

Clinical Services – Medical Insurance Claims



User's Manual

Clinical Services – Medical Insurance Claims

Health District Information System

HDIS (Windows Ver. 4.0)

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Introduction

This program is designed to assist you in organizing a systematic approach to entering insurance claims and provides accurate up-to-date records within your health department.

Please review the manual carefully to obtain the maximum benefits. **Little or no prior computer experience is necessary to operate this program.**

About This Manual

Clinical Services Module is simple to use. The maximum benefit with the least time spent will be obtained if you start at the first page of this manual and follow the directions exactly as you enter the first record in your computer.

Square boxes in this manual surround the key that you are to press on your keyboard. As an example, when you read

ENTER

, press the **enter** key on your keyboard.

The word

TYPE is followed by bracketed [] instructions of what to type into a field.

Note: For Technical Support, email: helpdesk@hdis.org



Navigation

Whenever you see one  click the left side of your mouse once.

Whenever you see two  click the left side of your mouse twice.

Navigation Keys For Entering Information

Tab or **ENTER** to move to next field

Shift **Tab** or **Up** to go back one field

Alt + **R** places you in the receipt screen.

Editing Keys

Backspace deletes one character left of cursor **Delete**
deletes one character

Insert inserting & overwriting modes

When you see a pull-down field, click the arrow to the right to view all your choices.



Starting HDIS

MICROSOFT Windows Users

Start

Programs

Health District Info Systems

HDIS

Health District Information System Menu Bar

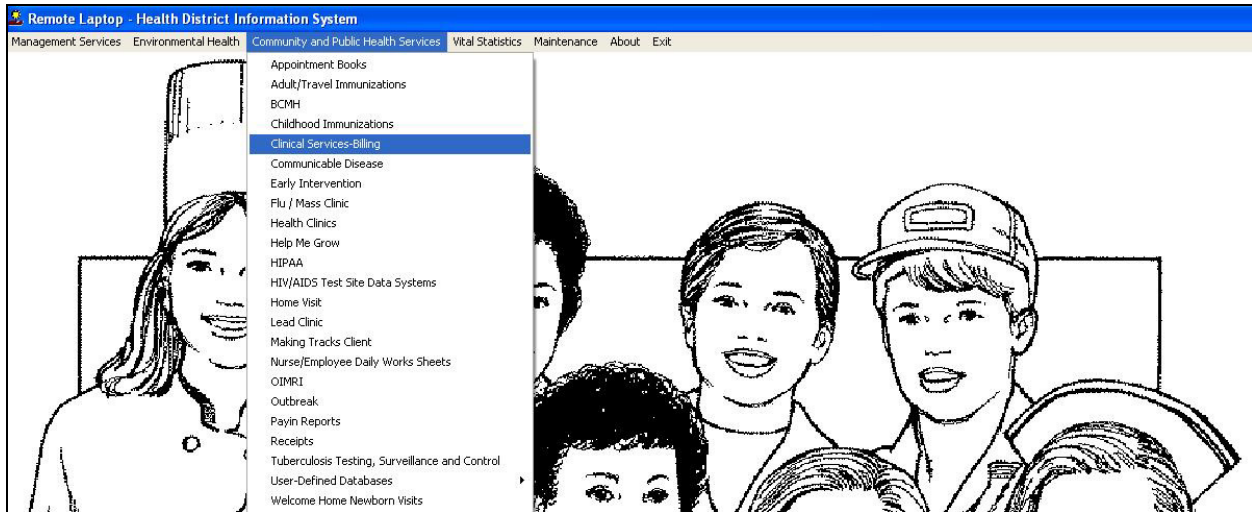
HDIS (Health District Information System) has several different modules designed to assist your health district in its day-to-day operations. The **Clinical Services Module** is a great addition to these modules and simplifies your record keeping, billing and information management needs.



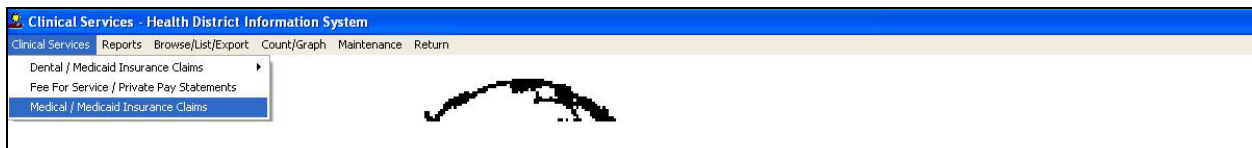
Select Community & Public Health



Select Clinical Services - Billing



Medical/Medicaid Insurance Claims





Add Name

Add Client Demographic Information

Patient Name and Address		Parent (if applicable)	Insurance / HIPAA	Other Info
Last Name	First Name	Middle Name	Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Age as of Today	Sex	Race	Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street #	Street	Street Suffix	Apt. #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	County	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Political Subdivision	Phone			
<input type="text"/>	<input type="text"/>			
Primary Care Physician	<input type="text"/>	Census		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

OK Cancel

Enter the demographic information for the client.



Parent (if applicable)

Add Client Demographic Information

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Mother/Guardian Last <input type="text"/>	Mother/Guardian First <input type="text"/>	Mother/Guardian Middle <input type="text"/>	
Mother/Guardian Maiden <input type="text"/>	Mother/Guardian Date of Birth <input type="text" value="//"/>	Mother/Guardian SSN # <input type="text" value="- -"/>	
Mother/Guardian Ethnic <input type="text"/>	Mother/Guardian Work Phone <input type="text" value="- - -"/>		
Father's Last Name <input type="text"/>	Father's First Name <input type="text"/>	Father's Middle Name <input type="text"/>	
Father's Date of Birth <input type="text" value="//"/>	Father's SSN # <input type="text" value="- -"/>		

OK Cancel

Enter information regarding the parents/guardians.



Insurance/HIPAA

Add Client Demographic Information

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Primary Insurance Carrier <input type="text"/>	Insurance # <input type="text"/>	Group # <input type="text"/>	
Secondary Insurance Carrier <input type="text"/>	Insurance # <input type="text"/>	Group # <input type="text"/>	
Notice of Privacy Practice Given <input type="text"/> <input type="checkbox"/> Client <input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="text"/> Other			
Authorization for Release of Information			
<input type="checkbox"/> Physician(s)	<input type="checkbox"/> Health Departments	<input type="text"/>	Date Modified <input type="text"/>
<input type="checkbox"/> Family	<input type="checkbox"/> Day Care/Schools		
<input type="checkbox"/> WIC			

OK Cancel

Enter information regarding the insurance carrier and HIPAA information.

*** An insurance carrier and Insurance # is mandatory.**



Other Info

Add Client Demographic Information

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Alternate Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household size	Gross Income	Verified	Revised
<input type="text" value="0"/>	<input type="text" value="0"/> <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="button" value="Calc By Week"/>	<input type="text" value="//"/>	<input type="text" value="//"/>
Sliding Fee	<input type="text" value="A"/> <input type="text" value="100 %"/> <input type="button" value="Calc Sliding Fee"/>	<input type="checkbox"/> No Statement <input type="checkbox"/> Match Consent	

OK Cancel

When you are finished entering the client's demographic data, click the "OK" button to move to the "HCFA 1500" tab of the Clinical Services windows.

HCFA 1500 - Top



HCFA 1500 - Top

Clinical Services - SMITH, JOHN / MEDICAID			
Find	Demographics	HCFA 1500-Top	HCFA 1500-Middle
		HCFA 1500-Bottom	Comments
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> Group <input type="checkbox"/> FECA <input type="checkbox"/> Other	1a. Insured's I.D. Number <input type="text"/>		
2. Patient <input type="text"/>	3. Patient's Birth Date & Sex <input type="text"/> / <input type="text"/> / <input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>		4. Insured's Name <input type="text"/>
5. Patient's Address <input type="text"/>		6. Patient Relationship to Insured Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
7. Insured's Address <input type="text"/>		8. Patient Status Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
City <input type="text"/> State <input type="text"/>	9. Other Insured's Name <input type="text"/>		
Zip <input type="text"/> 5. Patient's phone <input type="text"/>	10. Is Patient's Condition Related to: a. Employment? Current or Previous) <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Insured's Policy Group <input type="text"/>
9a. Other Insured's Policy <input type="text"/>		b. Auto Accident? Place(State) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	
9b. Other Insured's Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>		c. Other Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9c. Other Insured's Employer <input type="text"/>		d. Another Benefit Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
9d. Other Insured's Plan Name <input type="text"/>		10d. Reserved for Local Use <input type="text"/>	
<input type="button" value="Previous Claim"/> <input type="button" value="Next Claim"/>		<input type="button" value="Delete Claim"/> <input type="button" value="Add Claim"/> <input type="button" value="Print"/> <input type="button" value="Modify"/>	

To add a HCFA 1500 claim, click the **“Add Claim”** button.



Add Claim

Clinical Services - SMITH, JOHN / MEDICAID

Find | Demographics | HCFA 1500-Top | HCFA 1500-Middle | HCFA 1500-Bottom | Comments

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Medicare <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> Group <input type="checkbox"/> FECA <input type="checkbox"/> Other <input type="checkbox"/>	1a. Insured's I.D. Number	
2. Patient SMITH, JOHN	3. Patient's Birth Date & Sex 01/30/2008 <input checked="" type="checkbox"/> M <input type="checkbox"/> F	4. Insured's Name SMITH, JOHN
5. Patient's Address	6. Patient Relationship to Insured Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	7. Insured's Address
City State	8. Patient Status Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	City State
Zip	5. Patient's phone - - -	Zip Telephone (include area code) - - -
9. Other Insured's Name	10. Is Patient's Condition Related to:	11. Insured's Policy Group
9a. Other Insured's Policy	a. Employment? Current or Previous <input type="checkbox"/> Yes <input type="checkbox"/> No	a. Insured's Date of Birth & Sex 01/30/2008 <input checked="" type="checkbox"/> M <input type="checkbox"/> F
9b. Other Insured's Date of Birth / / M <input type="checkbox"/> F <input type="checkbox"/>	b. Auto Accident? Place(State) <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Insured's Employer
9c. Other Insured's Employer	c. Other Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Insured's Plan
9d. Other Insured's Plan Name	10d. Reserved for Local Use	d. Another Benefit Plan <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Claim | Next Claim | Delete Claim | Add Claim | Print | Modify

Demographic information, entered previously, automatically fills in HCFA 1500 fields. Enter any additional information as required.

Field/Button	Description
Previous	Previous Claim (if more than one for this client)
Next	Next Claim (if more than one for this client)
Delete Button	Delete a claim
Add Claim Button	Adds a claim
Print Button	Opens the Print window
Modify Button	Click to modify the record

HCFA 1500 - Middle



HCFA 1500 - Middle

Clinical Services - SMITH, JOHN / MEDICAID

Find | Demographics | HCFA 1500-Top | **HCFA 1500-Middle** | HCFA 1500-Bottom | Comments

12. Patient's or Authorized Person's Signature <input checked="" type="checkbox"/> Yes		Date 01/30/2008	13. Insured's or Authorized Person's Signature <input type="checkbox"/> Yes	
14. Date Illness / Injury / Pregnancy //		15. First Similar Illness Date //		16. Dates Patient Unable To Work In Current Occupation From // To //
17. Referring Phys		17a. Referring Phys ID#		18. Hospitalization Dates Related to Current Services From // To //
19. Reserved for Local Use		17b. NPI		
20. Outside Lab? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ Charges		
21.1 Diagnosis 1. // 3. // 2. // 4. //		22 Medicaid Resubmission Original Ref. No. 23. Prior Auth. #		

Previous Claim | Next Claim | Print | Modify

Enter additional information as required. ICD9 codes will be automatically filled in once you enter a CPT code. You may have to select another ICD9 code for a particular service.

Field/Button	Description
Previous	Previous Claim (if more than one for this client)
Next	Next Claim (if more than one for this client)
Print Button	Opens the Print window
Modify Button	Click to modify the record

HCFA 1500 - Bottom



HCFA 1500 - Bottom

Clinical Services - SMITH, JOHN / MEDICAID
X

Find
Demographics
HCFA 1500-Top
HCFA 1500-Middle
HCFA 1500-Bottom
Comments

From Date	To Date	CPT Code	Program	
01/30/2008	01/30/2008	00MED	H9M	Add Charge

From	To	Place of Serv.	EMG	CPT Code	Modifier	Diagnostic Code	Charge	Units	Date Billed	Date Paid

25. Federal Tax I.D. Number	SSN	EIN	26. Patient's Account No.	27. Accept Assignment?	28. Total Charge	29. Amount Paid
	<input type="checkbox"/>	<input type="checkbox"/>	013008SMIJO	<input type="checkbox"/> Yes <input type="checkbox"/> No	0	

31. Signature of Phys	32. Name & Address of Facility	33. Name & Address of Facility
Date (filed)	a.	b.
01/30/2008		
	a.	b.
	0980130	

Previous Claim	Next Claim	Transfer to Fee For Service	Refresh Total	Delete Charge*	Print	Modify
----------------	------------	-----------------------------	---------------	----------------	-------	--------

To add charges for the client, enter the **“From”** date (the **“To Date”** will populate automatically, for the charge and select the **“CPT Code”** and **“Program”**, then click the **“Add Charge”** button.



Add Additional Charges

Clinical Services - SMITH, JOHN / MEDICAID

Find | Demographics | HCFA 1500-Top | HCFA 1500-Middle | HCFA 1500-Bottom | Comments

From Date: 01/30/2008 To Date: 01/30/2008 CPT Code: 00MED Program: 19M Add Charge

From	To	Place of Serv.	EMG	CPT Code	Modifier	Diagnostic Code	Charge	Units	Date Billed	Date Paid
01/30/2008	01/30/2008					1	10.00	/ /	/ /	

25. Federal Tax I.D. Number SSN EIN 26. Patient's Account No. 27. Accept Assignment? 28. Total Charge 29. Amount Paid

013008SMIJO Yes No 10.00

31. Signature of Phys Date(filed) 01/30/2008

32. Name & Address of Facility a. b.

33. Name & Address of Facility a. 0980130 b.

Previous Claim Next Claim Transfer to Fee For Service Refresh Total Delete Charge* Print Modify

The charge you entered is now moved into the grid after clicking the “**Add Charge**” button. Continue adding all of the charges for the client and other required information on the HCFA 1500.

Field/Button	Description
Previous	Previous Claim (if more than one for this client)
Next	Next Claim (if more than one for this client)
Transfer to Fee For Service	Click to transfer the claim to the Fee For Service program
Refresh Total	Click to refresh the total charge on the HCFA
Delete Charge*	Right click to delete a charge from the grid
Print Button	Opens the Print window
Modify Button	Click to modify the record

Comments



Comments

A screenshot of a software application window. The title bar reads "Clinical Services - SMITH, JOHN / MEDICAID". Below the title bar is a tabbed interface with five tabs: "Find", "Demographics", "HCFA 1500-Top", "HCFA 1500-Middle", and "Comments". The "Comments" tab is currently selected and active. The main area of the window is a large, empty text input field with a vertical scrollbar on the right side. At the bottom right of the window, there are two buttons: "Print" and "Modify".

You are able to enter unlimited comments regarding the client.

Default Button



Default Button

HCFA 1500 - Top		HCFA 1500 - Middle		HCFA 1500 - Bottom	
Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> Group <input type="checkbox"/> FECA <input type="checkbox"/> Other <input type="checkbox"/>			1a. Insured's I.D. Number		
2. Patient		3. Patient's Birth Date & Sex		4. Insured's Name	
5. Patient's Address		6. Patient Relationship to Insured Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. Insured's Address	
City	State	8. Patient Status Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		City	State
Zip	5. Patient's phone	Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		Zip	Telephone (include area code)
9. Other Insured's Name		10. Is Patient's Condition Related to:		11. Insured's Policy Group	
9a. Other Insured's Policy		a. Employment? Current or Previous) <input type="checkbox"/> Yes <input type="checkbox"/> No		a. Insured's Date of Birth & Sex	
9b. Other Insured's Date of Birth		b. Auto Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Place(State)		b Insured's Employer	
9c. Other Insured's Employer		c. Other Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		c. Insured's Plan	
9d. Other Insured's Plan Name		10d. Reserved for Local Use		d. Another Benefit Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	

Close

The Default button allows you to pre-enter information that you consistently would have to fill out for the majority of the clients for whom you submit claims. When you add a claim, the information from the “**Default**” window is automatically copied to that new claim for each client.

Print Button



Print

Form:

- HCFA 1500-Primary Insurance Carrier
- HCFA 1500-Secondary Insurance Carrier
- Envelope to Insurance Carrier
- Envelope to Patient
- All Claims / All Charges
- All Fee For Service Statements / All charges
- Routing Slip/Super Bill
- Demographic Info

- Blank Routing Slip/Super Bill
- Blank Demographic Info

Print	Category
<input type="checkbox"/>	ADULT IMM
<input type="checkbox"/>	BCMh
<input type="checkbox"/>	CHILDHOOD IMM
<input type="checkbox"/>	DENTAL -A- DIAGNOSIS
<input type="checkbox"/>	DENTAL -B- PREVENTION
<input type="checkbox"/>	DENTAL -C- RESTORATIVE
<input type="checkbox"/>	DENTAL -D- ENDODONTIC
<input type="checkbox"/>	DENTAL -E- PERIODONTIC
<input type="checkbox"/>	DENTAL -F- ORAL SURGE
<input type="checkbox"/>	DENTAL -G
<input type="checkbox"/>	DEPO/PILL
<input type="checkbox"/>	FAMILY PLANNING
<input type="checkbox"/>	FLU
<input type="checkbox"/>	MATERNITY
<input type="checkbox"/>	MEDICAL SERVICES
<input type="checkbox"/>	OVERSEAS TRAVEL
<input type="checkbox"/>	TB CLINIC

Output to:

- Preview
- Print

OK

Close

Print: The print button is available on all the window tabs. The print menu is the same, and you may print any of the options no matter what tab you have open at the time.

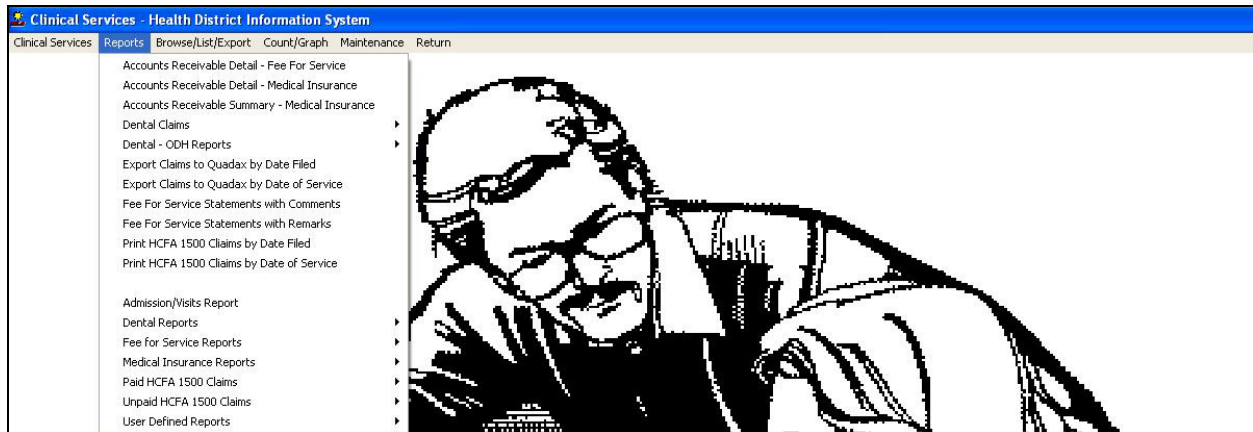
Print Options

Field/Button	Description
HCFA 1500 – Primary Insurance Carrier	Prints HCFA 1500 to the primary insurance carrier
HCFA 1500 – Secondary Insurance Carrier	Prints HCFA 1500 to the secondary insurance carrier
Envelope to Insurance Carrier	Prints an envelope addressed to the insurance carrier
Envelope to Patient	Prints an envelope addressed to the patient
All Claims/All Charges	Prints a history of claims for the patient
Routing Slip/Super Bill	Prints routing slip/super bill. Check which categories you would like to have on the routing slip
Demographic Info	Prints patient's demographic information
Blank Routing Slip/Super Bill	Prints blank routing slip/super bill
Blank Demographic Info	Prints blank demographic info form
Print	Prints the report
Preview	Previews the report

Reports



Reports



The reports menu contains a list of the many reports that you are able to obtain from the program.



For each report, an option box will appear similar to the one shown above. It allows you to enter dates for your reports as well as use of filters.

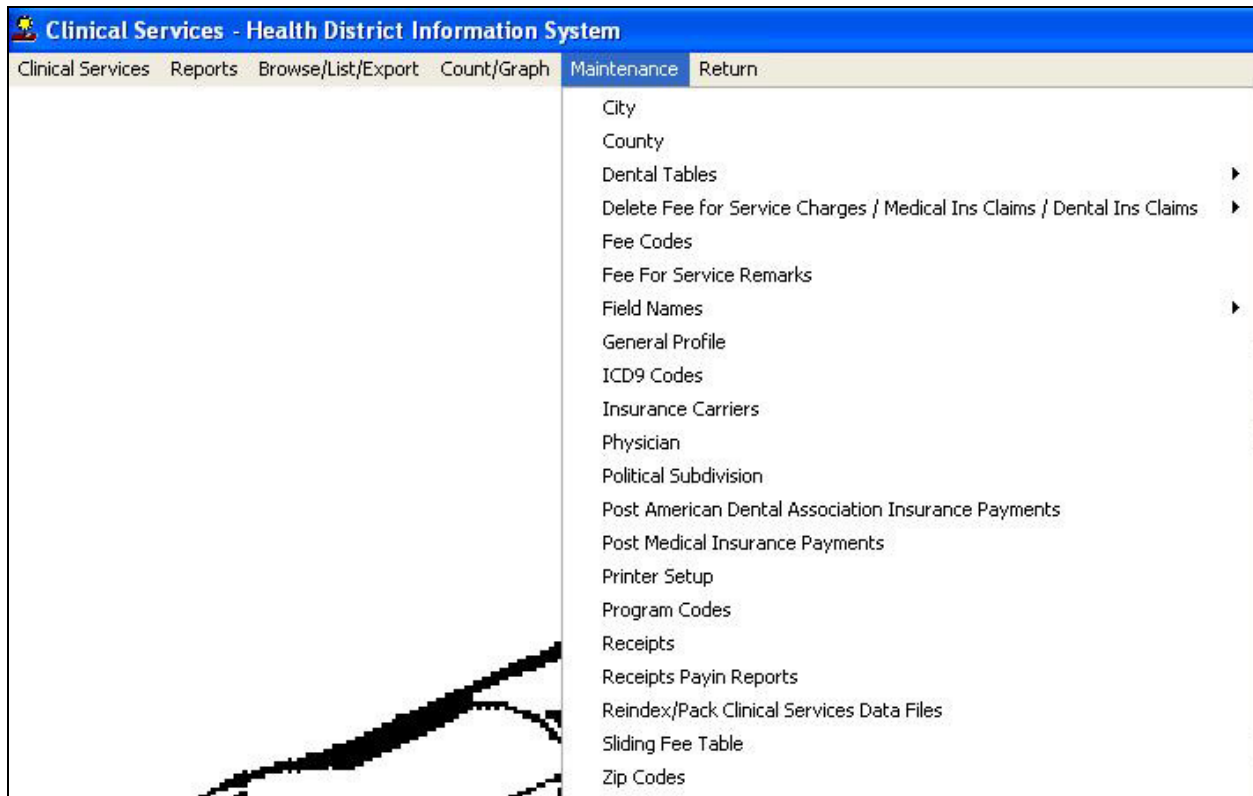
Medical Insurance Reports

Reports	Description
Accounts Receivable Detail– Medical Insurance	Lists all clients that have an Insurance Claim Outstanding Balance
Accounts Receivable Summary - Medical Insurance	Accounts Receivable by Insurance Company
Export Claims to Quadax by Date Filed	Creates a print file for electronic submission to Quadax by Date Filed (Date you created the claim)
Export Claims to Quadax by Date of Service	Creates a print file for electronic submission to Quadax by Date of Service
Print HCFA 1500 Claims by Date Filed	Prints HCFA 1500 in batch using the “Date Filed”
Print HCFA 1500 Claims by Date of Service	Prints HCFA 1500 in batch using the “Date of Service”
Admission/Visits Report	Prints Admissions versus Visits for the dates entered
Medical Insurance Charges by Date of Service (Detail)	Lists all medical insurance charges in detail by date of service
Medical Insurance Charges by Date of Service (Summary)	Lists all medical insurance charges in summary by date of service
Medical Insurance Payments by Date of Payment (Detail)	Lists all medical insurance charges in detail by date of payment
Medical Insurance Payments by Date of Payment (Summary)	Lists all medical insurance charges in summary by date of payment
Paid HCFA 1500 Claims by Patient	Lists paid HCFA 1500 claims by patient
Paid HCFA 1500 Claims by Insurance Carrier	Lists paid HCFA 1500 claims by insurance carrier
Paid HCFA 1500 Claims by Program	Lists paid HCFA 1500 claims by program
Unpaid HCFA 1500 Claims by Patient	Lists unpaid HCFA 1500 claims by patient
Unpaid HCFA 1500 Claims by Insurance Carrier	Lists unpaid HCFA 1500 claims by insurance carrier
Unpaid HCFA 1500 Claims by Program	Lists unpaid HCFA 1500 claims by program

Maintenance - Add/Delete/Modify Tables



Maintenance



The maintenance menu contains a list of tables that you can modify for your program.



City

City
CLEVELAND
CONCORD
CONCORD TWO.
CONCORD TWP.
EASTLAKE
EUCLID
EUCWILLOUGH
FAIRPORT HARBOR
HOSPITAL
JAMESTOWN
KIRTLAND
LAKE
LAKE HOSPITAL
LEROY TWP
MADISON
MENTOR
MENTOR ON THE LAKE
MENTORE
MTR.V WILLBY
NORTH ROYALTON
PAIENSVILLE
PAIINESVILLE

Field/Button	Description
City	Enter the city name
Close Button	Closes the table
Add Button	Adds a contact to the list
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Dental Tables – 6780 Dental Fee Codes

Add/Delete/Modify Dental Services Fee Codes

Code	Pos	D	Days	Tos	Pickup	Charge

Buttons: Close, Add, Delete, Print

Field/Button	Description
Code	Enter the fee code
POS	Enter the place of service
D	Column D on 6780 Form
Days	Column Days on 6780 Form
TOS	Enter the type of service
Pickup	Column Pickup on 6780 Form
Charge	Enter the charge for the fee code
Close Button	Closes the table
Add Button	Adds a fee code to the list
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Dental Tables – ADA Fee Codes

Add/Delete/Modify Dental Services Fee Codes

Fee Code	Tooth	Surface	Diagnosis	Procedure	Qty	Description	Fee	Charge A

Buttons: Close, Add, Delete, Print

Field/Button	Description
Fee Code	Enter the fee code
Tooth	Enter tooth number
Surface	Enter surface
Diagnosis	Enter diagnosis
Procedure	Enter procedure code
Quantity	Enter quantity
Description	Enter the description of the fee code
Fee	Enter the charge for the fee code
Charge A	Charge for 100% of the fee
Charge B	Sliding fee – 80%
Charge C	Sliding fee – 60%
Charge D	Sliding fee – 40%
Charge E	Sliding fee – 20%
Charge F	Sliding fee – 0%
Close Button	Closes the table
Add Button	Adds a fee code to the list
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Dental Tables – Dentists

Name	Address1

Buttons: Close, Add, Delete, Print, Envelope

Field/Button	Description
Name	Enter the name of the dentist
Address1	Enter the address of the dentist
Address2	Enter the address of the dentist
City	Enter the city of the dentist
State	Enter the state of the dentist
Zip	Enter the zip of the dentist
Provider #	Enter the provider # of the dentist
Phone	Enter the phone number of the dentist
Fax	Enter the fax number of the dentist
Group Name	Enter the group name of the dentist
Type of Practice	Enter the type of practice
License #	Enter the license number
Add Button	Adds a dentist to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list
Envelope	Prints an envelope addressed to the dentist



Dental Tables – Export Import ADA Dental Claims to Lap Top

Export	Dental Client	Sex	Date of Birth

Use this function to export/import ADA dental claims to and from your server to your lap top. This is used for dental clinics outside the health department.



Dental Tables – Export Import Electronic Dental Claims to Lap Top

Export/Import Electronic Dental Claims
✖

Export Electronic Dental Claims to Server
 Import Electronic Dental Claims from Server

OK
Close

Export	Dental Client	Sex	Date of Birth

Use this function to export/import electronic dental claims to and from your server to your lap top. This is used for dental clinics outside the health department.



Delete Fee for Service/Medical Insurance Claims/Dental Insurance Claims by Date of Entry

Delete Medical Insurance Claims by Date of Entry

- 1.) This routine will delete all claims from the Dental Insurance File by date of entry.
- 2.) Use this to only correct duplicates entries or claims entered incorrectly.
- 3.) Make sure you have a recent backup of your database.

From date of entry To date of entry

|| ||

Delete Claims* Close

Use this function to delete claims incorrectly entered into your database.



Clinical Services Fee Codes

Add/Delete/Modify Clinical Services Fee Codes

Fee Code	Description	Charge	Charge A	Charge B	Charge C	Charge D
		0.00				
00DEN	DENTAL SERVICES	10.00	10.00	10.00	10.00	10.00
00MED	MEDICAL SERVICES	10.00	10.00	10.00	10.00	10.00
00PN	PRENATAL SERVICES	10.00	10.00	10.00	10.00	10.00
00TB	TB CLINIC	10.00	10.00	10.00	10.00	10.00
00WC	WELL CHILD SERVICES	10.00	10.00	10.00	10.00	10.00
11 RN	HOME VISIT RN	25.00	25.00	20.00	15.00	10.00
11 SW	HOME VISIT S W	25.00	25.00	20.00	15.00	10.00
11NUTR	HOME VISIT NUTR	25.00	25.00	20.00	15.00	10.00
36415BL	BLOOD LEAD	15.00	15.00	12.00	9.00	6.00
36415DC	DRAWING COLCTN FEE	2.00	2.00	1.60	1.20	0.80
36415P	GENETIC SCREENING	2.00	2.00	1.60	1.20	0.80
36415TB	DRAW FEE TB	2.00	2.00	1.60	1.20	0.80
69210	RMVL IMPACT CERUMEN	10.00	10.00	8.00	6.00	4.00
81002M	URINALYSIS, DIPSTICK MAT	5.00	5.00	4.00	3.00	2.00
81002WC	URINALYSIS, DIPSTICK	5.00	5.00	4.00	3.00	2.00
81025	PREGNANCY TEST	20.00	20.00	16.00	12.00	8.00
82962	BLOOD GLUCOSE	15.00	15.00	12.00	9.00	6.00
85013	SPUN HEMATOCRIT	5.00	5.00	4.00	3.00	2.00
85018	HEMOGLOBIN	3.00	3.00	2.40	1.80	1.20
86580A	TB - ADULT	5.00	5.00	0.00	0.00	0.00
86580C	TB - CHILD	5.00	5.00			
86580M	PPD-MANTOUX	5.00	5.00	4.00	3.00	2.00
86580TB	PPD-MANTOUX TB	5.00	5.00	4.00	3.00	2.00

Buttons: Close, Add, Delete, Print

Compute Sliding Fee *

Field/Button	Description
Fee Code	Enter the fee code
Description	Enter the description of the fee code
Fee	Enter the charge for the fee code
Charge A	Charge for 100% of the fee
Charge B	Sliding fee – 80%
Charge C	Sliding fee – 60%
Charge D	Sliding fee – 40%
Charge E	Sliding fee – 20%
Charge F	Sliding fee –0%
CPT Code	CPT code printed on HCFA 1500
CPT Modifier	CPT Modifier printed on HCFA 1500
ICD9 Code	ICD9 Code associated with this CPT code
Place of Service	Enter the place of service
Type of Service	Enter the type of service
Diagnosis Code	Diagnostic code (usually a 1)
Units	Number of units billed
EPSDT	Prints in EPSDT column of claim
EMG	Prints in EMG column of claim

COB	Prints in COB column of claim
Reserved	Prints in Reserved column of claim
Category	Group charges into Category to print Routing Slips/Super Bills.
Compute Sliding Fee*	Right click to compute the sliding fee scale for the row
Close Button	Closes the table
Add Button	Adds a fee code to the list
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Fee for Service Remarks

Add/Delete/Modify Fee For Service Remarks

Code	Descript
01	REQUESTING VERIFICATION OF INCOME
02	REQUESTING PROOF OF MEDICAID CARD
03	REQUESTING FOR CURRENT INSURNACE C
04	UNPAID PORTIONS FROM INSURANCE-CLIE
05	UNPAID PORTION FROM MEDICARE-CLIENT
06	MEDICAID NOT VALID-CLIENT RESPONSIBLE
07	NOT COVERED BY INSURNACE-CLIENT RES
08	INSURANCE CLOSED-CLIENT RESPONSIBLE
09	REVISED BILL-CLINIC SERVICE CODE ERRO
10	BANKRUPTCY
11	RETURNED CHECK-\$20.00 SERVICE CHARG
12	PAYMENT MADE BY BCCP
13	PREFERRED PROVIDER ADJUSTMENT
14	APPLIED TO DEDUCTIBLE/CO-INS-CLIENT R
15	INSURANCE PAID CLIENT-CLIENT REPONSIB
16	INFO. NOT RECEIVED FROM CLIENT-CLIENT
17	REQUIRES PRIOR AUTHORIZATION/REF. FRO
18	CO-PAY NOT PAI AT VISIT-NOW DUE
19	CLIENT NOT INSURED BY INS. GIVEN TO H.D
20	SERVICES MUST BE OBTAINED FROM CONTR
21	CLAIM FORMS OF INS. CO. MUST BE FILLED C
22	MEDICARE STATE ANOTHER INSURANCE IS

Buttons: Close, Add, Delete, Print

This table is used by the Fee For Service Module.

Field/Button	Description
Code	Enter the code for the remark
Description	Enter the description for the remark
Close Button	Closes the table
Add Button	Adds a fee code to the list
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Field Names – Clinical Services/Clinical Services Charges

Field Name	Data Base Field Name
10. AUTO ACCIDENT(NO)	CLS.PC_AAN
10. AUTO ACCIDENT(STATE)	CLS.PC_AAST
10. AUTO ACCIDENT(YES)	CLS.PC_AAY
10. EMPLOYMENT(NO)	CLS.PC_EMPN
10. EMPLOYMENT(YES)	CLS.PC_EMPY
10. OTHER ACCIDENT(NO)	CLS.PC_OAN
10. OTHER ACCIDENT(YES)	CLS.PC_OAY
10D. RESERVED FOR LOCAL	CLS.RESERVE
11. INSURED'S POLICY GRO	CLS.I_POLICY
11A. INSURED'S DOB	CLS.I_DOB
11A. INSURED'S SEX(FEMAL	CLS.I_SEXF
11A. INSURED'S SEX(MALE)	CLS.I_SEXM
11B INSURED'S EMPLOYER	CLS.I_EMP
11C. INSURED'S PLAN	CLS.I_PLAN
11D. ANOTHER BENEFIT PLA	CLS.I_BENEY
11D. ANOTHER BENEFIT PLA	CLS.I_BENEN
12 SIGNATURE ON FILE	CLS.SIG
12. DATE	CLS.SIG_DATE
13. INSURED SIGNATURE	CLS.I_SIG
14. DATE ILLNESS	CLS.P_DOC
14. ILL/INJ/LMP	CLS.P_DOC_TYPE
15. FIRST SIMILAR ILLNES	CLS.P_SYM
16. FROM UNABLE TO WORK	CLS.P_FUTW

The **field names** listing can be very useful in determining what fields you wish to utilize to capture data for letters and when creating reports for that data. The program will display a list of names that you can print.



Immunization Profile – State Reports

The screenshot shows a software window titled "General Profile" with a blue border and a close button in the top right corner. The window contains several tabs: "Demographics", "General", "Management", "Environmental", "Community & Public Health Services", and "Vital". The "General" tab is currently selected. The form contains the following fields and options:

- Health Department: [Text Input]
- Division: [Text Input]
- Address1: [Text Input]
- Address2: [Text Input]
- City: [Text Input] State: [Dropdown] Zip: [Text Input]
- County: [Text Input]
- Phone #'s: [Text Input] FAX #: [Text Input]
- Federal Tax ID: [Text Input]
- Commissioner: [Text Input]
- Client/Server Location: [Text Input] (Current value: C:\HDIS\DATA)
- Year selection: 2007 2006 2005 2004 2003 2002 2001 2000 1999 1998
- Make Checks Payable to: [Text Input]
- Close button: [Button]

The **General Profile** enables you to enter the basic information for your health department. The **Clinical Services** information can be found under the “**Community & Public Health Services**” tab.



General Profile – Community & Public Health Services – Clinical Services

General Profile ✖

Demographics
General
Management
Environmental
Community & Public Health Services
Vital

Help Me Grow
Lead Clinics
Nurses Dailys
TB Testing
Welcome Home
Appointments
Home Visit

Adult Immunizations
BCMh
Childhood Immunizations
Clinical Services
Communicable Disease
Flu Clinics
HIV/AIDS Testing

HCFA 1500

HCFA 1500-Alignment 2007

HCFA 1500-Alignment 2007 - Custom

HCFA 1500 Print test

No Diagnostic code # on HCFA

Filter ICD9 Codes by hyphen

Do not bill already billed charges

Post Insurance Bal Due to Fee For Serv.

31. Signature of Physician or supplier

No Zero Balance Statements

No Negative Balance Statements

Previous Balance Statements

No Statements Less Than

Edit Check Prgm. Code & Political Sub.

Activate PHYS pull-down

Dental Claims

Bill already billed charges

ADA 2006 - Alignment

ADA 2006 - Alignment - Custom

ADA 1999 - Alignment

ADA 1999 - Alignment - Custom

ADA Print test

Field/Button	Description
HCFA1500 – Alignment 2007	Check if you are using the 2007 HCFA 1500
HCFA1500 – Alignment 2007 - Custom	Sometimes CHC has to design a special HCFA 1500 format.
HCFA 1500 Print Test	Click to print a test HCFA 1500
No Diagnostic Code # on HCFA	Check to remove the Diagnostic code # from the HCFA 1500
Filter ICD9 Codes by Hyphen	Check to filter the ICD9 Codes by a prefix hyphen
Do not bill already billed charges	Check to not be able to bill already billed charges
Post Insurance Balance Due to Fee for Service	Check to post insurance balance due to fee for service
31. Signature of Physician or Supplier	Discontinued
No Zero Balance Statements	Check to not print out zero balance statements
No Negative Balance Statements	Check to not print out negative balance statements

Previous Balance Statements	Check to print out previous balance statements
No Statements Less Than	Enter a number not to print statements less than
Edit Check Prgm. Code & Political Subdivision	Edit check that these fields must be present before adding a charge.
Activate PHYS pull-down	Check to activate the physician pull down
Bill already billed charges	Check to bill already billed dental charges
ADA 2006 alignment	Check for the ADA 2006 alignment
ADA 2006 alignment – custom	(Done by CHC Software)
ADA 1999 – alignment	Check for the ADA 1999 alignment
ADA 1999 – alignment - custom	(Done by CHC Software)
ADA Print Test	Click to print a test ADA Form



ICD9 Codes

Add/Delete/Modify ICD9 Table

Icd9	Desc
V20.1	CHILD
V22.0	SUPERVISION OF NORMAL FIRST PREGNANCY
V22.1	SUPERVISION OF OTHER NORMAL PREGNANCY
V23.81	PRIMIP > 35 AT EDD
V23.82	MULTIP > 35 AT EDD
V23.83	PRIMIP < 16 AT EDD
V23.84	MULTIP < 16 AT EDD
V23.89	OTHER HIGH RISK
V24.1	LACTATING MOTHER
V24.2	ROUTINE POST PARTUM FOLLOW UP

Close
Add
Delete
Print by Code
Print by Alpha

Field/Button	Description
ICD9	Enter the code
Description	Enter the description of the code
Close Button	Closes the table
Add Button	Adds a contact to the list
Delete Button	Deletes a highlighted entry
Print by Code Button	Prints the list ordered by the code
Print by Alpha Button	Prints the list alphabetically



Insurance Carriers

Add/Delete/Modify Insurance Carrier X

Carrier's Name	Mail to Name	Address
CARESOURCE	CARESOURCE CLAIMS DEPT	ONE DAYTON CENTRE ONE SOUTH M
MEDICAID	OHIO DEPARTMENT OF JOB AND FAMILY SE	P O BOX 7965

Field/Button	Description
Carrier's Name	Insurance carrier's name
Mail to Name	Insurance carrier's address
City	Insurance carrier's city
State	Insurance carrier's state
Zip	Insurance carrier's zip code
Box 33a.	NPI number
Box 33b.	Legacy number
Federal Tax ID	Insurance federal tax ID #
Phone	Insurance carrier's phone #
Fax	Insurance carrier's fax #
Box 31	Enter physician's name
24J. NPI	Enter NPI number for 24J field on the form
24J. Legacy # and ID	Check to print legacy # in 24j.
32 same as 33	Check to copy info from 33 to 32
Add Button	Adds a carrier to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Physicians

Add/Delete/Modify Physicians

Name	Address1
BALLOU, DR.	
BAMA	
BANAWITZ	
BANEOWICA, DR.	
BANEWICZ	
BANEWIETCZ	
BANIECWICZ	
BANIEWICZ	
BANIEWIEZ, DR.	
BANIEWITZ, DR.	
BANIWICZ	
BANNETT	
BANNO	
BANOWICZ	
BANOWICZ, DR.	
BANOWITZ	
BARRETT	
BASHIN	

Buttons: Close, Add, Delete, Print, Envelope, Find & Replace

Field/Button	Description
Name	Enter the name of the dentist
Address1	Enter the address of the dentist
Address2	Enter the address of the dentist
City	Enter the city of the dentist
State	Enter the state of the dentist
Zip	Enter the zip of the dentist
NPI # ^ Legacy #	Enter the NPI/Legacy #
Phone	Enter the phone number of the dentist
Fax	Enter the fax number of the dentist
Group Name	Enter the group name of the dentist
Type of Practice	Enter the type of practice
Add Button	Adds a dentist to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list
Envelope	Prints an envelope addressed to the dentist



Political Subdivisions

Add/Delete/Modify Political Subdivision Table

Code	Subdivision
01	BATH TWP
02	BEAVERCREEK
03	CAESARSCREEK TWP
04	CEDARVILLE TWP
05	JEFFERSON TWP
06	MIAMI TWP
07	NEW JASPER TWP
08	ROSS TWP
09	SILVERCREEK TWP
10	SPRING VALLEY TWP
11	SUGARCREEK TWP
12	XENIA TWP
13	BOWERSVILLE VILLAGE
14	CEDARVILLE VILLAGE
15	CLIFTON VILLAGE
16	JAMESTOWN VILLAGE
17	SPRING VALLEY VILLAG
18	YELLOW SPRINGS VILLA
19	BEAVERCREEK CITY
20	BELLBROOK CITY
21	FAIRBORN CITY
22	XENIA CITY

Close
Add
Delete
Print

Field/Button	Description
Code	Enter the code of the subdivision
Subdivision	Enter the subdivision
Close Button	Closes the table
Add Button	Adds a code to the table
Delete Button	Deletes a highlighted entry
Print	Prints the list



Post Payments Medical Insurance

Post Payments - Medical Insurance

From date of service To date of service
/// ///

Insurance Carrier

Continue Cancel

To post received payments for your Medical Insurance claims, enter the date range for the dates of service that you were paid and click **“Continue”**.

Post Payments - Medical Insurance

Find Find

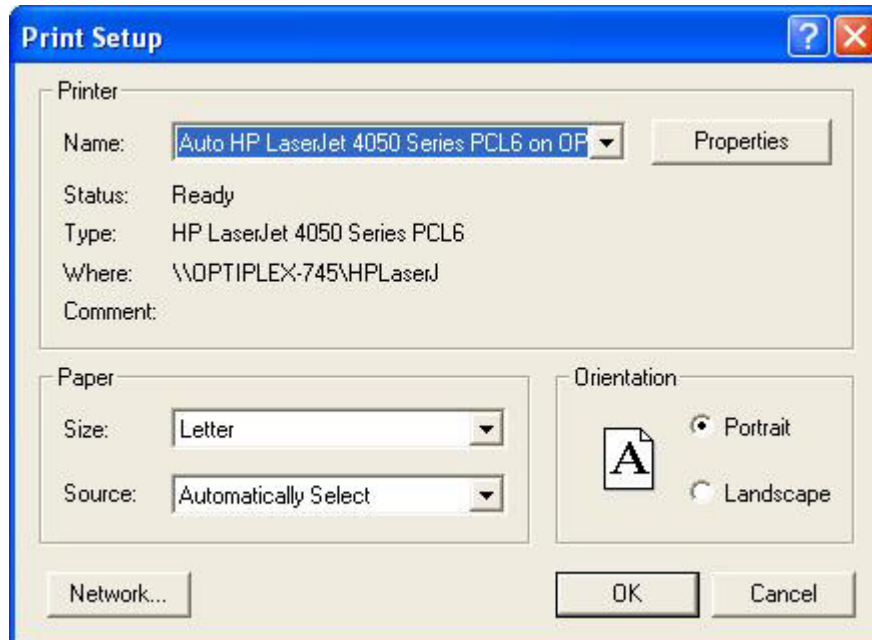
Patient	DOB	Account #	From DOS	CPT	Charge	Date Paid	Paid	Adj Amt	Check #

Date 01/26/2008 Amount 0.00 Check # Post Date & Amt Post Date, Amt & Adjust Off Close

The program will then list all the clients with claims that have dates of service in the entered date range. Enter the amount received for the client and either click **“Post Date & Amt”** (for full payment) or **“Post Date, Amt & Adjust Off”** (partial payment). When finished posting payments for your clients, click **“Close”**



Print Setup



The print setup allows you to choose what printer you would like to print from. Select the printer in the name dropdown and click **“OK”**.



Program Codes

Add/Delete/Modify Program Codes Table

Code	Program	Update Module	Fund #
02M	CH IMM MED		1047-32-03
02P	CH IMM PP		1047-32-01
03M	AD IMM MED		037-05-03
03P	AD IMM PP		037-05-01
04M	OST IMM MED		037-21-03
04P	OST IMM PP		037-21-01
08M	HIV		
14M	RDH MED		107-61-03
14P	RDH PP		107-61-01
19M	FLU MED		037-19-03
19P	FLU PP		037-19-01
20M	WELL CHILD MED		1157-20-03
20P	WELL CHILD PP		1157-20-01
22	BCMH		037-22-3A
23M	DENTIST MED		107-23-03
23P	DENTIST PP		107-23-01
25M	EVALUATION PT MED		1157-25-03
25P	EVALUATION PT PP		1157-25-01
26M	MATERNITY MED		1157-26-03
26P	MATERNITY PP		1157-26-01
27M	DEPO/PATCH/PILL MED		1157-62-03
27P	DEPO/PATCH/PILL PP		1157-62-01

Buttons: Close, Add, Delete, Print

Field/Button	Description
Code	Code utilized for each program
Program	Program name
Update Module	Ignore
Fund #	Ignore
Close Button	Closes the table
Add Button	Adds a code to the table
Delete Button	Deletes a highlighted entry
Print	Prints the list



Receipts

Receipts

Date: 01/26/2008 Received by: Print Close

Fee Code: 13Z90 Fee Description: MISCELLANEOUS - PUBLIC HEALTH NL Quantity: 1 Amount: 0.00 Check #/Cash:

Per. # / Lic. # / ID#: Name: Address/Comment:

Add Fee Delete Fee

Code	Description	Quan	Amount	Check#	Name	Address/Comment	Per#/Lic#/ID#	

Totals 0 0.00 Receipt # 51308

If your health department has the **“Receipts”** module, you have the ability to print any receipt through the **“Maintenance”** tab. You may also print a receipt from the Immunization data entry windows by pressing ALT-R keys.



Receipts Pay In Reports

Print Pay In or Receipt

From Date: 01/26/2008 To Date: 01/26/2008

Pay In by Receipt Book
[Dropdown menu]

Pay in by Fund

Pay in by Initials

Receipt

Output to:

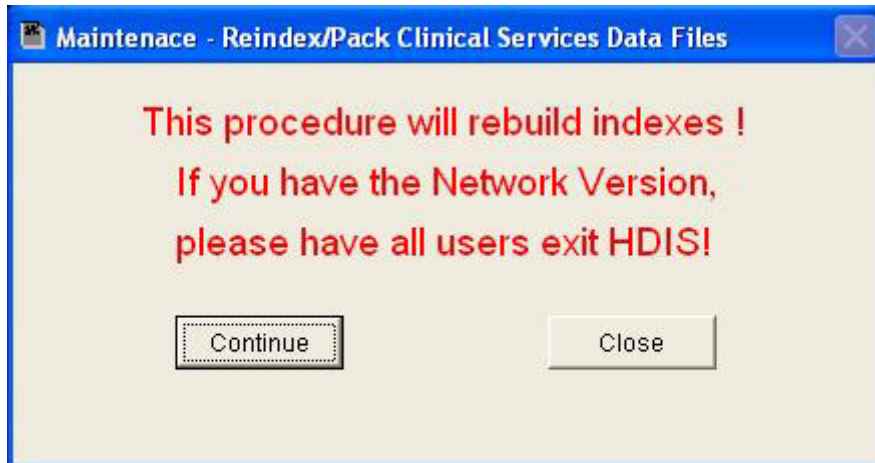
Preview
 Print

OK
Close

If your health department has the **“Receipts”** module, you have the ability to print your pay in reports through the “Maintenance” tab.



Reindex/Pack Clinical Services Data Files



This function is only needed should your data be corrupt due to a power failure. Please contact CHC Software if you have any questions or concerns.



Sliding Fee Scale

Size	Income	Slide
1	184	F
1	253	E
1	322	D
1	391	C
1	460	B
1	461	A
2	247	F
2	339	E
2	432	D
2	524	C
2	617	B
2	618	A
3	309	F
3	425	E
3	541	D
3	658	C
3	774	B
3	775	A
4	372	F
4	512	E
4	651	D
4	791	C
4	930	B
4	931	A

Close

Add

Delete

Print

HDIS will automatically enter the current sliding fee scale.



Zip Codes

Zip
01013
01983
02062
02110
02152
03784
04073
06830
07065
07071
07645
07762
07869
08402
10028
10033
10305
10465
10466
10805
11361
14048

Field/Button	Description
Zip	Enter the zip code
Close	Closes the table
Add Button	Adds a row to the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

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helpdesk@hdis.org