Multipax for Windows

ver. 1.0

Quick Reference Manual

Overview of the Multipax System

Multipax for Windows v1.0 is the latest version of the popular Multipax Physician Office Management software. Multipax for Windows v1.0 includes all of the features that you have come to depend on in the original Multipax for UNIX, including all of the features necessary to schedule appointments, to bill patients for services, to file insurance claims, to print reports on the performance of your practice, and to customize the system to your exact specifications. In addition to these features, Multipax now includes an intuitive Windows-based graphical user interface (GUI) that will allow you to interact with the Multipax system with greater ease and efficiency. For users new to Multipax, the following overview will be a useful starting point for understanding how to use the system.

Multipax for Windows v1.0 is a database program designed specifically for the management of physician practices. It consists of two parts, the underlying database which contains all of the system data the GUI which you use to interact with the database. This interaction includes entering data (e.g., patient account information, services performed by a physician, patient payments, insurance payments, etc.) and retrieving data (appointment schedules, patient billing statements, reports on practice performance, etc.). The instructions that follow in this manual explain how to use the GUI to interact with the database so that you can accomplish all of the tasks associated with the management of your practice efficiently.

In order to better understand how Multipax works, it will be useful to understand some basic database concepts. A database is simply a collection of data organized for the easy extraction of useful information when it is needed. Data within the database consists of *fields* which contain individual pieces of data (e.g., patient name, account number, date of birth, etc.). Related fields are organized into *records* which contain all of the data associated with a particular type of information (i.e., records are functional groupings of field data). For example, a patient account record would include data in fields for patient name, account number, date of birth, insurance carrier(s), etc. When you enter or retrieve data from the Multipax database, you work on the record level, but you enter or modify data on a field level (i.e., one item of data at a time). Submission of data records in Multipax relies on a *batch-processing* methodology. Under the batch-processing method, data is temporarily stored after entry until a user-initiated procedure for submitting this temporary data is implemented. This method improves efficiency by letting the user schedule data submission during periods of low system activity, however, as a consequence, entered data is not available for retrieval until the data submission procedure has been completed.

Multipax for Windows v1.0 includes features that support the following functionality:

- Patient Registration: including account information, dependent information, and insurance information.
- Appointment Book: provides the ability to examine monthly and daily appointments at-a-glance.
- Appointment Reminders: to improve patient attendance.
- Visit Slips: to facilitate the entry of information about services, charges, and other patient information on an appointment by appointment basis.
- Office Services: including diagnosis codes, service codes, and customary charges.
- Hospital Admissions: to facilitate the entry of information necessary to bill for services pro-

vided in a hospital.
- Statement Printing: for patient billing.
- Claims: includes both paper-based and electronic claims to provide flexibility in your interactions with insurance companies.
- Patient Payments: to facilitate the entry of patient payment information. Includes account adjustments feature.
- Insurance Payments: to facilitate the entry of insurance payment information. Includes automatic rebilling to selected secondary insurers or to the patient.
- Reports: includes everything from appointment attendance to account dues to sophisticated practice analysis reports.

Comparison to Multipax for UNIX

The following table highlights the key differences between Multipax for Windows v1.0 and the most recent version of Multipax for UNIX:

About This Manual

This manual is intended as a brief introduction to the major features of Multipax for Windows v1.0. As such it is intended for new users who are familiar with the procedures involved in running a medical practice, but whose experience with computers may be minimal. Experienced users and users of prior versions of Multipax should find the step-by-step procedures useful for familiarizing themselves with the specifics of using Multipax for Windows.

This manual uses a number of graphic conventions to indicate specific types of information. These conventions are intended to make it easy for the reader to find identify useful and important information quickly and efficiently. The following conventions are used throughout this manual:

Buttons: Indicated by bold text.
Data Entry Text: Indicated by text surrounded by single quotation marks (e.g., ‘sample data entry text’).
Items included in the Field Glossary: Indicated by italic text.

Elements of the Multipax User Interface

In order to interact effectively with the Multipax system, you must understand the graphic elements that make up the user interface. Although many of these elements are standard to Windows™, some are specific to the Multipax GUI. Descriptions of all common elements are included here for the benefit of those unfamiliar with Multipax and/or the Windows operating system.

Note: Not every screen will contain all of the elements described below.

Mimimize/Resize/Close Buttons: These three buttons are found in the upper right corner of every Multipax window. They are used as follows:

minimizes the open window (the window will appear to close, but it will be present on the taskbar).
changes the size of the open window.
closes the open window.

Menu Bar: The menu bar contains all the menu options that will allow you to access every feature of the open window. The menu bar in the main screen will allow you to access every feature of Multipax. Menu items are accessed by clicking on the menu title and then clicking on the name of the item you wish to select.

Multipax Toolbar: The Multipax toolbar contains buttons that allow you to complete essential tasks within Multipax. Buttons that cannot be used in a specific screen (e.g., record sorting buttons in screens that only display a single record), will be dimmed in the display. Buttons are activated by right clicking on them using the mouse. The following buttons are found on the Multipax toolbar (Note: for instructions on using toolbar buttons to accomplish specific tasks within Multipax, see the Common Procedures section of the manual (p.)):

Insert Record button: This button is used whenever you wish to enter new data into the Multipax system. Clicking on this button will clear any data that is currently displayed and will place the cursor in the first field required to complete the record.

Save button: This button is used to save completed records to temporary storage until the data submission procedure is executed. This button will remain dimmed until all of the fields required to submit a new record have been completed or until a change is made to a retrieved record.

Delete Record button: This button is used to delete the currently selected record in a Multipax window.

Query button: This button is used to select records from the Multipax database for viewing or modification. Clicking on this button will clear any data that is currently displayed and will place the cursor in the first field that is available for entering the search parameters to be used for selecting the record(s) to retrieve.

Retrieve Records button: This button is used to retrieve any records that correspond to the search parameters that you entered after clicking on the Query button.

Navigation buttons: These buttons are used to navigate among the records retrieved after successful execution of a query that returned more than one record.

First Record button: This button is used to return to the first record in a retrieved series.
Previous Record button: This button is used to return to the previous record in a retrieved series.
Next Record button: This button is used to advance to the next record in a retrieved series.
Last Record button: This button is used to advance to the final record in a retrieved series.

Print button: This button is used to call up the printing dialogue box which will allow you to print any of the document types that are available in the open Multipax window.

Help button: This button is used to access the Multipax online help feature.

Window Header: The header section of a Multipax window contains basic information necessary to identify records in the Multipax database (e.g., patient account information necessary to enter or retrieve Office Services records). The header section is found at the top of the open window and can is distinguished from other window sections by the dark gray background surrounding it. The header will include the following types of fields:

Editable fields: display blue text.
Required: will have a white background.
Optional: will have a light gray background.
Display Only fields: display red text on a light yellow background.

Window Body: The body is the section of a Multipax window that contains the actual record(s) that were retrieved from or are being added to the Multipax database (e.g., the actual Office Services records for the account identified in the window header). The body section is found at the bottom of the open window and is distinguished from other window sections by the white background surrounding it. Records in the window body are usually displayed in tabular form with column headings identifying each field in the record. The same field characteristics used in the header are used in the body to identify different field types (see above).

Additional Buttons: Multipax windows may contain buttons that complete tasks which are specific to the window in which they are found. These buttons are usually found at the bottom of the open window. These buttons are labeled to indicate the task they accomplish; however, if required, detailed instructions for completing these tasks can be obtained from the Multipax manual or from the online help feature.

Message Bar/Record Information: The message bar is used to communicate important information from the system to the user. This information can include details about the type of data that is expected to be entered in the field in which the cursor is located, about the contents of the field in which the cursor is located, or about the results of a procedure that you have initiated. In addition, the message bar includes a record information section on the right-hand side that displays the number of the currently selected record (if applicable). The message bar is found at the bottom of most Multipax screens and can be distinguished by display information in red text on a light green background.

Additional Screen Elements that are occasionally encountered in the Multipax interface include radio buttons and drop-down list boxes.

Radio Buttons: Radio buttons are used when you must select one of two or more mutually exclusive options in order to proceed with a task (e.g., if you wish to print a report you must select one (and only one) of the following options: print on printer, print to screen, or print to file).

Drop-down List Boxes: Drop-down list boxes are used when you must select an item from a short list. Clicking on the downward pointing arrow next to the default value will display the entire list of items. An item from the list can be selected by clicking on it.

Common Multipax Procedures

In order to maximize your productivity when using the Multipax system, you will need to learn several procedures that are common to many of the Multipax modules. These procedures include: Note: These instructions assume that you have already opened the Mulitpax window corresponding to the task you wish to accomplish using the Multipax system.

Inserting Records

Inserting records is fundamental to working with the Multipax system. The ability to add appointment, billing, and payment information to the system is critical to using Multipax effectively. To insert new records into the Multipax database:

1. Click on the Insert Record button on the Multipax toolbar.
2. Enter data in the fields in the window header that are required to identify the record that you wish to add to the system (e.g., account information in Office Services, doctor name and location in the Scheduler).
3. Enter data that you would like to include with the record you are adding to the system in the optional fields in the window header.
4. Enter data in the fields in the window body that are required to complete the record that you wish to add to the system.
5. Enter data that you would like to include with the record you are adding to the system in the optional fields in the window body.
6. Click on the Save button on the Multipax toolbar.

Note: In many cases (e.g., Office Services, Self Payments, Insurance Payments), the Save button saves the data to a temporary storage file. In order to permanently add it to the Multipax system, the data submission procedure must be followed (see p. and p.).

Retrieving Records

In addition to inserting records, it is also critical to be able to retrieve records from the Multipax system for viewing or modification. To retrieve records:

1. Click on the Query button on the Multipax toolbar.
2. Enter the search parameters that you would like to use to locate a specific record. Full or partial search parameters can be entered in any field in the window header (except display only fields). (Note: partial search parameters require "*" as a wildcard character (e.g., "R*" entered in the field for patient last name in the Office Services window will return the records of every patient whose last name begins with the letter 'R').) Your query will return only those records that match every search parameter that you have entered. If you do not enter any search parameters, the system will return every record pertaining to the open window.
3. Click on the Retrieve button on the Multipax toolbar. This will retrieve all of the records that match your query. The first record will be displayed.
4. Use the Navigation buttons (see p.) to find the record that you are interested in viewing and/or modifying.

Modifying Records

In some cases, you will wish to modify a record (e.g., to correct a data-entry error, to update account information). The need to modify records can occur during data entry or after a record has been submitted to the Multipax system. To modify a record during data entry:

1. Move the cursor to the field containing the data that you wish to change.
2. Highlight the data to be changed by clicking on it with the mouse.
3. Enter the new data
4. Proceed with normal data entry.

To modify a record that has been submitted to the Multipax system:

1. Retrieve the record you wish to modify using the procedure given above.
2. Move the cursor to the field containing the data that you wish to change.
3. Highlight the data to be changed by clicking on it with the mouse.
4. Enter the new data
5. Click on the Save button on the Multipax toolbar.

Deleting Records

Occasionally you may need to delete a record from the Multipax database. To delete a record:

1. Retrieve the record you wish to delete using the procedure given above.
2. If the record you wish to delete is displayed in the window body, select it by clicking on the light blue box to the left of the record. Otherwise, proceed to step 3.
3. Click on the Delete Record button on the Multipax toolbar.
4. Click on the **Yes** button in the confirmation dialogue box.

Field Search

Many of the fields in Multipax require information in the form of codes (e.g., for doctors, for patient accounts, for locations, etc.). In many cases a single code must be selected from a list that may include hundreds of items. In such cases, the user may have difficulty recalling the required code from memory. To overcome this problem, Multipax includes a field search feature that allows the user to examine a list of all the data items that may be entered into the field in question. In many cases this list can be queried based on full or partial search parameters. To search for data to enter in a specific field:

1. Place the cursor in the field for which you wish to conduct a field search.
2. Press the F2 key on the keyboard. This will call up the Field Search dialogue box.
3. If a list of data items is displayed in the Field Search dialogue box, proceed to step 5. Otherwise, enter search criteria for Multipax to use to return the desired data. Field search supports full or partial search parameters (wildcards must be used for partial search parameters (see Retrieving Records instructions for specific details)).
4. Click on the **Retrieve** button. This will display the data items that match the previously entered search parameters. Note: If the data item you were searching for is not among those presented as a result of your search, you may click on the **Query** button and repeat steps 3- 4 until you have found the value for which you are searching.
5. Click on the light blue box to the left of the data item that you would like to enter into the field to select it. (Note: In cases where multiple values may be selected, you may do so by clicking

on the first value you wish to select and then holding down the Shift key while selecting subsequent values.)

6. Click on the **OK** button.

Note: In certain cases, the Field Search dialogue box will be automatically called up by the Multipax system. When this occurs, complete steps 5 and 6 above.

Printing

Multipax provides a number of reports and other documents that you will wish to print out (e.g., appointment reminders, visit slips, patient statements, insurance claims, etc.). Multipax provides several options for printing these items. Options include printing on paper or pre-formatted forms using any printer that is part of the Multipax system (Note: printer set-up is handled from the System Administration module), printing to the screen for immediate review, or printing to a file whose name and location is specified by the user. To print from the Multipax system:

1. Click on the Print button on the Multipax toolbar or the **Print** button in the open window. This will call up the Printing dialogud box.
2. Click on the radio button corresponding to the method you would like to use to print your information.
3. Select the report type that you would like to print from the Report Type drop-down list box.
4. Select the criteria that you would like to use to sort the records you are printing from the Order By drop-down list box.
5. If you selected Print to File in step 2, enter a filename for the file that will be generated by Multipax. In some cases a default filename will be displayed in this field. This name can be changed by clicking on it with the cursor and entering the new filename. (Note: You must be careful to choose a unique filename every time you print to file. If you use the name of a file that already exists, the old file will be overwritten by the new file resulting in permanent loss of the original file.) (Note: files will be created in the Multipax directory by default. If you would like the file to be created in another directory, you must specify the full path to the file in the filename field) Otherwise, continue with step 6.
6. Click on the **OK** button.

Note: The Multipax system creates a formatted text file (.txt file extension) every time you select print to screen or print to file as your printing option. The files created are saved to the Temporary directory and the Multipax directory, respectively. You can examine the contents of these files at any time by opening them in any text editor (e.g., Windows Wordpad) or word processing software. Files in the Temporary directory will be automatically purged from the system by the Windows operating system when there is no longer sufficient space in the Temporary directory. Files in the Multipax directory must be purged manually (see Windows documentation for further help).

Using Online Help

Multipax provides an online help feature that will provide either general help or context-sensitive help should you have a question while using the system. To use the online help feature:
Note: the buttons described below are found in the Help window button bar.

1. Click on the Help button on the Multipax toolbar or select Help from the menu options at the

top of the open window. When the help window opens, it will either display information about the currently open window or it will display a listing of the contents of the help file.

2. Read the displayed information. (Note: clicking on words or phrases in green type with dashed underlining will display a pop-up containing a definition of the word or phrase in question.) If the help file contents are listed or if the information you require is not displayed, you have several options for finding the information you need.

   a. Select a topic for viewing by right clicking on it with the mouse (Note: topics that may be selected for viewing will be in green text with solid underlining). (Note: the help file contents can be displayed by clicking on the **Contents** button.)
   b. Click on the **Search** button to open a searchable index of terms found in the help file or use the Find feature to enter a word or phrase that you wish to find in the help file. Double clicking on an index item will display the help page associated with that topic.

Note: You may navigate through topics you have previously opened using the **Back** button.

3. When you are finished using the online help feature, click on the **Close** button.

Log-in

In order to use the Multipax system, you must first log-in to the system using your unique user ID and password. If you do not have an account, your Multipax administrator will have to create one for you. Once you have your user ID and password, you can log-in to Multipax using the following procedure:

1. Click on the Multipax program name in your Windows Start Menu or double click on the Multipax icon on your Windows desktop.
2. Enter your user ID and press the Tab key.
3. Enter your password.
4. Click on the **OK** button.

If you have entered your user ID and password correctly, the Multipax Main Menu window will be displayed after you click on the **OK** button. If you made a mistake entering your user ID or password, a dialogue box requesting that you re-enter your user ID and password will appear. To re-enter this information, you must click on the **OK** button in the dialogue box and repeat steps 2 - 4 above. If you are unable to login with your correct user ID and password or if you cannot remember them, you must contact your Multipax administrator for further assistance.

The Main Menu window is the central point from which all of your interactions with the Multipax system will begin. The menu bar at the top of this window will allow you to access every module of the Multipax system. Detailed instructions for using each module can be found on the following pages.

Exiting Multipax

When you have finished using the Multipax system for the day and have completed all day-end data submission, you will want to close the Multipax program using the following procedure:

1. Close every window, except the Main Menu, by clicking on the Close Window button in the upper right corner of the window. Respond to any dialogue boxes that appear when you close a window (e.g., if you have not saved data in an open window you will be prompted to do so before the window closes).
2. Close the Main Menu window by clicking on the Close Window button.
3. Click on the **Yes** button in the confirmation dialogue box.

Patient Registration

Multipax provides a patient registration module that will allow you to enter all of the patient data necessary to set up an account and to accomplish all aspects of billing (patient medical histories are entered using the Patient Charts module). Data that can be entered using this module includes basic account information (name, address, phone number), dependent information for all dependents of the account holder, and insurance information.

To open the Patient Registration module:

1. Select Patient Billing from the Multipax Main Menu.
2. Select an option from the Patient Registration menu of the Patient Billing window.

To create an account for a new patient:

1. Select Account Information from the Patient Registration menu in the Patient Billing screen.
2. Click on the Insert Record button on the Multipax toolbar
3. Enter data in the following window header fields:

   Required
   Name
   Address
   City
   State
   Zip Code
   Bill to Insurance: This field requires a Y/N response to indicate if insurance should be billed for services rendered to the account holder or his/her dependents. (Note: the default is yes).
   Bill Mode: This field should include an F if family billing mode is to be used for this account or an I if individual billing is to be used for this account. (Note: the default is family billing)
   Rebill to Self: This field requires a Y/N response to indicate if service charges that are not paid by insurance should be rebilled to the patient.

   Optional
   Home Telephone Number
   Work Telephone Number
   Remarks: This field allows you to enter brief text remarks about the account.

4. Click on the Save button on the Multipax toolbar.
5. Click on the **Yes** button in the confirmation dialogue box. This will automatically generate an account number for the new account and open the dependent information window.
6. Enter dependent data for the account holder in the first record in the window body. Data should be entered in the following fields:

   Required
   Relationship: This field should contain a number code indicating the relationship of the dependent to the account holder. Available codes include: 2 for spouse, 3 for child, and 4 for

other dependent. (Note: the account holder will be assigned the number 1 for this field; this will be entered automatically and cannot be modified.)
First Name: This field will be entered automatically for the account holder.
Last Name: This field will be entered automatically for the account holder.
Sex
Date of Birth
Second Address: Enter Y if the account holder wishes to have dependent correspondence mailed to an address other than that of the account holder. (Note: the second address can be entered by clicking on the Address… button at the top of the Dependent Information screen). (Note: A default value of N will be entered for the account holder.)
Print Comments: Enter Y if you wish to print comments on dependent claim forms and enter N if you do not wish to print these comments on the claim form. (Note: a default value of N will be entered for the account holder.)
Provider: (A default code will be entered for each dependent).

Optional
Middle Name
Social Security Number
Marital Status: This field should contain a letter code corresponding to the marital status fo the dependent. Available codes include S for single, M for married, D for divorced, and W for widowed.
Attending Doctor: (Note: a default code will be entered automatically for the account holder.)
Referring Doctor: (Note: a default code will be entered automatically for the account holder.)

7. Click on the Save button on the Multipax toolbar. (**Note:** Each time a dependent record is saved, Multipax automatically assigns a dependent number to the patient correpsonding to the dependent record. The dependent number is a serial number that is used as a code in other Multipax modules. The assigned dependent number cannot be changed.)
8. Click on the **Yes** button in the Add Another Record dialogue box and repeat steps 6 - 8 for each dependent you would like to add to the new account. Otherwise, click on the **No** button. This will open the insurance information window.
9. Enter insurance data in the first record in the window body. Data should be entered in the following fields:

   Required
   Insurance Code
   Dependent Number
   Policy Number: This field should contain the policy number corresponding to the policy issued by the selected insurance company for the selected dependent. Note: it is extremely important for accurate billing that care is taken to insure that the appropriate insurance company and policy number is entered for the selected account dependent.

   Optional
   Group Plan Number: The ID number of the group for dependent insurance coverage provided through a group plan (e.g., employer provided group insurance).
   Co-payment Amount (Encounter Fee)

Expiration Date
Preference Number: This field should contain a unique serial number indicating the dependent's insurance billing preferences (if the patient is covered by more than one policy). The policy assigned preference number 1 will be the first to be billed for any services; billing or rebilling will thereafter follow the sequence of preferences. Multipax supports up to 9 levels of billing preference.

10. Click on the Save button on the Multipax toolbar.
11. Click on the **Yes** button in the Add Another Record dialogue box and repeat step 9 - 10, if you would like to add another insurance record to the new account. Otherwise, click on the the **No** button. (Note: be sure to create an insurance record for every insurance policy carried by every account dependent for the new account.)
12. When you have completed insurance data entry, exit from the insurance information window. This will return you to the original account information window which will display the data for the account you just created.

Billing

The Multipax billing module provides a full set of features for completing all of the tasks associated with billing patients and insurance companies for services provided. The following features are part of the Multipax billing module:

Office Services: This feature is used to enter the charges for services that were provided to the patient by a doctor during the course of an office visit or hospital stay.

Hospital Admissions: This feature is used to enter the background information necessary to admit a patient to the hospital and to bill for services rendered in the hospital.

Statement/Claim Printing: This feature is used to print billing statements for patients and paper or electronic claims for insurance companies.

Payments: This feature is used to record all payments received by the practice. It includes facilities for payments received from patients and payments received from insurance companies.

> The patient payment facility supports the entry of payments made at the time of receiving services, payments made in response to a billing statement, and adjustments to patient accounts (e.g., to correct billing errors, to refund overpayments, etc.).
>
> The insurance payment feature supports the application of payments to specific charges and provides automatic rebilling directly to the patient or to the patient's secondary insurance provider(s).

Data Submission (Day-end Processing): This feature is used to submit all billing data that has been saved to temporary storage since the previous data submission. This information is necessary for correct reconciliation of daily receipts, for correct statement printing and claim filing, for accuracy in accounts receivable analysis, and for accuracy in the reports used for practice management.

Office Services

The Office Services feature is the heart of the billing facility within Multipax. This feature is used to record all of the services provided to the patient by the physician (i.e., it functions as a superbill). In most cases, the information required to complete the office services window will be provided by the doctor on the visit slip created for the patient's appointment.

To open the Office Services feature:

1. Select Patient Billing from the Multipax Main Menu.
2. Select Office Services from the Office Visits menu in the Patient Billing window.

To record office services:

1. Open the Office Services feature.
2. Click on the Insert Record button on the Multipax toolbar.
3. Enter data in the following window header fields:

   Required
   Patient Account Number
   Dependent Number
   Note: The preceding two fields can be completed simultaneously by selecting a patient using the **Select Patient** button at the bottom of the window.

   Insurance Code: This field can be completed by selecting an insurance code from the field search dialogue box that is automatically called up when the preceding two fields are completed (see p. for instructions on using the field search dialogue box).
   Accept Assignment: The default value of this field is 'Y'.
   Location Code

   Optional
   Direct Billing: This field requires a Y/N response to indicate whether or not the patient's insurance provider should be billed for the services rendered. The default value for this field is 'Y'
   Provider: The default value for this field will be the first provider entered in the Masters module of the Multipax system (Doctor code = '1').
   Attending: The default value for this field is the default doctor code for the provider field. The default value will be displayed after the insurance field is completed.
   Referring: The default value for this field is the default doctor code for the provider field. The default value will be displayed after the insurance field is completed.
   Place: This field should contain the place code corresponding to the specific site (within the previously selected location) where the service was actually provided, if applicable. The default value for this field will depend upon the default value chosen when the previously entered location was set-up in the Masters module.

   Display Only
   Accounting Date: This field will display the current system date which will be used as the accounting date for the posting of all charges.
   Patient Name
   Insurance Dependent Number: The value displayed in this field will be determined by the insurance selected in the field search dialogue box.
   Self Balance: This field will display the current balance of outstanding charges billable to the patient for the previously selected account (Note: this field will be automatically updated as new charges are entered in the window body of the Office Services feature).
   Insurance Balance: This field will display the current balance of outstanding charges billable to the patient's insurance provider(s) for the previously selected account (Note: this field will be automatically updated as new charges are entered in the window body of the Office Services feature).
   Transaction Total: This field will contain the total amount of all charges (whether billable to

the patient or to the patient's insurance carrier) currently outstanding for the previously selected account. (Note: this field will be automatically updated as new charges are entered in the window body of the Office Services feature).

4. Enter data in the following window body fields for each service record you wish to enter into the Multipax system:

   Required
   Hospital Service: This field requires a Y/N response to indicate if the service that is being entered was rendered in a hospital. If 'Y' is selected, the Hospital Admissions window must have already been completed. The default value for this field is 'N'
   Diagnosis Code (1): This field requires the standard diagnosis code corresponding to the doctor's diagnosis of the patient. The default value for this field can be selected in the Masters module during system set-up.
   Service Code: This field requires the Multipax system code corresponding to the first service rendered by the doctor. The default value for this field can be selected in the Master module during system set-up (The code for office visit is commonly selected as the default).
   CPT Code: The default value for this field is the CPT code corresponding to the previously entered service code.
   Start Date: The date on which the previously entered service was begun. The default value for this field is the current system date.
   End Date: The date on which the previously entered service was completed. The default value for this field is the current system date.
   Charge: The amount that the doctor charges for the previously entered service. The default value for this field is dependent upon the value entered in the Masters module during system set-up for the previously selected service. The default value can be overriden as required.
   Units: The number of times the doctor rendered the previously entered service. The default value for this field is '1'.

   Optional
   Diagnosis Code (2): This field may contain a secondary diagnosis code if the doctor provided one for the previously selected patient.
   Service Code Modifier: This field may contain any modifier code available for the previously entered service code.
   Copay: This field should contain the amount of the encounter fee that the patient's insurance company normally requires the patient to pay for an appointment with the doctor.

   Display Only
   Total: This field will contain the total charge for the service rendered by the doctor for the current record. This value is determined by multiplying the entered charge by the number of units of service received.

5. Repeat step 4 for each service provided by the doctor on this occasion. (Note: each record entered in this window, subsequent to the initial record, will be display default values corresponding to the values entered in the initial record for the following fields: Hospital Service, Diagnosis Code(s), Start Date, and End Date. These default values can be modified as

required.)

6. Click on the Save button on the Multipax toolbar.
7. Click on the **Yes** button in the confirmation dialogue box. This will automatically open the additional insurance information window. (Note: this window may also be opened by clicking on the **Additional Ins. Info** button at the bottom of the Office Services window.)
8. Enter data in the window body fields (Note: The additional insurance information window does not have a window header). Every field in this window is optional; however, although the Multipax system does not require that the fields in this window be completed, this information may be required or helpful for filing insurance claims. If you do not wish to enter data in this window, proceed to step 11.

   The following fields are available:

   Insurance Code: The default value for this field is the insurance code entered in the Office Services window.
   Insurance Dependent Number: The default value for this field is the insurance dependent number displayed in the Office Services window.
   Accident Type: This field should contain one of the following accident codes - A for automobile accident, O for other accident, or N for no accident.
   Lab Charges: This field should contain the exact amount of any charges for laboratory services provided in conjunction with the services recorded in the Office Services window.

   The following fields require date information:
   - First Consulted
   - Admission Date
   - Discharge Date
   - Partial Disability From
   - Partial Disability To
   - Total Disability From
   - Total Disability To
   - Return to Work
   - Surgery Date

   The following fields require Y/N responses:
   - Outside Lab
   - Family Planning
   - Abortion/Sterilization
   - Emergency
   - Previous Symptoms
   - Multiple Diagnosis Codes
   - Resource Code
   - EPSDT
   - Employment Related

   The following fields require codes or other information specific to the previously selected insurance company:

Surgery Type
Medical Status
Adjudication Code
Payment Code
CHAP Code
Prior Authorization Number
Number of Attachments

9. Click on the Save button on the Multipax toolbar.
10. Click on the **Yes** button in the confirmation dialogue box.
11. Exit from the additional insurance information window. This will display the Office Services window containing the record(s) you previously entered.

Hospital Admissions

The Hospital Admissions feature is used to enter the background information that is necessary to bill for services provided to patients in the hospital. In addition, data entered in this feature is used to keep a census of all patients in the hospital at a given time.

To open the Hospital Admissions feature:

1. Select Patient Billing from the Multipax Main Menu.
2. Select Hospital Admissions from the Office Visits menu of the Patient Billing window.

To enter Hospital Admissions data:

1. Open the Hospital Admissions feature.
2. Click on the Insert Record button on the Multipax toolbar.
3. Enter data in the following window body fields (Note: the Hospital Admissions window does not contain a window header):

   Required
   Patient Account Number
   Dependent Number
   Accept Assignment: The default value for this field is ‘Y’.
   Bill to Insurance: This field requires a Y/N response to indicate if the provider has accepted this patient for insurance billing purposes. The default value for this field is ‘Y’.
   Admission Date: The default value for this field is today’s date.
   Location Code: This field must contain a location code corresponding to a hospital.
   Room Number

   Optional
   Insurance Code
   Insurance Dependent Number
   Discharge Date
   Provider: The default value for this field will be the first provider entered in the Masters module of the Multipax system (Doctor code = ‘1’).
   Referring: The default value for this field is the default doctor code for the provider field.

Place of Service: The default value for this field will depend upon the default value chosen when the previously entered location was set-up in the Masters module.
Remarks: These two fields should contain any remarks that the doctor wishes to include with the hospital admission data for the previously selected patient. (Ex. -

Display Only
Patient Name

4. Click on the Save button on the Multipax toolbar.
5. Click on the **Yes** button in the confirmation dialogue box. This will open the Additional Insurance Information window.
6. Enter data in the additional insurance information window. If you do not wish to enter any data in this window, proceed to step 9. This window is identical to the additional insurance information window accessed from the Office Services feature (see p. for instructions on entering data in this window).
7. Click on the Save button on the Multipax toolbar.
8. Click on the **Yes** button in the confirmation dialogue box.
9. Exit from the Additional Insurance Information window.

Once you have entered the required information in the Hospital Admissions window, you may open the Office Services window and enter records for hospital services (see p.).

Statement Printing/Claim Submission
This feature includes facilities for generating patient billing statements and for generating insurance claims. Multipax supports both paper-based and electronic claim submission. This feature is one of the most important for managing the business aspects of a physician practice.
Note: In order for statements and claims to include recently incurred charges, the data submission procedure must be completed (see p.). Only those charges entered prior to the most recent completion of the data submission procedure will be available for statements or claims.

To open the Claim/Statement feature:

1. Select Patient Billing from the Multipax Main Menu.
2. Select the desired option from the Claim/Statement menu of the Patient Billing window. Options include: New Insurance Claim, Old Insurance Claim, Electronic Claim, or Statement.

Statements
Patient Statements are used to bill patients for charges that they have incurred, but for which they did not make payment at the time of service, and for charges rebilled from insurance claims. Statements usually include basic account information, an itemized list of all charges and payments, the current account balance (amount due), and summary information about the age of past due charges. Patient statements can be printed and mailed at any time, but are usually sent on a monthly basis.

To print a Patient Statement:

1. Open the Claim/Statement feature and select Statement from the Claim/Statement menu.
2. Enter data in the following window header fields:

   Required
   Form Type: this field requires the code corresponding to the type of form on which you wish to print the statement.
   Minimum Balance: This field should contain the minimum account balance (in dollars) that is required for a statement to be printed. The default value for this field is $5.00.
   Start Date: The date of the first charge that you would like to include in the printed statement. The default value for this field will be the thirty days prior to the current system date.

   Optional
   Age Type: This field should contain the code corresponding to the age range of the charges you would like to include on the statement. The following codes are available: 1 for >120 days, 2 for 91-120 days, 3 for 61-90 days, 4 for 31-60 days, and 5 for 1-30 days. The default value for this field is '5'.
   End Date: The date of the last charge that you would like to include in the printed statement. The default value for this field is the current system date.
   Comments/Remarks: These fields should contain codes corresponding to the comments you would like to print on the statement(s) for any of the following conditions (Note: comments can be entered and assigned codes using the Masters module):
      Charges > 120 days
      Charges > 90 days
      Charges > 60 days
      Charges > 30 days
      Charges > 15 days
      Birthday
      Diagnosis
      Procedure
      Additional Comments (up to two)
   Common Message: This field may contain text (up to characters) to be printed on every claim.
   Print: This field requires a Y/N response to indicate if comments should be printed on every claim.

   Display Only
   Paper Type

3. Click on the **Select Patients** button to select the patient(s) for whom you wish to print statements (see instructions on using the field search dialogue box on p.).
4. Click on the **Print** button.
5. Follow the printing procedure on p. .
6. Exit from the Statements window.

Claims

Claims are used to bill the patient's insurance company for services that are eligible for coverage under the terms of the patient's policy and under the terms of agreements between the physician and the insurance company, if applicable. Claim forms usually include basic account information, an itemized list of all services provided and corresponding charges, and a summary of total charges including: amount of insurance claim, amount charged to patient, and total of all charges. Claims may be submitted at any time, but are usually sent after the completion of a course of treatment (e.g., daily for office visits, after discharge from the hospital for hospital admissions). Multipax provides the following options for claim processing:

Paper Claims: paper claims are printed (usually on preformatted forms) to be mailed to the patient's insurance company.
Electronic Claims: electronic claims are submitted via computer directly to the insurance company's electronic claims processing center (usually a bulletin board system (BBS)).

To print a paper claim:

1. Open the Claim/Statement facility and select New Insurance Claims from the Claim/Statement menu.
2. Enter data in the following window header fields to indicate which claims should be printed (Note: if you do not enter any selection criteria in the window header fields, new claims for *all* insurance companies will be printed):

   Optional
   Insurance Code
   End Date: This field should contain the date of the most recent services for which you would like to submit new claims. The default value for this field is the current system date.

   Display Only
   Insurance Company Name: Display only.

3. Click on the **Select Patients** button. This will call up the field search dialogue box which you can use to select the patients for whom you wish to print new claims (see p.   for instructions for using the field search dialogue box).
   Note: This step is optional. If you do not select any patients, new claims will be printed for every patient under the previously selected insurance carrier (Note: if you have selected an insurance carrier, it is important that you only select patients who have claims to file with the selected carrier. If you wish to print claims for patients with different insurance carriers, you must leave the insurance code field blank and select patients individually using the Select Patients feature or you must repeat this procedure for each insurance carrier.).
4. Click on the **Print** button.
5. Follow the printing procedure on p. . Select 'New Claims' from the Report Type drop-down list box.
6. Exit from the New Insurance Claims window.

To submit an electronic claim:

Note: Before electronic claims may be submitted, the Multipax system must be configured for each insurance carrier to whom you wish to submit claims electronically.

1. Open the Claim/Statement facility and select New Electronic Claim from the Statement Printing/Claim Submission menu.
2. Enter data in the following window header fields (Note: this window does not contain a window body):

   Required
   Insurance Code: You may only select codes corresponding to companies that have been configured for electronic claim filing.)

   Optional
   Provider
   End Date: This field should contain the date of the most recent services for which you would like to submit electronic claims. The default value for this field is the current system date.

   Display Only
   Insurance Company Name

3. Click on the **Print** button.
4. Follow the printing procedure (p.). Since this procedure is only used to create a file for electronic submission, the print method is irrelevant.
5. Record the name of the file generated after you click on the **OK** button. The file name will be displayed in the message bar at the bottom of the print window.
6. Exit from the New Electronic Claims window
7. Select Old Electronic Claim from the Statement Printing/Claim Submission menu of the Patient Billing window.
8. Use the retrieve records procedure (p.) to locate the record containing the file you just created.
9. Select the file you have just created from the appropriate record.
10. Click on the **Send** button. This will open the Com program which will allow you to submit your claim file electronically. Instructions for using the Com program can be obtained from the online help available when the Com program is invoked by Multipax. Once you are connected to the insurance company's electronic claim submission BBS, you will need to follow the instructions provided by the insurance carrier for using their system. If you do not have these instructions, they can be obtained from the insurance carrier in question.
    (Note: You may also save your electronic claim file onto a floppy disk by clicking on the **Copy to Floppy** button.)

Payments
The Payments feature is used enter any payments for services rendered. Multipax is able to process two types of payments: those made by patients (either at the time of service or in response to a billing statement) or those made by insurance companies in response to a claim. In addition, this feature includes facilities for making adjustments to patient accounts and for rebilling insurance claim charges to secondary insurance carriers or to the patient. This feature is critical for

managing the cash flow of the practice and for insuring that bills and claims are paid promptly and processed correctly. ***For accuracy in billing, accounting, and practice analysis, it is extremely important that the data entered in this feature is completely accurate.***

Patient (Self) Payments

This facility is provided to handle all aspects of patient payments including payments at the time of service, payment in response to billing statements, and adjustments to patient accounts. Payment for the following types of charges should be entered in this feature: charges billed directly to the client (i.e., insurance code = self), copayments, coinsurance, charges rebilled from insurance, and all charges for which the patient will seek direct reimbursement from his/her insurance company. Adjustments can be made to the patients account to cancel disallowed insurance charges, to write-off charges, to correct billing errors, to reimburse patient overpayments, to write off bad debt, and for courtesy write-offs.

To open the Patient Payments feature:

1. Select Patient Billing from the Multipax Main Menu.
2. Select Self Payments/Adjustments from the Office Visits menu of the Patient Billing window.

Note: You may also open this feature by clicking on the **Payments/Adjustments** button at the bottom of the Office Services window.

To record patient payments:

1. Open the Patient Payments feature.
2. Click on the Insert Record button on the Multipax toolbar.
3. Enter data in the following window header fields (Note: this window does not contain a window body):

   Required
   Patient Account Number
   Dependent Number
   Note: The preceding two fields can be filled simultaneously by selecting a patient using the **Select Patient** button at the top of the window.

   Attending
   Transaction Type: This field should contain the code corresponding to the type of transaction being entered. For patient payments ‘1’ should be entered in this field.
   Amount: This field should contain the exact amount of the payment or adjustment made to the patient’s account. ***It is extremely important that data entered in this field is verified for correctness. Failure to enter payments and adjustments correctly will lead to billing and accounting errors which will be difficult to identify and correct once they have been entered into the system.***

   Optional
   Pay Mode: This field is available only when ‘1’ has been selected under Transaction Type. It

should contain a code corresponding to the method of payment. Available codes include: '1' for check, '2' for cash, '3' for credit card.
Check/Credit Card Number: This field is available only if '1' or '3' was selected in the Pay Mode field. This field should contain the check or credit card number, as appropriate, used by the patient to pay for account charges.
Remarks: This field is provided to allow entry of comments regarding payments and adjustments to the patient's account.

Display Only
Patient Name
Account Date
Attending Doctor Name
Provider
Referring
Self Balance
Insurance Balance

4. Click on the Save button on the Multipax toolbar.
5. Click on the **Yes** button in the confirmation dialogue box.
6. Exit from the Payments/Adjustments window.

Adjustments

The procedure for making adjustments to a patient's account is identical to the procedure for recording patient payments, with the following differences:

a. In the Transaction Type field, '2' should be entered to indicate an account adjustment. This will make the Reason field available and the Pay Mode and Check/Credit Card Number fields unavailable.
b. Optional: A code may be entered in the Reason field to indicate the reason for the account adjustment. The following codes are available: '1' for courtesy, '2' for charges disallowed by the insurance company, '3' for write-offs, '4' for corrections of billing errors, '5' for reimbursement of patient overpayments, and '6' for bad debt.

Note: The data submission procedure must be completed to insure that adjustments are posted to the patient's account.

Insurance Payments

This facility is used to enter all of the information necessary to process payments received from insurance companies. This information includes the patient account to which the payment should be applied, check details, and the amount to be applied to specific outstanding claim charges. In addition, this facility is also used to rebill claim charges that the patient's primary insurance carrier did not cover, if allowed. Charges may be rebilled to the original insurance company, to the patient's secondary insurance carrier(s), or to the patient him/herself, according to the arrangements established between the provider, the patient, and the insurance company.

To open the Insurance Payments feature:

1. Select Patient Billing from the Multipax Main Menu.
2. Select Insurance Payments from the Insurance Billing menu of the Patient Billing window.

To enter insurance payment information:

1. Open the Insurance Payments feature.
2. Click on the Insert Record button on the Multipax toolbar.
3. Enter data in the following window header fields:

   Required
   Patient Account Number
   Dependent Number
   Source Insurance Code: This field should contain the code corresponding to the insurance company that made the payment you are entering. This field can be completed by selecting an insurance code from the field search dialogue box that is automatically called up when the preceding two fields are completed.
   Source Insurance Dependent Number: This field should contain the dependent number used by the insurance company providing payment to identify the patient.
   Rebill To: This field should contain the code corresponding to the insurance company to which you wish to rebill applicable charges. Use code '100' to rebill charges to the patient.
   Rebill To Insurance Dependent Number: This field shoulc contain the dependent number used by the insurance company to which charges will be rebilled to identify the patient.

   Display Only
   Patient Name
   Account Date
   Self Balance
   Source Insurance Name
   Rebill To Insurance Name

   When all of the required data has been entered, the system will display all of the charges to which the insurance payment can be applied.
4. Enter the number of the check you wish to apply to the displayed charges in the Check Details portion of the window. This will automatically display the amount of the check and the remaining balance. If the check you would like to apply to the available charges hasn't been entered into the system yet, you must click on the **New Check** button at the bottom of the window and enter the check number and amount before clicking on the **OK** button.
   Note: You may proceed to the next step without selecting a check (e.g., if you wish to rebill charges for which you have not received a check).
5. Select the first charge to which you would like to apply payment from the previously selected check or which you would like to rebill without applying payment.
6. Click on the **Payments/Rebill** button. This will call up the Payments dialogue box.
7. Enter information in the following fields in the Payments dialogue box:

Required

Allowed: The amount that the insurance carrier will allow the doctor to charge for the claimed service. (Note: this should be indicated in the EOB (Explanation of Benefit) that accompanies the check from the insurance company). The default value for this field will be the expected amount.

Not Allowed: The difference between the allowed amount and the charged amount (Note: any changes to the Not Allowed amount will result in automatic adjustments to the Allowed amount).

Deductible: The amount of the original charge that was applied to the account holder's annual deductible. This amount will be automatically rebilled.

Coinsurance Fraction: The percentage of charges that the insurance carrier will pay for allowed charges, expressed as a decimal (e.g., where a 80/20 coinsurance agreement exists, the coinsurance fraction paid by the insurance company will be .8). This fraction will be applied to the allowed amount minus the patients deductible to calculate the actual insurance payment. Note: the coinsurance fraction is fixed by the agreement between the doctor and the insurance company, as specified in the account holders insurance policy. The patient's portion of the coinsurance will be automatically rebilled.

Withheld: The amount of the payment that the insurance carrier is withholding from the provider. The withheld amount may be paid to the doctor at a later date, depending on the policy of the insurance carrier.

Payment: The amount of the check that you should apply to the selected charge. Generally, you will wish to apply the amount that has been calculated based on the data entered in the other Payment dialogue box fields, although it is possible to enter any amount up to the allowed amount multiplied by the coinsurance fraction.

Write-off: The amount that the doctor does not expect to recover through rebilling. Typically, this is the amount that the insurance carrier has disallowed as a charge, although additional amounts, with a total not to exceed the difference between the charge and the payment, can also be written off.

Display Only

Charge: The amount claimed for the selected charge.

Expected: The amount of payment expected from the insurance carrier.

Rebill: The amount of the initial claim that can be rebilled.

8. Click on the **OK** button.
9. Repeat steps 5 - 8 for every charge to which you wish to apply payment from the previously selected check, until all charges have been accounted for or until the check balance reaches zero. Note: The **Delete Check** button can be used to remove a check from the system when the check balance is zero.

Note: you may select a different check or add a new check at any point in this procedure, but you must click on the Insert Record button on the Multipax toolbar whenever you wish to change the "To" or "From" insurance companies.

Rebilling

Although the Insurance Payments feature automatically assigns charges for rebilling, the Data Submission procedure must be followed before these charges can be included on a patient statement or submitted as a new claim to a secondary insurance carrier.

Data Submission (Day-End Processing)

The Data Submission feature is used to submit all new billing and payment data (e.g., charges entered in the Office Services window, patient payments, and insurance payments) for permanent storage in the Multipax system. It is also used to reconcile all cash transactions on a daily basis. Since Multipax uses a batch-processing methodology for data submission, data is not incorporated into the system until the Data Submission procedure is completed. Once this procedure has been completed, the most recent billing and payment data is available for inclusion with patient statements, insurance claims, and accounting reports. In order to maximize efficiency, the Data Submission procedure should be completed, minimally, at the end of each business day; however, the Data Submission procedure can be implemented as frequently as needed (i.e., multiple times per day).

To open the Data Submission feature:

1. Select Patient Billing from the Multipax Main Menu.
2. Select Day End Processing from the Transaction Processing menu in the Patient Billing window.

To complete the data submission procedure:

1. Open the data submission feature.
2. Enter the data necessary to reckon the cash balance for the day in the following fields (Note: all fields are optional):

   Cash Received
   Checks Received
   Cash Expenditure
   Bank Deposits

   Note: Cash balance accounting is provided to allow the ability to manage the daily cash flow of the practice; however, it is not required in order to complete the Data Submission procedure.

3. Click on the **Day End Posting** button.
4. Click on the **Yes** button in the confirmation dialogue box to verify that the displayed closing cash balance agrees with the actual cash balance on hand (Note: you should click on the **Yes** button even if you have chosen not to implement cash balance accounting). This will implement the Data Processing procedure.
5. Click on the **Exit** button.

Once you have completed the Data Submission procedure, you may print statements and file new claims for any submitted charges and you can print out reports about patient and insurance payments and practice performance that will accurately reflect the most recent information entered into Multipax.

Appendix A - Field Glossary

Name: This should include the first and last name of the patient holding the account (Note: the middle initial is optional)

First Name:
Middle Name
Last Name:

Address: The street address to which the patient would like any correspondence mailed should be included here (Note: this address can include two lines of up to characters each)

City: This should contain the city part of the address. (Note: The full name of the city can be entered directly or the three digit city quick code can be entered (This will automatically enter the state, zip code, and area code in the appropriate fields). Quick codes for cities are entered using the facility provided in the Masters portion of Multipax)).

State: This should contain the two letter abbreviation for the state part of the address.

Zip Code: This should contain the five digit zip code part of the address (the optional 5+4 zip code format is also supported).

Home Telephone Number:

Work Telephone Number:

Sex: This field should include an M for male dependents and an F for female dependents.

Date of Birth: This field should include the birth date in MM/DD/YY format.

Provider: Enter the code for the service provider for this dependent.

Social Security Number

Attending Doctor: Enter the code for the attending doctor for this dependent.

Referring Doctor: Enter the code for the doctor who referred this dependent for treatment.

Insurance Code: This field should contain the three-digit code corresponding to the insurance company providing coverage to the selected dependent. (Note: Insurance codes are entered in the Masters portion of Multipax).

Insurance Dependent Number: This field should contain the code assigned by the insurance company to the previously selected account dependent.

Dependent Number: This field should contain the system-assigned dependent number of the dependent for whom you wish to enter insurance information.

Co-payment Amount (Encounter Fee): This field should include the standard charge that the insured dependent is required to pay for an office visit.

Expiration Date: This field should contain the expiration date of the selected insurance policy.

Account Number: This field should contain the four digit patient account number assigned to the patient during registration.

Location: This field should contain the code corresponding to the location at which services were provided to the previously selected patient.

Accept Assignment: This field requires a Y/N response to indicate whether or not the provider has accepted the assignment of this patient for insurance purposes.