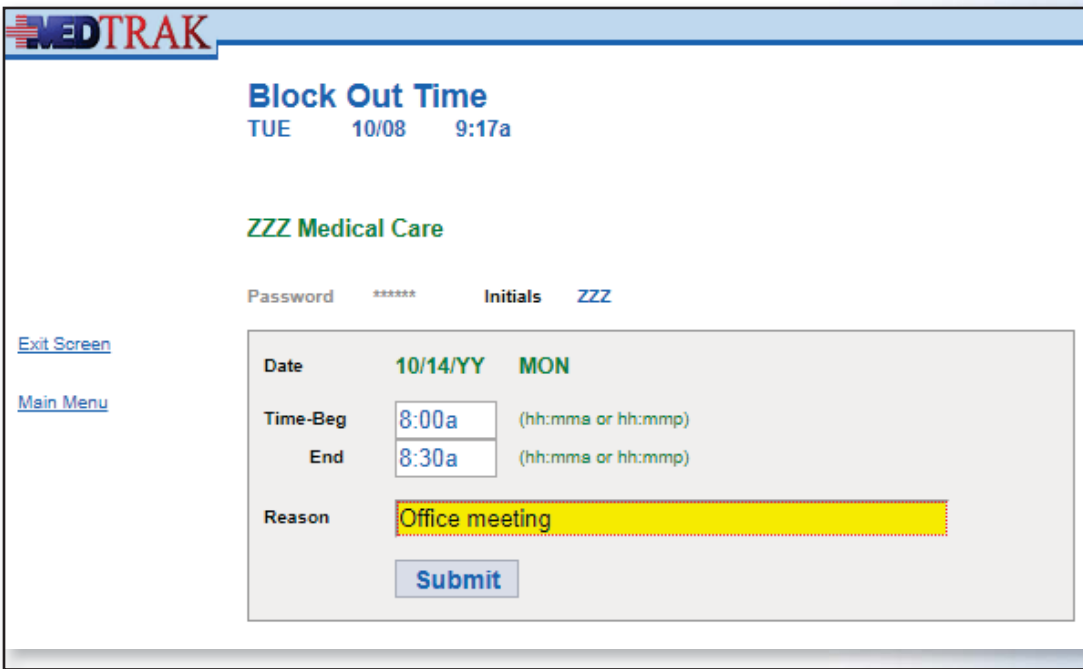
Calendar screen

In this example, the date of Monday, October 14th is clicked to reset the Scheduling screen to that date (shown below). You will use the calendar to set to the next Monday based on the date that you are doing this case study.



Scheduling screen set to October 14th

The cursor should already be in the 8:00 am time slot, but if it isn't, place it there. Click the *Block Out Time* button. The next screen to appear is the Block Out Time screen. On this screen enter the ending time of **8:30a** and the reason of **Office meeting** (shown on the next page).



MEDTRAK

Block Out Time

TUE 10/08 9:17a

ZZZ Medical Care

Password ***** Initials ZZZ

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

Date **10/14/YY MON**

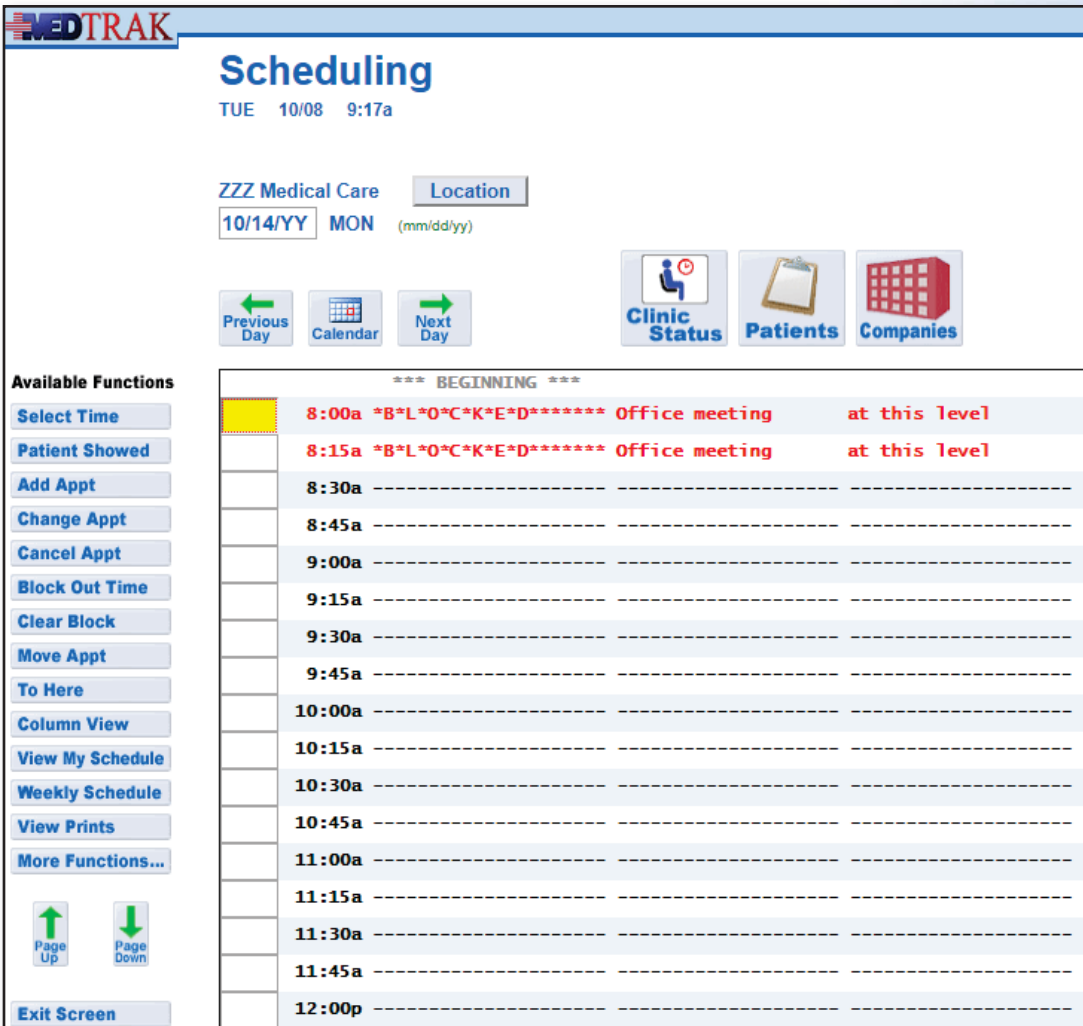
Time-Beg (hh:mm:aa or hh:mm:amp)

End (hh:mm:aa or hh:mm:amp)

Reason

Block Out Time screen

Click the *Submit* button to return to the Medical Care Scheduling screen (shown below) that now displays the blocked time period for the office meeting at the location level.



MEDTRAK

Scheduling

TUE 10/08 9:17a

ZZZ Medical Care

(mm/dd/yy)

*** BEGINNING ***

8:00a	*B*L*O*C*K*E*D***** Office meeting	at this level
8:15a	*B*L*O*C*K*E*D***** Office meeting	at this level
8:30a	-----	
8:45a	-----	
9:00a	-----	
9:15a	-----	
9:30a	-----	
9:45a	-----	
10:00a	-----	
10:15a	-----	
10:30a	-----	
10:45a	-----	
11:00a	-----	
11:15a	-----	
11:30a	-----	
11:45a	-----	
12:00p	-----	

Available Functions

- Select Time
- Patient Shown
- Add Appt
- Change Appt
- Cancel Appt
- Block Out Time
- Clear Block
- Move Appt
- To Here
- Column View
- View My Schedule
- Weekly Schedule
- View Prints
- More Functions...

Scheduling screen showing block



Case Study 6-02

Block time in the schedule at the medical facility location level every week day for lunch.

Self-study and Role-play version:

Block time in the schedule at the location level for the medical facility to be closed from 12:00 pm (noon) to 1:00 pm each day of the work week for lunch (Monday, Tuesday, Wednesday, Thursday, and Friday).

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



Case Study 6-03

Block time in the schedule at the Medical division level for a meeting on Monday morning at 8:30 am for one-half an hour (30 minutes).

Self-study and Role-play version:

Block time in the schedule at the Medical division level on Monday morning at 8:30 am for one-half an hour (30 minutes) for a staff meeting.

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



Case Study 6-04

Block time in the schedule at the Rehab Services division level for a meeting on Monday morning at 8:30 am for one-half an hour (30 minutes).

Self-study and Role-play version:

Block time in the schedule at the Rehab Services division level on Monday morning at 8:30 am for one-half an hour (30 minutes) for a staff meeting.

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



Case Study 6-05

Block two time ranges in the schedule for an individual provider on one day.

Self-study and Role-play version:

Block time in the schedule for Dr. Smith on Friday morning starting at 8:00 am for one hour for a meeting outside the office. Also, set up a block for Dr. Smith on Friday afternoon from 1:00 pm to 5:00 pm when she will be unavailable to see patients.

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



Case Study 6-06

Block three time ranges in the schedule for an individual provider on three different days.

Self-study and Role-play version:

Block time in the schedule for Dr. Chang for Tuesday, Wednesday, and Friday mornings starting at 8:00 am for one hour for rounds at the hospital.

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



Case Study 6-07

Block out time in the schedule for an individual provider for vacation.

Self-study and Role-play version:

Block time in the schedule for therapist, Sally Jones, who will be going on vacation starting at 1:00 pm on Wednesday for the remainder of the week. She will be returning the following Monday.

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



Case Study 6-08

Block out time in the schedule for an individual provider for surgeries, a meeting, and an unavailable time period.

Self-study and Role-play version:

Block time in the schedule for Dr. Johnson for surgery on Wednesday and Friday mornings from 9:00 am to 12:00 pm (noon). Also, he will be out of the office for a meeting on Monday morning from 9:00 am to 10:00 am, and he will be unavailable to see patients on Friday afternoon from 1:00 pm to 5:00 pm.

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

Self Assessment for these case studies

Do These Steps
6.108 =====>

1. You should be on the Scheduling screen
2. Type **SA06** in any command field
(SA stands for self assessment and 06 is the chapter number)
3. Press the **ENTER** key
(You should be on the Self Assessment screen for Chapter 06)
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, fix them and run a new **SA06 - Case Studies** report.
9. You must have a 100% (error-free) report before continuing

7 - Scheduling - New Patients

7

Scheduling New Group Health Patients

When providers are available for patient care, they need to have a full schedule of patients to treat. The providers' knowledge of medicine is the most valuable resource in the medical facility and needs to be used efficiently and effectively.

Case Studies in this Chapter

In this chapter's case studies, you will be adding appointments for new 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:

- 7-11 - Adding a primary care appointment for a new group health patient for pain in his right side.
- 7-12 - Adding a primary care appointment for a new group health patient who is feeling tired all of the time.
- 7-13 - Adding a physical therapy appointment for a new group health patient for a lower back injury.
- 7-14 - Adding an occupational therapy appointment for a new group health patient for right elbow pain.
- 7-15 - Adding an orthopedic appointment for a new group health patient for carpal tunnel of the right wrist.
- 7-16 - Adding an orthopedic appointment for a new group health patient for several ruptured discs in his lower back.
- 7-17 - Adding a primary care appointment for a new group health patient for an annual physical examination.

Scheduling New Group Health Patients - Introduction

As you learned in [Chapter 6, Managing Schedules](#), medical facilities use their scheduling system to help control their patient flow. When the providers are available for patient care, they need to have a full schedule of patients to treat. The providers' knowledge of medicine is the most valuable resource in the medical facility and needs to be used efficiently and effectively.

Your medical facility has three divisions, a **Medical** division, a **Rehab Services** division, and an **Orthopedic** division. Each of these three divisions treats group health patients where either the patient, the guarantor for the patient, or the patient's group health insurance pays for the patient's care.

The medical division treats both primary care and urgent care group health patients, while the rehab services and orthopedic divisions only treat primary care group health patients. However, if one of the orthopedic doctors is on call at the hospital, he might treat an urgent care patient who presents to the emergency department with an orthopedic injury.

As you will recall, primary care patients see their "family doctor" for their everyday health care needs, including the management of chronic illnesses like diabetes and high blood pressure. These patients see the same doctor over a period of time, not only for their long-term health care needs, but also for episodic needs like a sore throat, muscular pain, or a bladder infection. Primary care patients typically make an appointment to see their doctor. For help with an episodic problem, the primary care patients can walk into their primary care doctor's office during the time in the provider's schedule that is blocked for walk-in patients. Or, in the case of a more immediate need, the primary care clinical staff will fit the patient in between scheduled patients.

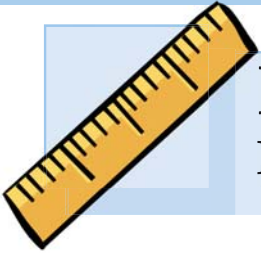
Urgent care patients, on the other hand, see a doctor for immediate health care issues that can be resolved in one or two office visits. In your medical division, the providers see both primary care and urgent care patients. The urgent care patient does not have an appointment and is not an established patient with the provider. Urgent care patients are seen by the next available provider when time permits.

An urgent care patient is not seen by the rehab services or orthopedic division providers because a doctor's referral and, in most cases, authorization by the insurance company is needed before the patient can be treated by them, thus making the patient an established primary care patient. As stated above, orthopedic doctors on call at the hospital's emergency department will treat patients on an urgent care basis.

In this chapter, you will be making appointments for new patients to see a primary care doctor, a rehab services provider, or an orthopedic doctor.

Primary Care

Urgent Care



MedTrak Basics: How to Add an Appointment

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 These Steps](#) section.

Accessing the MedTrak Scheduler

On the [MedTrak Main Menu](#), click the [Scheduler](#) button. The [Scheduling](#) screen appears (shown below).

Scheduling screen

This screen displays the medical facility's *location schedule* for the days of the week (and the business hours of each day) that the location is open. Each scheduling line will be based on the minimum *time increment* that the location uses for scheduling an appointment.

Overall, this medical facility schedules appointments every 15 minutes and is open Monday through Friday from 8:00 am to 5:00 pm and Saturday from 9:00 am to 1:00 pm. Each division (medical, rehab services, and orthopedic) has their own divisional schedule. Within the medical division, Garcia has a different schedule than the other providers. Within the orthopedic division, each of the orthopedic surgeons has a different schedule. Below is the schedule for the medical facility by division and staff member.

	Mon	Tue	Wed	Thu	Fri	Sat
Medical Care	8-5	8-5	8-5	8-5	8-5	9-1
Medical	8-5	8-5	8-5	8-5	8-5	9-1
Chang	8-5	8-5	8-5	8-5	8-5	
Garcia	8-5	8-5	8-5	8-5	8-12	9-1
Smith	8-5	8-5	8-5	8-5	8-5	
Rehab Services	8-5	8-5	8-5	8-5	8-5	
Jones	8-5	8-5	8-5	8-5	8-5	
Martinez	8-5	8-5	8-5	8-5	8-5	
Schmidt	8-5	8-5	8-5	8-5	8-5	
Orthopedic	9-5	1-4	9-5	1-4	9-5	
Johnson	9-5		9-5		9-5	
Li		1-4	9-5	1-4		

In this example, a new patient to the medical facility, Sandy T Gomez, is calling to request a morning appointment for next Monday to see Dr. Chang because she is feeling lousy. She has Blue Cross / Blue Shield of Michigan group health insurance. Her home phone number is 231-555-7383 and her cell phone number is 231-555-0847. Dr. Chang was recommended to Ms. Gomez by Dr. Jiminez.

To add an appointment for a patient, you can select the staff member's schedule and then set the staff member's schedule to the date requested for the appointment. Or, you can set to the date requested and then select the staff member.

IMPORTANT NOTE - You can only schedule appointments to a staff member, not to the medical facility location or to any of its divisions. If you attempt to schedule a patient at the location or division level, you will see this error message appear at the top of the Scheduling screen:

 **Adding an appointment only allowed at staff member level.**

Do These Steps
<==== 7.101

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

Setting to a Provider's Schedule

The MedTrak scheduling system uses a three-level hierarchical structure.

1. The first level is the **location** level. This level is used to define a physical location, usually the name of the medical facility.
2. The second level is the **division** level (first indentation), and defines the departments within the medical facility. In this example, the divisions are Medical, Rehab Services, and Orthopedic.
3. The third level is the **staff** level (second indentation), where the physicians, specialists, and other providers' names appear.

To access the medical facility's location structure, click the *Location* button at the top of the [Scheduling](#) screen. The [Location/Division: Select](#) screen appears (shown below).

MEDTRAK

Location/Division: Select

WED 10/09 10:38a

Available Functions

[Submit Selection](#)

[Exit Screen](#)

[Main Menu](#)

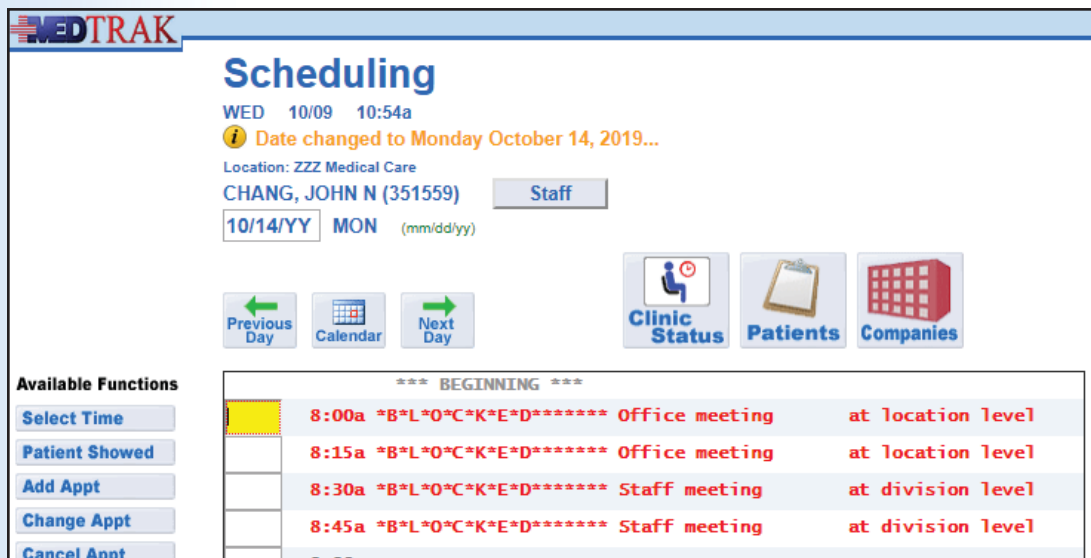
- [ZZZ Medical Care](#)
- [MEDICAL](#)
- [CHANG, JOHN N](#)
- [GARCIA, JUAN O](#)
- [SMITH, ALICE T](#)
- [REHAB SERVICES](#)
- [JONES, SALLY R](#)
- [MARTINEZ, RON J](#)
- [SCHMIDT, ERIN D](#)
- [ORTHOPEDIC](#)
- [JOHNSON, RICHARD R](#)
- [LI, MICHAEL C](#)

[Location/Division: Select](#) screen

Scheduling screen reset to Dr. Chang

To select a division's or staff member's schedule, click the *division's* or *staff member's name* button or click the checkbox next to their name. MedTrak will reset the Scheduling screen to the selected division or staff member.

When *Dr Chang's name* is clicked, the Scheduling screen resets displaying Dr. Chang's schedule (shown below).



Do These Steps 7.102 =====>

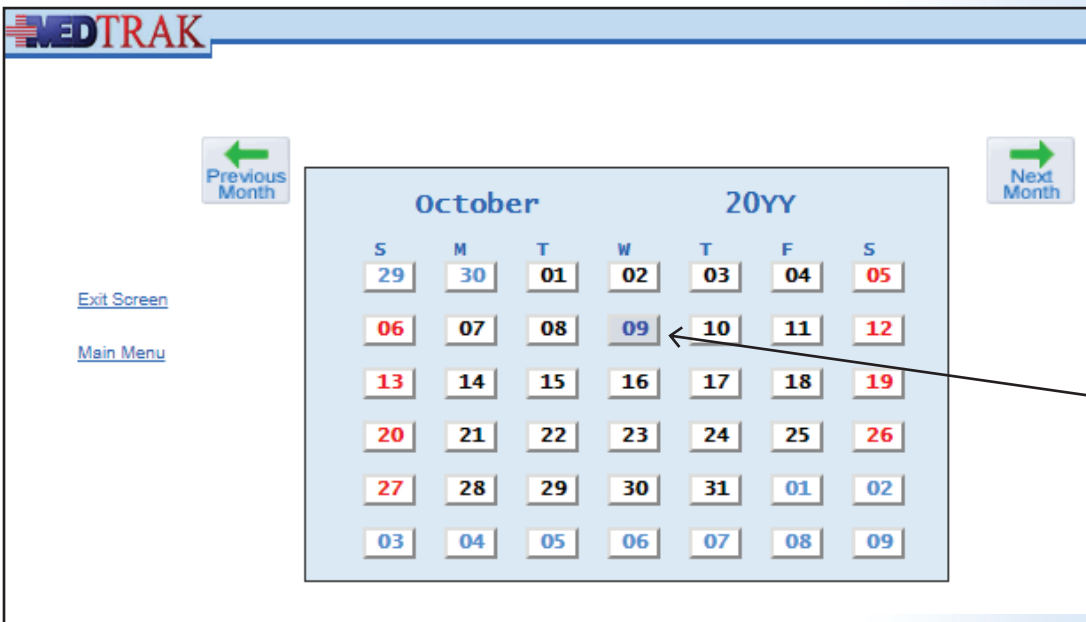
1. Click the *Location* button
(You should be on the Location/Division: Select screen)
2. Click the *Chang, John N name* button
(The Scheduling screen resets to Dr. Chang's schedule)

Setting to a Specific Date

The Scheduling screen allows resetting the schedule to any day that the medical facility is open.

There are several ways to change the date on the Scheduling screen:

- To move one day at a time, click the *Previous Day* icon button to move back one day, click the *Next Day* icon button to move forward one day.
- To set directly to a date, manually type the date in the date field (mm/dd/yy format) at the top of the Scheduling screen and press the **ENTER** key.
- To use the monthly calendar to set to a date, click the *Calendar* icon button located between the *Previous Day* and *Next Day* icon buttons. The next screen to appear is the Calendar screen, set to the current month. The current day of the month is bright blue (shown on the next page).

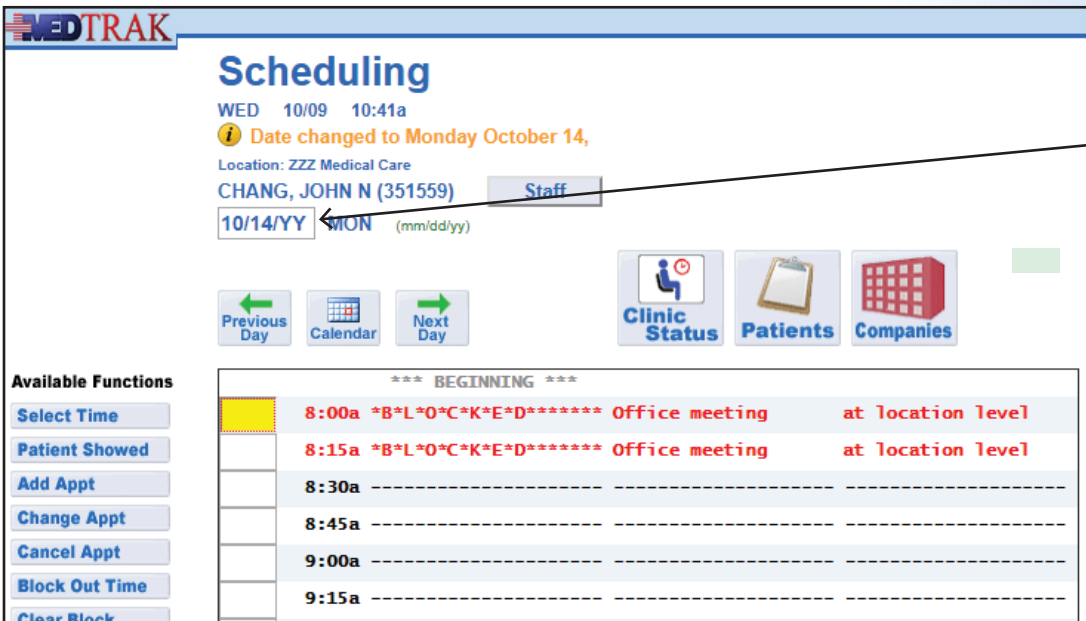


Calendar screen

Current date in bright blue and grey background

To set to a date on the monthly calendar, move to the month using the *Previous Month* and *Next Month* icon buttons. On the specific month, click the day button to set to that date in the calendar.

For this example, the Scheduling screen is set to Monday, October 14th, using the Calendar screen above by clicking the day **14** button for October on the calendar. (shown below).



Date set to Monday October 14th

1. Click the *Calendar* icon button
(You should be on the Calendar screen)
2. Click next *Monday's Date* button
(The Scheduling screen resets Dr. Chang's schedule to next Monday)

Do These Steps
<==== 7.103

Adding the Appointment

To add the appointment for Ms. Gomez, place the cursor in the command field next to the 9:00 am time frame and click the *Add Appt* button. The next screen to appear is the Patient: Select screen (shown below).

MEDTRAK

Patient: Select
WED 10/09 10:55a

Select a patient...

Search

Available Functions

Select

Add Patient

Page Up

Page Down

*** BEGINNING OF PATIENTS ***

<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
<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"/>	Amaro, 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) 555-4844
<input type="checkbox"/>	Chadwick, Cliff R.	08/10/1970	457-27-2200	(231) 555-4804

Patient Select screen

It is always a good idea to search for the patient's name, even if he/she indicates that they are a new patient. Remember, to search for a patient, type some portion of their last name in the **Search** field and click the *Search* button.

Because Ms. Gomez is a new patient, her name does not appear in the list of patients.

To add her to the patient list to be able to set up the appointment, click the *Add Patient* button. The next screen to appear is Partial Patient Add screen. This screen is used to set up a patient for an appointment when all of the patient's demographics are not available. Setting up an appointment requires minimal information for a new patient. When Ms. Gomez arrives for her appointment, fills out the registration form and the front desk scans her photo ID and insurance card, her remaining patient demographics will be recorded. Based on the information that Ms. Gomez provided over the phone, you can fill in her name and phone numbers on this screen (shown below).

MEDTRAK

Partial Patient Add
WED 10/09 10:55a

Password ***** Initials ZZZ

Exit Screen

Main Menu

Name (LAST, FIRST MI.) Gomez, Sandy T

Home Phone (231) 555 - 7383

Alternate Phone (231) 555 - 0847

Submit

Partial Patient Add screen with Ms. Gomez's information

Click the **Submit** button after completing the name and phone numbers fields.

Do These Steps
<==== 7.104

1. Place the cursor in the **9:00a** command field
2. Click the **Add Appt** button
(You should be on the Patient: Select screen)
3. Click the **Add Patient** button to add a new patient
(You should be on the Partial Patient Add screen)
4. Type **Gomez, Sandy T** in the **Name** field
5. Type **231 555 7383** in the **Home Phone** field
6. Type **231 555 0847** in the **Alternate Phone** field
7. Click the **Submit** button
(You should be on the Company: Select screen)

MedTrak is designed to manage patient responsibility cases (self pay, guarantor, group health, Medicare, Medicaid, or Tricare) where the patient is responsible for payment of services rendered through their group health coverage or out of their own pocket. MedTrak also handles occupational medicine cases (employee health and workers compensation), where the employer is responsible for payment of services through the employer's checkbook or the employer's workers compensation insurance company.

Because this is a new patient, there are no existing patient / company relationships. Therefore, the next screen to appear is the Company: Select screen (shown below).

MEDTRAK

Company: Select

WED 10/09 10:57a

Select a company...

Search

Available Functions

Select

Page Up Page Down

Exit Screen

Main Menu

*** BEGINNING ***		
..Patient Responsibility		
AB Manufacturing	1234 Truxton Ave	Bakersfield
Amwalt Manufacturing	150 Monroe NW	North Muskego
Anderson Pattern	2221 6th Street	North Muskego
Ashton Development	1 South Fourth Stree	North Muskego
Benneton Supply Company	353 Howard Street	North Muskego
Bermingham Manufacturing	8877 Glade Street	North Muskego
Big Barn	453 22nd Avenue	North Muskego
Blue Skies Ventures	3682 E Malcom Street	North Muskego
Candy Company	210 El Camino Real #	North Muskego
Discovery Communications	7700 Wisconsin Ave	North Muskego
Fast Set Concrete	69 Fifth Street	North Muskego
First City Realty	123 South Main Stree	North Muskego
General Medical Center	1893 W Market St. Su	North Muskego
Healthmatics Industries	4545 Howell Street	North Muskego
Johnson & Associates	1234 Mayfair Street	North Muskego

Company: Select
screen

Do These Steps
7.105 =====>

In this example, Ms. Gomez is responsible for the payment of services so place the cursor in the command field next to **..Patient Responsibility** and click the *Select* button.

1. Place the cursor next to **..Patient Responsibility**
(Remember, Ms. Gomez is responsible for payment)
2. Click the *Select* button
(You should be on the Entity / Payers: Select screen)

Again, because Ms. Gomez is a new patient and has no existing payers, the next screen to appear is the Entity / Payers: Select screen. This screen lists all of the currently authorized payers for the entity that owns the medical facility. The list of authorized payers is maintained by the medical facility's billing department (shown below).

Entity / Payers:
Select screen

MEDTRAK

Entity / Payers: Select
WED 10/09 10:58a

No patient/payers yet...

GOMEZ, SANDY T (47YMFJ)
Password ***** Initials ZZZ

Search

Available Functions

Select Payer

Page Up Page Down

Exit Screen

SELF PAY	
GUARANTOR	
*** BEGINNING ***	
AARP / Medicare complete	COMM INS
AARP Health Care Options	COMM INS
Aetna	COMM INS
Assurant Health	COMM INS
Bankers Life and Casualty Company	COMM INS
Blue Cross / Blue Shield of Arizona	COMM INS
Blue Cross / Blue Shield of Michigan	COMM INS
Blue Cross of California	COMM INS
Blue Cross of Massachusetts	COMM INS
Cigna	COMM INS
Consolidated Insurers	COMM INS
Delta Health Systems	COMM INS
First Health	COMM INS
Fortress Medical	COMM INS

Ms. Gomez said over the phone that she has Blue Cross / Blue Shield of Michigan group health insurance, so place the cursor in the command field next to **Blue Cross / Blue Shield of Michigan** and click the *Select Payer* button. The Entity / Payers: Select screen refreshes with the message **“Blue Cross / Blue Shield of Michigan attached (as incomplete)...”** at the top of the screen (shown on the next page). This message means that the payer is attached to the patient but the patient's payer record does not contain any of the subscriber or policy information. When Ms. Gomez registers for her appointment with Dr. Chang, the payer information will be recorded from her Blue Cross / Blue Shield of Michigan insurance card.

Entity / Payers: Select
 WED 10/09 10:59a
 Blue Cross / Blue Shield of Michigan attached (as incompl...
 GOMEZ, SANDY T (47YMFJ)
 Password ***** Initials ZZZ

Available Functions
 Select Payer
 Page Up Page Down
 Exit Screen

<input type="checkbox"/>	SELF PAY
<input type="checkbox"/>	GUARANTOR
*** **	
<input type="checkbox"/>	Blue Cross / Blue Shield of Michigan COMM INS
<input type="checkbox"/>	Blue Cross of California COMM INS
<input type="checkbox"/>	Blue Cross of Massachusetts COMM INS
<input type="checkbox"/>	Cigna COMM INS
<input type="checkbox"/>	Consolidated Insurers COMM INS
<input type="checkbox"/>	Delta Health Systems COMM INS
<input type="checkbox"/>	First Health COMM INS
<input type="checkbox"/>	Fortress Medical COMM INS

Entity / Payers: Select showing payer attached message

If Ms. Gomez had additional payers, they would be added at this time. In this example, she only has the Blue Cross / Blue Shield of Michigan insurance plan, so you are done with this screen. Click the *Exit Screen* button to display the *Patient / Payers: Confirm* screen (shown below).

Patient / Payers: Confirm
 WED 10/09 11:00a
 Confirm payers...
 GOMEZ, SANDY T (47YMFJ)
 Password ***** Initials ZZZ

Available Functions
 Confirm Payers
 Primary
 Secondary
 Tertiary
 Quaternary
 Remove Payer
 Add Payer
 Change Payer
 Delete Payer
 Undelete Payer
 Show all Payers

P INCOMPLETE: COMM INS - Blue Cross / Blue Shield of Michigan (? -

 *** BEGINNING ***
 P INCOMPLETE: COMM INS - Blue Cross / Blue Shield of Michigan (? -
 Subscriber: n/a
 *** END ***

As you learned previously, there can be up to four payers attached to a patient at one time. In this example, there is only the one. If there were multiple payers, the payers would need to be added to Ms. Gomez in the order of responsibility for paying any claims for services rendered. If you load the payers in the order of responsibility for payment, the primary, secondary, tertiary, and quaternary indicators in front of the payers will be in the proper order. If the payer priority order is not correct, you can change the order by using the *Primary*, *Secondary*, *Tertiary*, and *Quaternary* buttons to switch the order.

After reviewing this screen, click the *Confirm Payers* button.

Do These Steps
7.106 =====>

1. Place cursor next to **Blue Cross / Blue Shield of Michigan**
2. Click the **Select Payer** button
(The Entity / Payers: Select screen refreshes)
(The “**Blue Cross / Blue Shield of Michigan attached (as incomplete)...**” message appears)
3. Click the **Exit Screen** button
(You should be on the Patient / Payers: Confirm screen)
(Check to be sure that you have the correct payer)
4. Click the **Confirm Payers** button
(You should be on Scheduling: Add Appointment screen)

The next screen to appear is the Scheduling: Add Appointment screen. In addition to the patient’s name, this screen displays the staff member’s name including the date and time for the appointment. The company is **..Patient Responsibility** indicating that this is a **Group Health** patient (shown below).

Scheduling: Add Appointment
screen

The reason that Ms. Gomez wants to see Dr. Chang is because she is **Feeling lousy**. Blue Cross / Blue Shield of Michigan does not need you to obtain prior authorization before treating Ms. Gomez.

Medical facilities typically have appointment scheduling guidelines for determining the length of time that the provider will need set aside for the patient. In this example, the guideline for initial visits for new patients is **30** minutes.

After completing the reason for the appointment and the length of time needed, the Scheduling: Add Appointment screen will look like this (shown on the next page).

Scheduling: Add Appointment screen filled in

Some insurance plans require prior approval before a patient can be seen by the provider. For this example, Blue Cross / Blue Shield of Michigan does not require prior authorization.

In those cases where prior authorization is required, the billing department would have set a flag in the **Entity Payer** profile when loading the payer. Then, when the patient informs you that their payer is one who needs prior authorization, the **Auth Number** field would not be pre-populated with ***** NO AUTHORIZATION REQUIRED**. Instead, the **Auth Number** field would require you to input the patient's payer authorization number.

After completing the **Reason** and **Length** of time needed, click the **Submit** button to accept this appointment.

1. Be sure the cursor is in the **Reason** field
2. Type **Feeling lousy** in the **Reason** field
3. Skip the **Auth Number** field
4. Type **30** in the **Length** field
5. Click the **Submit** button
(You should be on the Appointment / Note: Add screen)

Do These Steps
<==== 7.107

The next screen to appear is the Appointment / Note: Add screen. On this screen, you can record a note about the appointment for the clinical staff to read when the patient is registered.

In this example, you note that the **Patient was referred to Dr. Chang by Dr. Jiminez.** (shown on the next page).

Appointment / Note: Add screen

MEDTRAK

Appointment / Note: Add

WED 10/09 11:03a

GOMEZ, SANDY T (47YMFJ) / ..PATIENT RESPONSIBILITY (2)
FEELING LOUSY
CHANG, JOHN N, 10/14/YY MON, 9:00a-9:30a

Password ***** Initials ZZZ

Available Functions

Submit Note

Patient was referred to Dr. Chang by Dr. Jiminez.

After entering the note, click the *Submit Note* button to attach the note to the appointment. The Scheduling screen reappears displaying the appointment that you just made for Ms. Gomez (shown below).

Gomez appointment

MEDTRAK

Scheduling

WED 10/09 11:04a

Appointment added...

Location: ZZZ Medical Care

CHANG, JOHN N (351559) Staff

10/14/YY MON (mm/dd/yy)

Previous Day Calendar Next Day

Clinic Status Patients Companies

Available Functions

*** BEGINNING ***			
	8:00a	*B*L*O*C*K*E*D*****	Office meeting at location level
	8:15a	*B*L*O*C*K*E*D*****	Office meeting at location level
	8:30a	*B*L*O*C*K*E*D*****	Staff meeting at division level
	8:45a	*B*L*O*C*K*E*D*****	Staff meeting at division level
	9:00a	*GOMEZ, SANDY T	FEELING LOUSY Blue Cross / Blue Sh
	9:15a	*GOMEZ, SANDY T	FEELING LOUSY Blue Cross / Blue Sh
	9:30a	-----	

Notice that Ms. Gomez is now scheduled to see Dr. Chang on Monday, October 14th, at 9:00 am. The reason for her visit is in the second column and her insurance company name is in the third column. The asterisk (*) in front of her name indicates that there is a note attached to her appointment.

Do These Steps
7.108 ==>>

1. Type the following in the **Appointment Note** field:
Patient was referred to Dr. Chang by Dr. Jiminez.
2. Click the **Submit Note** button
(You should be back on the Scheduling screen for Dr. Chang)
(Gomez's appointment appears on Dr. Chang's schedule)

Not only is this appointment on Dr. Chang's schedule, it is also on the schedule for the **Medical** division. To display the schedule for the **Medical** division, click the **Staff** button at the top of the screen and then click the **Medical** division button. The Medical division's schedule for Monday, October 14th, appears (shown below).

Medical division showing appointment

Also, this appointment appears on the medical facility's location schedule. To display the **Medical Care** facility location schedule, click the **Division** button at the top of the screen and then click the **Medical Care** button. The Medical Care facility location schedule appears (shown below).

Medical Care location showing appointment

Because MedTrak's scheduling system is a hierarchical multi-tiered structure, appointments made at the staff level also appear at the division level and the location level.

Notice that only the starting time for the appointment appears at the division and location levels. The reason for this is because during registration, the front desk only needs to see the patient's name at the appointment starting time to register the patient for their visit. It is not necessary for the entire length of the appointment to appear at the division and location levels.

Do These Steps
7.109 =====>

1. Click the **Staff** button
(You should be on the Location/Division: Select screen)
2. Click the **Medical** division button
(You should be on the Scheduling screen for the Medical division)
(Observe that the Gomez appointment appears)
3. Click the **Division** button
(You should be on the Location/Division: Select screen)
4. Click the **Medical Care** location button
(You should be on Scheduling screen for the location)
(Observe that the Gomez appointment appears)

How to: Add an Appointment for a physical exam

Regardless of whether someone is healthy or not, everyone should see a health care provider to screen for diseases and assess any future medical issues. Additionally, the provider will try to influence the patient to live a healthy lifestyle through proper diet and exercise. These visits also foster a positive patient/provider relationship that will come in handy when and if the patient becomes ill or is injured.

There are guidelines for the types of testing and screening that vary by age and gender. For example, women might be recommended to have several different types of female screening tests while men will be recommended to have such tests specific to their gender. Depending on a person's personal and/or family history, their provider might also recommend other types of screening.

For your medical facility, the following physical exams are available for you to select for patient responsibility patients:

Annual physical - This physical contains the typical questions asked by the clinical staff and provider about the patient's current health condition.

Audio - This is for checking the patient's hearing.

Flu Shot - This is for giving the patient a flu shot.

Instant UDS 5-Panel - This is an instant urinary drug screen testing for five different substances: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine/PCP. The instant designates that this test is done in the medical facility and not sent out to an outside laboratory.

PFT - This is for a pulmonary function test to measure how well the patient's lungs are functioning.

Polio Vaccine - This is for vaccinating the patient for polio.

PPD – Annual - This is for testing the patient for tuberculosis.

TD - This is for vaccinating the patient for tetanus and diphtheria.

TDAP - This is for vaccinating the patient for tetanus, diphtheria, and pertussis.

Typhoid - This is for vaccinating the patient for typhoid.

To demonstrate how this works, Jack M Feldman, a new group health patient, calls to schedule a 10:00 am appointment for next Thursday morning with Dr. Chang for an annual physical exam. Mr. Feldman has Medicare Railroad insurance, and his phone number is 231-555-6117. One hour is needed for an annual physical examination.

To add an appointment for an annual physical, the steps to completion are identical to an injury / illness appointment except for the **Reason** field on the Scheduling: Add Appointment screen (shown below).

Scheduling: Add Appointment screen

PE Exams button

On this screen, click the **PE Exams** button to access the Patient Health: Select screen which displays the available physical exams for the medical facility for patient responsibility patients (shown below).

Patient Health: Select screen

Annual Physical examination

With the cursor in the command field next to the **ANNUAL PHYSICAL**, click the *Select* button. The Scheduling: Add Appointment screen reappears showing the reason for the appointment is **ANNUAL PHYSICAL** (shown below).

Scheduling: Add Appointment showing ANNUAL PHYSICAL examination

MEDTRAK

Scheduling: Add Appointment

WED 10/09 11:11a

Length required...

Password ***** Initials ZZZ

Staff: CHANG, JOHN N
Date: 10/17/YY THU
Time: 10:00a

Available Functions:
[PE Exams](#)
[Existing Case](#)
[Exit Screen](#)
[Main Menu](#)

Company: ..PATIENT RESPONSIBILITY
 Patient: FELDMAN, JACK M
 Reason: ANNUAL PHYSICAL
 Auth Number: *** NO AUTHORIZATION REQUIRED
 Length: 60 minutes

Submit

After entering the **Length** of the appointment for sixty minutes (60), click the *Submit* button. The next screen to appear is the Appointment / Note: Add screen. There is no note to record for this appointment. Click the *Exit Screen* button to return to the Scheduling screen which now shows Mr. Feldman’s 10:00 am appointment for his annual physical. Notice that there is no asterisk next to his name indicating that there is no note for this appointment (shown below).

Scheduling screen showing the Feldman appointment

MEDTRAK

Scheduling

WED 10/09 11:12a

Appointment added...

Location: ZZZ Medical Care
 CHANG, JOHN N (351559) **Staff**
 10/17/YY THU (mm/dd/yy)

Previous Day Calendar Next Day

Clinic Status Patients Companies

Available Functions:
[Select Time](#)
[Patient Showed](#)
[Add Appt](#)
[Change Appt](#)
[Cancel Appt](#)
[Block Out Time](#)
[Clear Block](#)
[Move Appt](#)
[To Here](#)
[Column View](#)
[View My Schedule](#)

*** BEGINNING ***			
	8:00a		
	8:15a		
	8:30a		
	8:45a		
	9:00a		
	9:15a		
	9:30a		
	9:45a		
	10:00a	FELDMAN, JACK M	ANNUAL PHYSICAL Medicare Railroad
	10:15a	FELDMAN, JACK M	ANNUAL PHYSICAL Medicare Railroad

Do These Steps
<==== 7.110

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *Scheduler* button**
(The Scheduling screen appears set to today)
3. **Click the *Location* button**
(You should be on the Location/Division: Select)
4. **Click *Chang, John N* name button**
(The Scheduling screen resets to Dr. Chang's schedule)
5. **Click the *Calendar* icon button**
(You should be on the Calendar screen)
6. **Click next *Thursday's Date* button**
(The Scheduling screen resets Dr. Chang's schedule to next Thursday)
7. **Place the cursor in the 10:00a command field**
8. **Click the *Add Appt* button**
(You should be on the Patient: Select screen)
9. **Click the *Add Patient* button to add a new patient**
(You should be on the Partial Patient Add screen)
10. **Type *Feldman, Jack M* in the *Name* field**
11. **Type *231 555 6117* in the *Home Phone* field**
12. **Skip the *Alternate Phone* field**
13. **Click the *Submit* button**
(You should be on the Company: Select screen)
14. **Place the cursor next to *..Patient Responsibility***
(Remember, Mr. Feldman is responsible for payment)
15. **Click the *Select* button**
(You should be on the Entity / Payers: Select screen)
16. **Search for *Medicare Railroad***
17. **Place the cursor next to *Medicare Railroad***
18. **Click the *Select Payer* button**
(The Entity / Payers: Select screen refreshes)
(The "**Medicare Railroad attached (as incomplete)...**" message appears)
19. **Click the *Exit Screen* button**
(You should be on the Patient / Payers: Confirm screen)
(Verify that **Medicare Railroad** is the only payer)
20. **Click the *Confirm Payers* button**
(You should be on Scheduling: Add Appointment)

21. Be sure the cursor is in the **Reason** field
22. Click the **PE Exams** button
(The Patient Health: Select screen appears)
23. Be sure the cursor is next to **ANNUAL PHYSICAL**
24. Click the **Select** button
(The Scheduling: Add Appointment screen reappears)
(The **Reason** field has **ANNUAL PHYSICAL** in it)
25. Type **60** in the **Length** field
26. Click the **Submit** button
(You should be on the Appointment / Note: Add screen)
27. Click the **Exit Screen** button
(There is no note for this appointment)
(You should be back on the Scheduling screen for Dr. Chang)
(Mr. Feldman's appointment appears on Dr. Chang's schedule)

Self Assessment for these examples

Do These Steps
7.111 =====>

1. You should be on the Scheduling screen
2. Type **SA07** in any command field
(**SA** stands for self assessment and **07** is the chapter number)
3. Press the **ENTER** key
(You should be on the Self Assessment screen for Chapter 07)
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, fix them and run a new **SA07 - Chapter Example(s)** report.
9. You must have a 100% (error free) report before continuing.

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



Case Study 7-11

Adding a primary care appointment for a new group health patient for pain in his right side.

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

Self-study version:

Jared R Rostic calls for an appointment to see Dr. Smith next Monday morning at 9:00a for pain in his right side. Mr. Rostic is a new patient and can be reached on his home phone at 231-555-1722 or on his cell phone at 231-555-9131. He has insurance but he does not have his card with him and is not sure what it is so set him up for a 30 minute appointment as a self-pay patient. Add an appointment note that he will bring his insurance card with him when he comes for his appointment.

Role-play version:

- MA:** *Answers the telephone with:* Medical Care, this is (your first name) speaking
How may I help you?
- Patient:** This is Jared Rostic calling. I would like to make an appointment to see Dr. Smith next Monday morning for a pain in my right side.
- MA:** Hi Mr. Rostic.
- MA:** I can help you with that.
- MA:** Are you currently a patient of Dr. Smith's?
- Patient:** No, this will be the first time.
- MA:** Let me check her schedule to see when she has an opening.
- Note:** *With this information you set to Dr. Smith's schedule for next Monday morning.*
- MA:** Mr. Rostic, Dr. Smith can see you next Monday morning at 9:00 am. Will that work for you?
- Patient:** Yes.

Note: *Now you can add his demographics.*

MA: Let me get the correct spelling of your last name.

Patient: My last name is Rostic - R O S T I C .

MA: And your first name.

Patient: My first name is Jared - J A R E D .

MA: Do you have a middle initial?

Patient: Yes, my middle initial is R.

MA: And, what is your home telephone number?

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

MA: Is there another number where we can reach you?

Patient: Yes, my cell phone number is 2 3 1 5 5 5 9 1 3 1

MA: Do you have health insurance?

Patient: Yes, but I don't have my insurance card with me right now, so I am not sure who the insurance company is. I am on my wife's insurance from her work.

MA: That is fine, Mr. Rostic. Be sure to bring your insurance card with you when you come for your appointment.

MA: Did I hear you say that the reason for wanting to see Dr. Smith is for a pain in your right side?

Patient: Yes, that is right.

Note: *Now you can add his 30 minute appointment. Be sure to select ..Patient Responsibility, then Self Pay as his payer, and add an appointment note about his insurance.*

MA: I have your appointment set up with Dr. Smith next Monday morning at 9:00 am for a pain in your right side.

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

Patient: No, I am all set.

MA: Thanks for your call, Mr. Rostic.

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



Case Study 7-11 - Workflow Instructions

Adding a primary care appointment for a new group health patient for pain in his right side.

Jared R Rostic calls for an appointment to see Dr. Smith next Monday morning at 9:00 am for pain in his right side. Mr. Rostic is a new patient and can be reached on his home phone at 231-555-1722 or on his cell phone at 231-555-9131. He has health insurance but he does not have his card readily available and is not sure what it is so set him up for a 30 minute appointment as a self-pay patient. Add an appointment note that he will bring his insurance card with him when he comes for his appointment.

Adding an Appointment

On the MedTrak Main Menu, click the *Scheduler* button. MedTrak automatically sets the Scheduling screen to the current date at the location level.

Change the schedule to Dr. Smith's at the staff level.

Change the date to next Monday.

In this example, the Scheduling screen is set to Monday, October 14th (shown below). You will use the calendar to set to the next Monday based on the date that you are doing this case study.

MEDTRAK

Scheduling

WED 10/09 11:14a

Location: ZZZ Medical Care
 SMITH, ALICE T (351561) Staff

10/14/YY MON (mm/dd/yy)

Previous Day | Calendar | Next Day

Clinic Status | Patients | Companies

*** BEGINNING ***

8:00a	*B*L*O*C*K*E*D***** Office meeting	at location level
8:15a	*B*L*O*C*K*E*D***** Office meeting	at location level
8:30a	*B*L*O*C*K*E*D***** Staff meeting	at division level
8:45a	*B*L*O*C*K*E*D***** Staff meeting	at division level
9:00a	-----	
9:15a	-----	
9:30a	-----	
9:45a	-----	
10:00a	-----	
10:15a	-----	
10:30a	-----	

Available Functions

- Select Time
- Patient Shown
- Add Appt
- Change Appt
- Cancel Appt
- Block Out Time
- Clear Block
- Move Appt
- To Here
- Column View
- View My Schedule
- Weekly Schedule

Scheduling screen for Alice Smith

Place the cursor in the 9:00 am time slot and click the *Add Appt* button. The next screen to appear is the Patient: Select screen (shown below).

Patient: Select
screen

*** BEGINNING OF PATIENTS ***			
<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
<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"/>	Amaro, Scott C.	05/11/1987	635-76-3833 (231) 555-3737

Search for Rostic to be sure that Mr. Rostic is not already in the patient database. Because Mr. Rostic is a new patient, his name does not appear in the list of patients.

Click the *Add Patient* button. The next screen to appear is Partial Patient Add screen. Based on the information that Mr. Rostic provided over the phone, you can fill in his name and phone numbers on this screen (shown below).

Partial Patient
Add screen

Click the *Submit* button after completing the name and phone numbers fields.

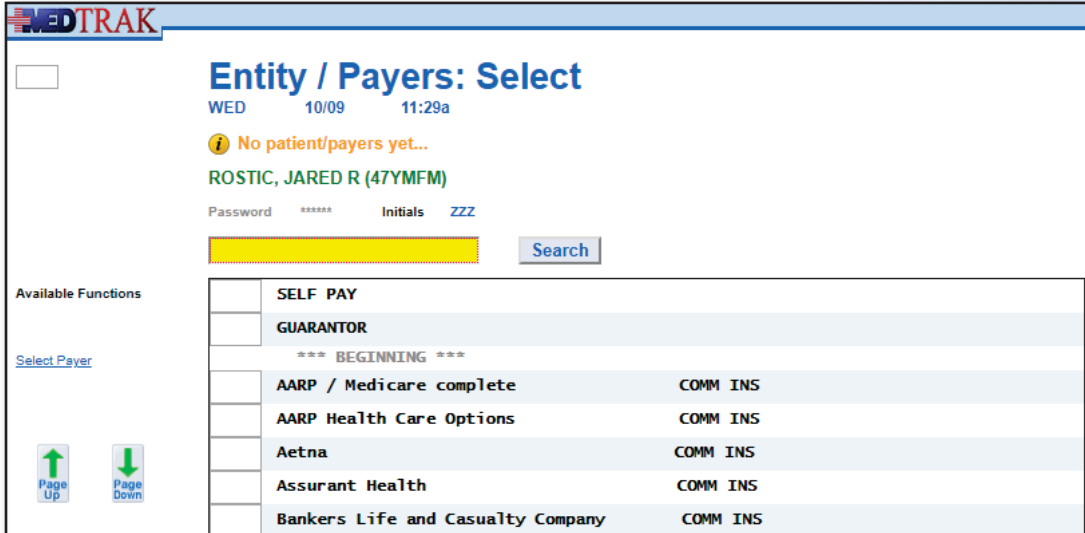
Because he is a new patient, there are no existing Patient / Company relationships. Therefore, the next screen to appear is the Company: Select screen (shown below).

Company Select
screen

*** BEGINNING ***		
<input type="checkbox"/>	..Patient Responsibility	
<input type="checkbox"/>	AB Manufacturing	1234 Truxton Ave Bakersfield
<input type="checkbox"/>	Amwalt Manufacturing	150 Monroe NW North Muskego
<input type="checkbox"/>	Anderson Pattern	2221 6th Street North Muskego

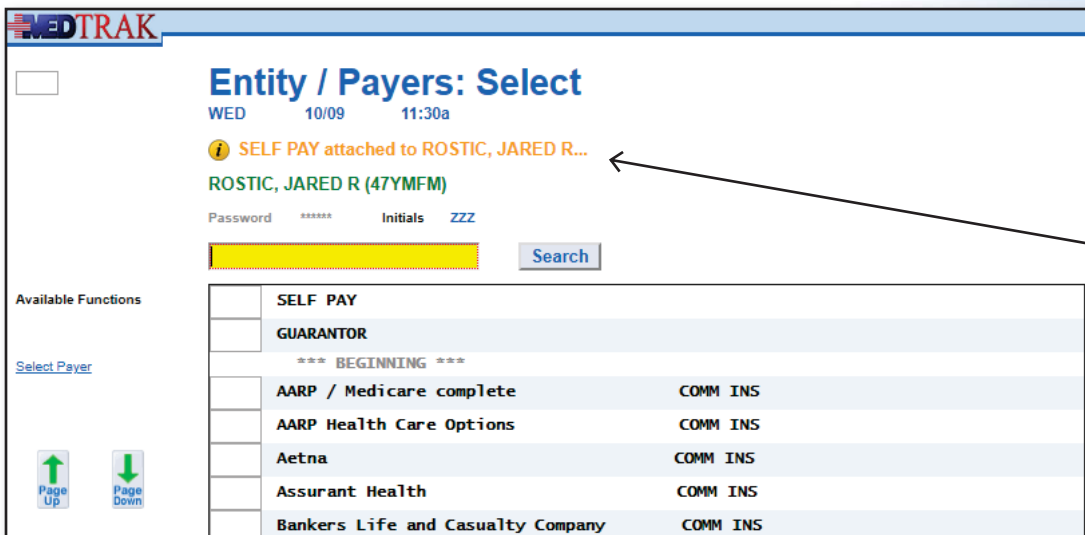
In this example, Mr. Rostic is responsible for the payment of services so place the cursor in the command field next to *..Patient Responsibility* and click the *Select* button.

Again., because Mr. Rostic is a new patient and has no existing payers, the next screen to appear is the Entity / Payers: Select screen (shown below).



Entity / Payers: Select screen

Mr. Rostic said over the phone that he has insurance but does not have his card readily available, so place the cursor in the command field next to **SELF PAY** and click the *Select Payer* button. The Entity / Payers: Select screen (shown below) refreshes with the message “**SELF PAY attached to ROSTIC, JARED R...**” at the top of the screen. This message means that the patient will be paying for all services rendered. When Mr. Rostic registers for his appointment with Dr. Smith, the **SELF PAY** payer will be removed and his insurance plan will be recorded from his insurance card.



SELF PAY attached message

Click the *Exit Screen* button to display the Patient / Payers: Confirm screen (shown on the next page).

Patient / Payers:
Confirm screen

MEDTRAK

ALL

Patient / Payers: Confirm

WED 10/09 11:31a

i Confirm payers...

ROSTIC, JARED R (47YMFM)

Password ***** Initials ZZZ

Available Functions

- [Confirm Payers](#)
- [Primary](#)
- [Secondary](#)
- [Tertiary](#)
- [Quaternary](#)
- [Remove Payer](#)
- [Add Payer](#)
- [Change Payer](#)
- [Delete Payer](#)
- [Undelete Payer](#)
- [Show all Payers](#)
- [More Functions](#)

P	SELF PAY

***	BEGINNING ***
P	SELF PAY
***	END ***

After reviewing this screen, click the *Confirm Payers* button. The next screen to appear is the *Scheduling: Add Appointment* screen. The reason that Mr. Rostic wants to see Dr. Smith is because he has **Right side pain**. Because this is a new patient, set the length of the appointment to thirty minutes (**30**) (shown below).

Scheduling: Add
Appointment
screen

MEDTRAK

Scheduling: Add Appointment

WED 10/09 11:31a

i Press F1 in the reason field to select an existing case...

Password ***** Initials ZZZ

Staff	SMITH, ALICE T
Date	10/14/YY MON
Time	9:00a

Available Functions

- [PE Exams](#)
- [Existing Case](#)
- [Exit Screen](#)
- [Main Menu](#)

Company	..PATIENT RESPONSIBILITY
Patient	ROSTIC, JARED R
Reason	Right side pain
Auth Number	*** NO AUTHORIZATION REQUIRED
Length	30 minutes

Submit

Click the *Submit* button to accept this appointment. The next screen to appear is the *Appointment / Note: Add* screen. On this screen, you can record a note about the appointment for the front desk registration person to read when the patient is registered. In this example, you note that the patient is **Not sure about insurance. Will bring insurance card to appointment.** (shown on the next page).

MEDTRAK

Appointment / Note: Add

WED 10/09 11:32a

ROSTIC, JARED R (47YMFM) / ..PATIENT RESPONSIBILITY (2)
RIGHT SIDE PAIN
SMITH, ALICE T, 10/14/YY MON, 9:00a-9:30a

Password ***** Initials ZZZ

Available Functions

Submit Note

Not sure about insurance. Will bring insurance card to appointment. |

Appointment / Note: Add screen

After entering the note, click the *Submit Note* button to attach the note to the appointment. The Scheduling screen reappears displaying the appointment that you just made for Mr. Rostic (shown below).

MEDTRAK

Scheduling

WED 10/09 11:33a

Appointment added...

Location: ZZZ Medical Care

SMITH, ALICE T (351561) **Staff**

10/14/YY MON (mm/dd/yy)

Previous Day Calendar Next Day

Clinic Status Patients Companies

Available Functions

- Select Time
- Patient Shown
- Add Appt
- Change Appt
- Cancel Appt
- Block Out Time
- Clear Block
- Move Appt
- To Here
- Column View
- View My Schedule
- Weekly Schedule
- View Prints
- More Functions...

*** BEGINNING ***			
	8:00a	*B*L*O*C*K*E*D*****	Office meeting at location level
	8:15a	*B*L*O*C*K*E*D*****	Office meeting at location level
	8:30a	*B*L*O*C*K*E*D*****	Staff meeting at division level
	8:45a	*B*L*O*C*K*E*D*****	Staff meeting at division level
	9:00a	*ROSTIC, JARED R	RIGHT SIDE PAIN SELF PAY
	9:15a	*ROSTIC, JARED R	RIGHT SIDE PAIN SELF PAY
	9:30a	-----	-----
	9:45a	-----	-----
	10:00a	-----	-----
	10:15a	-----	-----
	10:30a	-----	-----
	10:45a	-----	-----
	11:00a	-----	-----
	11:15a	-----	-----
	11:30a	-----	-----

Page Up Page Down

Scheduling screen showing Rostic appointment

Notice that Mr. Rostic is now scheduled to see Dr. Smith on Monday, October 14th, at 9:00 am. The reason for his visit is in the second column and his payer is in the third column. The asterisk (*) in front of his name indicates that there is an appointment note attached to his appointment.



Case Study 7-12

Adding a primary care appointment for a new group health patient who is feeling tired all of the time.

Self-study version:

Demetria Soto calls to make an appointment for her daughter, who is under 18 years old, to see Dr. Smith sometime early next week. Lately, her daughter, Carrie T Soto, has been feeling tired all of the time. Their health care insurance is with Nationwide Insurance. Her mother will guarantee payment of services not covered by Nationwide. Their home phone number is 231-555-5974. She did not leave an alternate phone number. Set up an appointment for Carrie T Soto, a new patient, for next Tuesday at 11:00 am for one-half an hour (30 minutes) to see Dr. Smith. There is no special note about this appointment.

Role-play version:

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

Mother: This is Demetria Soto calling. I would like to make an appointment for my daughter to see Dr. Smith sometime early next week.

MA: Hi Ms. Soto.

MA: I can help you with that.

MA: Is your daughter currently a patient of Dr. Smith's?

Mother: No, this will be her first visit.

MA: Let me check her schedule to see when she has an opening.

Note: *With this information you set to Dr. Smith's schedule for next Tuesday at 11:00 am.*

MA: Ms. Soto, Dr. Smith can see your daughter next Tuesday morning at 11:00 am. Will that time work for you?

Mother: Yes.

Note: *Now you can add her demographics.*

MA: Let me get the correct spelling of your daughter's last name.

Mother: Her last name is Soto - S O T O.

MA: And her first name.

Mother: Her first name is Carrie - C A R R I E.

MA: Do she have a middle initial?

Mother: Yes, her middle initial is T.

MA: And, what is your home telephone number?

Mother: 2 3 1 5 5 5 5 9 7 4

MA: Is there another number where we can reach you?

Mother: No

MA: Does your daughter have health insurance?

Mother: Yes, we have health insurance with Nationwide Insurance.

MA: Did I hear you say that the reason for your daughter to see Dr. Smith is because she is tired all of the time?

Mother: Yes, that is right.

Note: *Now you can add her daughter's one-half an hour appointment. Be sure to select ..Patient Responsibility and then Nationwide Insurance for the primary payer. Then select Guarantor as the secondary payer. Selecting Guarantor requires you to select her mother's name, Demetria Soto, as the guarantor from the list of patients. There is no appointment note.*

MA: I have your daughter's appointment set up with Dr. Smith next Tuesday morning at 11:00 am because she is tired all of the time.

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

Mother: 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 7-13

Adding a physical therapy appointment for a new group health patient for a lower back injury.

Self-study version:

Roger T Compton calls to make an appointment for physical therapy for a lower back injury with Sally Jones as soon as possible. His primary care physician referred him for physical therapy. Make a note in the appointment that he will bring the signed referral order from his doctor with him. His home phone number is 231-555-2654. He indicated that his home number is the best number to reach him. He has Medicare Railroad health insurance. Set up an appointment for Mr. Compton with Sally Jones for next Wednesday at 11:00 am for one hour.

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 Compton calling. I would like to make an appointment for physical therapy for a lower back injury for as soon as possible.

MA: Hi Mr. Compton.

MA: I can help you with that.

MA: Are you currently a patient of ours?

Patient: No, this will be my first visit.

MA: Let me check the physical therapy schedule to see when there is an opening.

Note: *With this information you set to Sally Jones' schedule for next Wednesday at 11:00 am.*

MA: Mr. Compton, our physical therapist can see you next Wednesday morning at 11:00 am. Will that time work for you?

Patient: Yes.

Note: *Now you can add his demographics.*

- MA:** Let me get the correct spelling of your last name.
- Patient:** My last name is Compton - C O M P T O N.
- MA:** And your first name.
- Patient:** My first name is Roger - R O G E R.
- MA:** Do you have a middle initial?
- Patient:** Yes, my middle initial is T.
- MA:** And, what is your home telephone number?
- Patient:** 2 3 1 5 5 5 2 6 5 4
- MA:** Is there another number where we can reach you?
- Patient:** No, this is the best number for you to reach me.
- MA:** Do you have health insurance?
- Patient:** Yes, I am on Medicare Railroad.
- MA:** Did I hear you say that the reason that you need physical therapy is for a lower back injury?
- Patient:** Yes, that is right.
- Note:** *Now you can add his appointment. Be sure to select ..Patient Responsibility and then Medicare Railroad. Also, add a note that he will bring the signed referral from his doctor with him. The reason for the appointment is a lower back injury and make the appointment length one hour (sixty minutes).*
- MA:** I have your appointment set up with Sally Jones for next Wednesday morning at 11:00 am for physical therapy for your lower back injury.
- MA:** Is there anything else that I can help you with?
- Patient:** No, I am all set.
- MA:** Thanks for your call, Mr. Compton.

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



Case Study 7-14

Adding an occupational therapy appointment for a new group health patient for right elbow pain.

Self-study version:

Judy K Lin calls to make an appointment for occupational therapy for right elbow pain caused by doing a lot of yard work of raking and digging up flowers. Her primary care doctor, Dr Bendix, is referring her to our occupational therapist, Ron Martinez. She will bring the signed referral order with her when she comes for her first appointment. Her home phone number is 231-555-2437 and her cell phone number is 231-555-2987. Her health insurance is with Physicians Care. Set up a one hour appointment for Ms Lin for next Thursday at 10:30 am to see Ron Martinez.

Role-play version:

- MA:** *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?
- Patient:** This is Judy Lin calling. I would like to make an appointment for occupational therapy with Ron Martinez for right elbow pain starting next week.
- MA:** Hi Ms. Lin.
- MA:** I can help you with that.
- MA:** Are you currently a patient of ours?
- Patient:** No, this will be my first visit.
- MA:** Let me check the occupational therapy schedule to see when there is an opening.
- Note:** *With this information you set to Ron Martinez's schedule for next Thursday.*
- MA:** Ms. Lin, our occupational therapist can see you next Thursday morning at 10:30 am. Will that time work for you?
- Patient:** Yes.
- Note:** *Now you can add her demographics.*

MA: Let me get the correct spelling of your last name.

Patient: My last name is Lin - L I N.

MA: And your first name.

Patient: My first name is Judy - J U D Y.

MA: Do you have a middle initial?

Patient: Yes, my middle initial is K.

MA: And, what is your home telephone number?

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

MA: Is there another number where we can reach you?

Patient: Yes, my cell phone number is 2 3 1 5 5 5 2 9 8 7.

MA: Do you have health insurance?

Patient: Yes, I health insurance with Physicians Care.

MA: And, the occupational therapy is for right elbow pain?

Patient: Yes, that is right.

Note: *Now you can add her one hour appointment for right elbow pain. Be sure to select ..Patient Responsibility and then Physicians Care Also, add a note that she will bring the signed referral order from Dr. Bendix, her primary care doctor, with her.*

MA: I have your appointment set up with Ron Martinez for next Thursday morning at 10:30 am for occupational therapy for your right elbow.

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

Patient: No, I am all set.

MA: Thanks for your call, Ms. Lin.

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



Case Study 7-15

Adding an orthopedic appointment for a new group health patient for carpal tunnel of the right wrist.

Self-study version:

Marjorie B Sanderson calls to make an appointment to see Dr. Li. Her primary care doctor, Dr Wilson, is referring her to Dr. Li for surgery to repair carpal tunnel of her right wrist. She will bring the signed referral order with her when she comes for her first appointment. Her health insurance is US Family Health Plan, which is in the Tricare financial class. Her home phone number is 231-555-2573 and her cell phone number is 231-555-2289. Set up a half an hour appointment for Ms. Sanderson for next Thursday afternoon at 1:30 pm to see Dr. Li.

Role-play version:

- MA:** *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?
- Patient:** This is Marjorie Sanderson calling. I would like to make an appointment with Dr. Li for carpal tunnel surgery on my right wrist.
- MA:** Hi Ms. Sanderson.
- MA:** I can help you with that.
- MA:** Are you currently a patient of his?
- Patient:** No, this will be my first visit.
- MA:** Let me check his schedule to see when there is an opening.
- Note:** *With this information you set to Dr. Li's schedule for next Thursday.*
- MA:** Ms. Sanderson, Dr. Li can see you next Thursday afternoon at 1:30 pm. Will that time work for you?
- Patient:** Yes.
- Note:** *Now you can add her demographics.*
- MA:** Let me get the correct spelling of your last name.

Patient: My last name is Sanderson - S A N D E R S O N .

MA: And your first name.

Patient: My first name is Marjorie - M A R J O R I E .

MA: Do you have a middle initial?

Patient: Yes, my middle initial is B.

MA: And, what is your home telephone number?

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

MA: Is there another number where we can reach you?

Patient: Yes, my cell phone number is 2 3 1 5 5 5 2 2 8 9 .

MA: Do you have health insurance?

Patient: Yes, I have health insurance with US Family Health Plan.

MA: And, the surgery is for your carpal tunnel of your right wrist?

Patient: Yes, that is right.

Note: *Now you can add her half an hour appointment. Be sure to select ..Patient Responsibility and then US Family Health Plan Also, add a note that she will bring the signed referral order from Dr. Wilson, her primary care doctor, with her.*

MA: I have your appointment set up with Dr. Li for next Thursday afternoon at 1:30 pm to discuss surgery for carpal tunnel of your right wrist.

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

Patient: No, I am all set.

MA: Thanks for your call, Ms. Sanderson.

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



Case Study 7-16

Adding an orthopedic appointment for a new group health patient for several ruptured discs in his lower back.

Self-study version:

George J Logan calls to make an appointment to see Dr. Johnson. His primary care doctor, Dr Spoelman, is referring him to Dr. Johnson for possible surgery to repair several ruptured discs in his lower back. He will bring the signed referral order with him when he comes for his first appointment. He has insurance with United Healthcare. His home phone number is 231-555-2830, and he does not have an alternate number to call. Set up a half an hour appointment for Mr. Logan for next Wednesday afternoon at 1:30 pm to see Dr. Johnson. Also, add a note about his referral order.

Role-play version:

- MA:** *Answers the telephone with:* Medical Care, this is (your first name) speaking. How may I help you?
- Patient:** This is George Logan calling. I would like to make an appointment with Dr. Johnson for possible surgery on several ruptured discs in my lower back.
- MA:** Hi Mr. Logan.
- MA:** I can help you with that.
- MA:** Are you currently a patient of his?
- Patient:** No, this will be my first visit.
- MA:** Let me check his schedule to see when there is an opening.
- Note:** *With this information you set to Dr. Johnson's schedule for next Wednesday.*
- MA:** Mr. Logan, Dr. Johnson can see you next Wednesday afternoon at 1:30 pm. Will that time work for you?
- Patient:** Yes.
- Note:** *Now you can add his demographics.*
- MA:** Let me get the correct spelling of your last name.

Patient: My last name is Logan - L O G A N.

MA: And your first name.

Patient: My first name is George - G E O R G E.

MA: Do you have a middle initial?

Patient: Yes, my middle initial is J.

MA: And, what is your home telephone number?

Patient: 2 3 1 5 5 5 2 8 3 0

MA: Is there another number where we can reach you?

Patient: No.

MA: Do you have health insurance?

Patient: Yes, I have United Healthcare insurance.

MA: And, the surgery is for ruptured discs in your lower back?

Patient: Yes, that is right.

Note: *Now you can add his half an hour appointment. Be sure to select ..Patient Responsibility and then United Healthcare. Also, add a note that he will bring the signed referral order from Dr. Spoelman, his primary care doctor, with him.*

MA: I have your appointment set up with Dr. Johnson for next Wednesday afternoon at 1:30 pm to discuss possible surgery for ruptured discs in your lower back.

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

Patient: No, I am all set.

MA: Thanks for your call, Mr. Logan.

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



Case Study 7-17

Adding a primary care appointment for a new group health patient for an annual physical examination.

Self-study version:

John R Klaflin, a new patient, calls to make an appointment to see Dr. Chang for an annual physical examination (Annual Physical). He has insurance with Medicare Railroad. His home phone number is 231-555-1826, and he does not have an alternate number to call. Set up a one hour appointment for Mr. Klaflin for next Friday morning at 10:30 am to see Dr. Chang. There is no appointment note.

Role-play version:

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

Patient: This is John Klaflin calling. I would like to make an appointment with Dr. Chang for a physical examination.

MA: Hi Mr. Klaflin.

MA: I can help you with that.

MA: Are you currently a patient of his?

Patient: No, this will be my first visit.

MA: Let me check his schedule to see when there is an opening.

Note: *With this information you set to Dr. Chang's schedule for next Friday.*

MA: Mr. Klaflin, Dr. Chang can see you next Friday morning at 10:30 am. Will that time work for you?

Patient: Yes.

Note: *Now you can add his demographics.*

MA: Let me get the correct spelling of your last name.

Patient: My last name is Klaflin - K L A F L I N.

MA: And your first name.

Patient: My first name is John – J O H N.

MA: Do you have a middle initial?

Patient: Yes, my middle initial is R.

MA: And, what is your home telephone number?

Patient: 2 3 1 5 5 5 1 8 2 6

MA: Is there another number where we can reach you?

Patient: No.

MA: Do you have health insurance?

Patient: Yes, I have Medicare Railroad insurance.

MA: And, the reason that you would like to see Dr. Chang is for a annual physical examination?

Patient: Yes, that is right.

Note: *Now you can add his one hour (60 minutes) appointment. Be sure to select ..Patient Responsibility and then Medicare Railroad. Remember to select PE Exams as the Reason for the visit and then Annual Physical. There is no appointment note.*

MA: I have your physical examination set up with Dr. Chang for next Friday morning at 10:30 am.

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

Patient: No, I am all set.

MA: Thanks for your call, Mr. Klaflin.

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

Self Assessment for these case studies

Do These Steps
7.112 =====>

1. You should be on the Scheduling screen
2. Type **SA07** in any command field
(**SA** stands for self assessment and **07** is the chapter number)
3. Press the **ENTER** key
(You should be on the Self Assessment screen for Chapter 07)
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, fix them and run a new **SA07 - Case Studies** report.
9. You must have a 100% (error-free) report before continuing