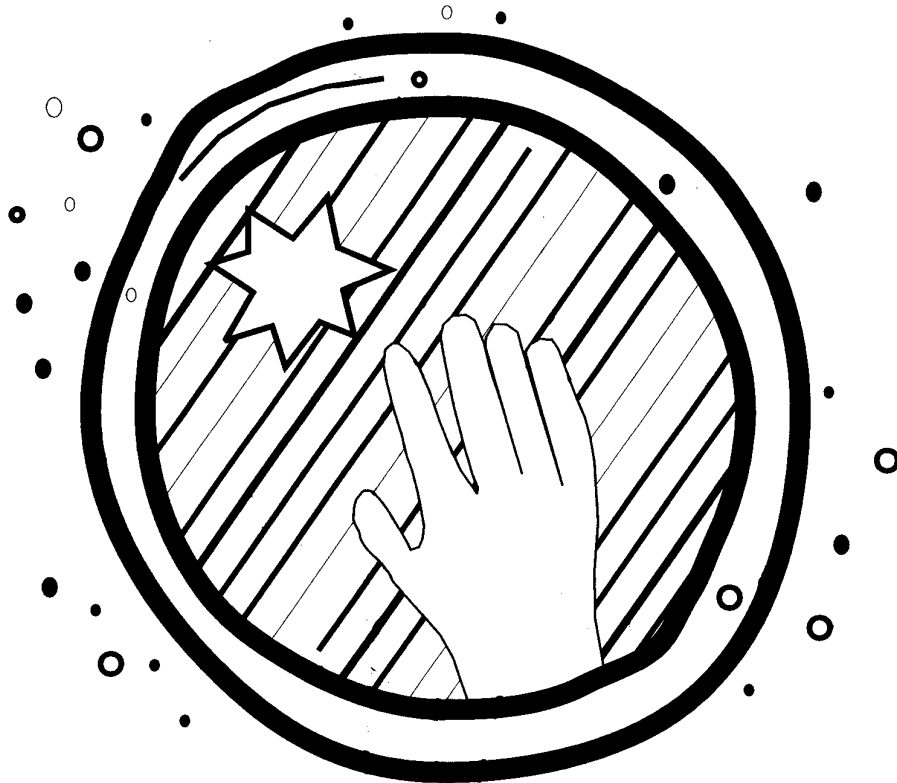


# *HandyWorks* for Windows



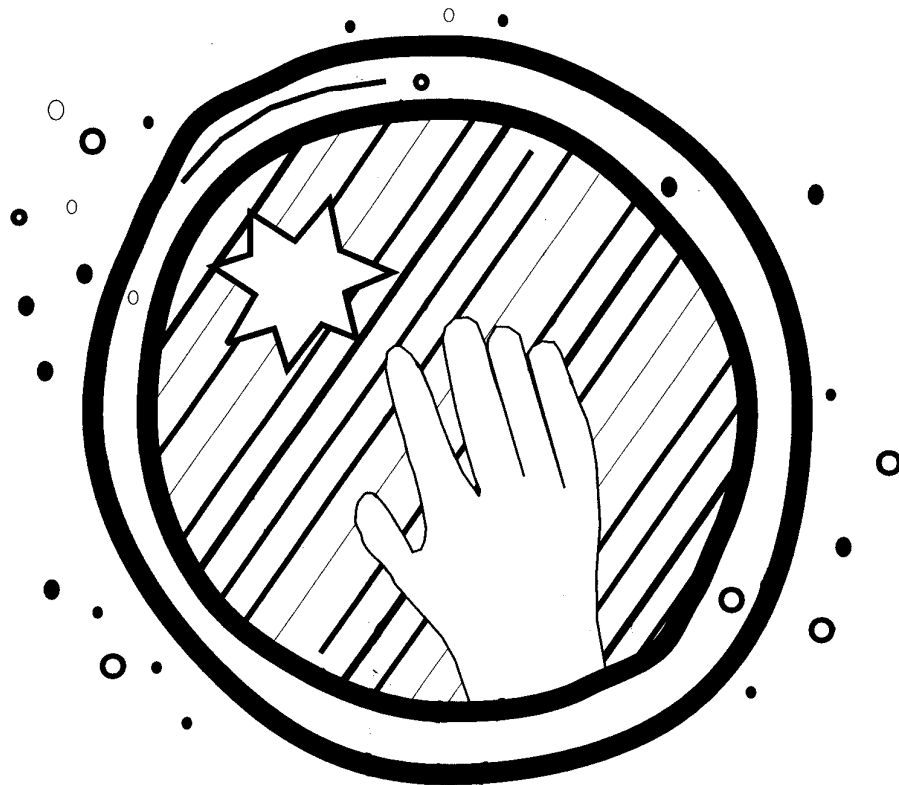
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# *HandyWorks* for Windows



## **User's Guide**

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# Welcome!

Welcome to *HandyWorks*, a powerful medical/chiropractic office management system that is easy to learn and use. *HandyWorks* provides comprehensive automation of all the typical needs of a modern health care office management system. *HandyWorks* is powerful, yet offers the ease of use and friendly design common to Microsoft Windows applications.

This manual is organized to introduce all the features of *HandyWorks*. First are installation instructions, then an overview of *HandyWorks*. Next, the manual goes into “*HandyWorks* Basics.” Then instructions on Practice Setup are presented, followed by a detailed explanation of each *HandyWorks* function in the respective sections of the manual.

Thank you for choosing *HandyWorks*! Chapter 1 Software is committed to making powerful practice management software that is easy to learn and use.



All offices are urged to establish a system backup routine. Read the section entitled ‘Backups’ at the end of the installation section



## Installation

Installing *HandyWorks* is an easy process, but some points must be considered:

- If you have a network, each computer must have its own installation of HandyWorks and the matching version of MS Access. The application can never be shared, only the data is sharable.



Warning! Once *HandyWorks* is installed, if you upgrade to a new version, we recommend having the same version on all machines.

- To run *HandyWorks*, you will need a full version of Microsoft Access. We support all versions that run on Microsoft's latest OD (Windows 10 as of this writing) which is Access 2007 through 2016.
- The system data resides in a single file, HWDATA.ACCDB. This file must be located on a server directory, and users must have read and write privileges to that directory. Only one copy of HWDATA should be on your system.
- After installing *HandyWorks* on each workstation, when you start it up, a dialog box will appear asking for the location of the HWDATA file. Your selection will be remembered the next time you start HandyWorks.

## RUNNING SETUP

Gone are the days of a CD or DVD install. So head on over to the HandyWorks [website](http://www.handyworks.com) ([www.handyworks.com](http://www.handyworks.com)), and get two files. The bottom file (Helper Setup) is a non-password protected self-extracting ZIP file that has the basic installation files. Run it first to establish the working \hww directory. Then, grab the topmost file (which will likely be a different date than shown below) and run that. You will need a password.



Unless you are very familiar with operating system and disk storage concepts, it is *strongly* recommended that you allow *HandyWorks* to be installed in the default \hww directory. It is best to use this directory for two reasons. First, our Technical Support desk expects everything to be in the \HWW folder. Second, automatic upgrades are primed to extract upgrades to \HWW.

If you are new to Handyworks, contact technical support to get a startup data file.

## BACKUPS

*HandyWorks* will store many thousands of dollars worth of your practice data and it is critical that you safeguard that data by backing it up. We make that job easier for you with an automated script, but it is up to you to implement it. There are different media options including a thumb (USB) drive, online storage, secondary disk drives or CDs.

- USB drives or CD Writers are probably the easiest method to back up your data.
- The data in your system is stored in the HWDATA.ACCDB file on the main computer. This is the only file you need back up for *HandyWorks*.even though your practice will certainly have other files, such as letters and spreadsheets, which you'll want to include in your backup system.
- Use a rotating backup system. For the highest level of protection, which the value of your data warrants, use a backup USB set up multiple folders in the USB drive for each day of the week.
- We recommend that you keep at least one backup off site. If your office experiences a fire, vandalism, or flood loss, both the backup and computer may be lost. Pick one day per week and take your backup for that day home or send it home with someone else. Each week, bring in the appropriate media for that week in to use for the backup, and take it home with you when you leave. This location should be an area safe from floods and other hazards. If your office is in a flood plane, for example, be sure to store this off site backup at a location that is not in the flood plane.
- Check the backup occasionally to be sure that data is actually being copied to the media. Try to retrieve data from a backup (but do not replace the data on the server, or you'll replace the data in your system with old data, potentially costing several days worth of work).
- The installation creates 3 backup scripts (BU\_Monday, BU\_Wednesday and BU\_Friday). Copy these to your USB drive, create 3 folders (Monday, Wednesday, Friday) and on each of the days, double click the appropriate script to initiate the backup. You must be out of the program to do this.

Following the above procedure will ensure that your data is safe from almost any hazard. At no time will all of your backups and the server be at the same place, and therefore would not be subject to anything but the most widespread disaster or the most carefully planned sabotage. Chapter 1 Software naturally hopes that you never have to recover from a backup. It is highly unlikely, however, that your computer system will last the duration of your practice. Sooner or later, the system will wear out. You'll then be very glad that you took the trouble to back up your data.

## CONCEPTS FOR ADMINISTRATORS

### File Locations

Administrators may need to change the network setup or otherwise move the file where *HandyWorks* stores data. In that case, it will be necessary to show *HandyWorks* the location of the data file. Practices may also set up a second database system (possibly for multiple clinics with unique owners), in which case you may need to use the reattach feature to change the data. See the section “Reattach Data” on page 25.

## HandyWorks Basics

*HandyWorks* is a database application that makes use of several features that are not common in word processing and spreadsheet applications. Brief discussions of these items are presented here.

### MENUBAR

On the top left of every screen is a menubar. While the contents of the menubar vary depending on the screen you are in, there are a few common elements to all of them. They work the same as all other window programs and will be discussed in more detail under each appropriate section.

### SPECIAL KEYS

There are a number of special keys that you should know about.

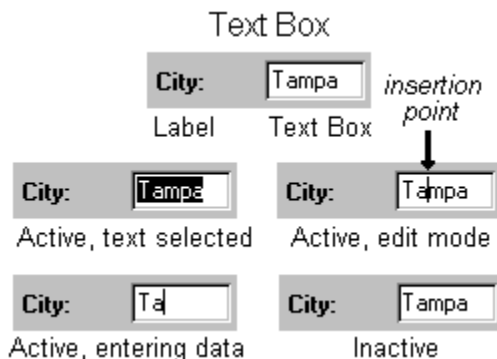
<ESC>	the first click of ESC undoes the current field. The second click undoes all entries on the current record that have not been saved.
<F1>	brings up a help screen that describes your current location and discusses your various options.
<F2>	highlights (selects) the current field.
<F4>	makes the current combo box to “drop down”.
<ALT><F4>	exits the program, saving all entries automatically.
<SHIFT><ENTER>	saves the current record
Double Click	selects that field, or, if in a linked field (like an insurance carrier in Case Data), brings up the Insurance Carrier screen.



## TEXT BOXS

The common area of the screen where data is typed in *HandyWorks* is a **text box**. An illustration of a text box is presented below. Users can save time and effort by noticing whether text is selected, and responding accordingly. If the text in the text box is selected, typing any character will replace the entire entry. Pressing <DELETE> or <BACKSPACE> will delete the entire entry. To add text, position the mouse I-beam pointer at the desired location and click, which will cancel the selection and position an insertion point at the pointer location. From the keyboard, the <F2> key switches between the selected state and insert mode. The <F2> key switches between the selected state and insert mode.

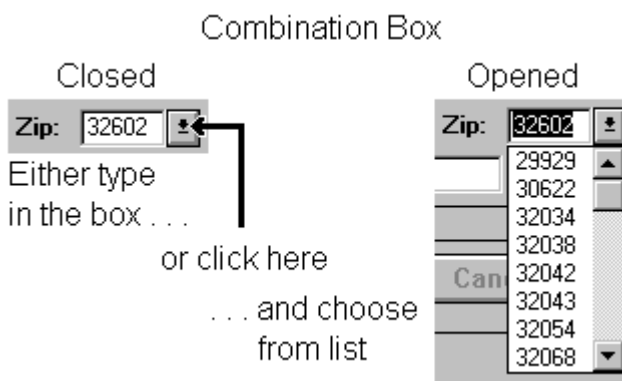
To activate the text box with it's contents selected, click on the label for that text box (the word "city" in this illustration). To activate the text box in editing mode, click within the box. Double clicking in the box selects the word you've double clicked.



Any change to a field can be undone by pressing <ESC> once. Pressing <ESC> a second time undoes all changes made to a record. As an example, assume that patient John Doe's record is on screen. A new street address is entered, but it is typed in the City field. <ESC> will undo the change. If John Doe's record is on screen, and the street address, city, and phone number have all been changed where it was intended to change John Dean's address, pressing <ESC> twice will undo all changes to that record.

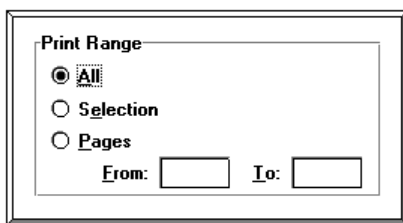
## COMBO BOX

Another frequently used data entry tool is a **combo box**. A combo box is called a combo box because users can either type text into the box, or click the drop down arrow and select from the list. Some combo boxes will accept values that are not in the list, others limit selections to the existing choices. If a field is unknown, combo boxes that require selection from the list will frequently have a white space at the top of the list. Select this entry for an unknown answer.



## OPTION GROUP

An option group appears similar to check boxes, but in an option group only one option can be selected. This is displayed in this manner because the choices offered are mutually exclusive of each other. Choosing one option clears the selection of the other options. Consider a print dialog box, where the choice offered is to print the entire document, several pages, or selected text. Such a dialog box would have an option group as follows:



Only one of the options is available, therefore Windows displays the choices with buttons to select, and which indicate the option selected. Clicking on a different option cancels the first selection. This is in contrast to check boxes, where any combination of the available boxes may be selected.

## ENTERING DATES

In text boxes where *HandyWorks* expects a date, there are two considerations. First, several date formats may be entered. The easiest is to enter the date in month/day/year format, such as 4/2/11. Note that leading zeros are not required. You also may omit the year if the date is in the current year, so April 2 can simply be entered as 4/2. You can also enter the date as 2-apr or 2-apr-11, and several other formats. These are determined by the international settings in Windows.

The second consideration is the year. In most cases, users can simply enter a two digit year, such as 11 for the year 2011, or 56 for 1956. *HandyWorks* assumes that any year entered that is less than 30 is interpreted as the 21<sup>st</sup> century, and any year which is 30 or greater to be interpreted as in the 1900's.

## DIALOG BOX

A dialog box is a common element of a Windows application. Users of Word or Excel are accustomed to the Print dialog box, or the Options dialog box. Dialog boxes are used in *HandyWorks*. The window that appears when Self Help is clicked is a dialog box, as is the Edit Find box. An important characteristic of a dialog box is that while a dialog box is displayed, users can only work within the dialog box. While the Find in Field ... dialog box is open, the form that it appears on top of is not accessible. A dialog box must be closed to continue working on the original form or on anything else in *HandyWorks*.

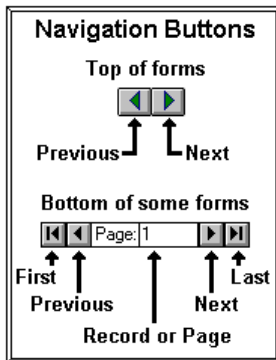
## COMMAND BUTTONS



On the main forms of *HandyWorks* for Windows, command buttons to quickly take the user to other main screens appear across the top of the form. These buttons have icons on their face to make them easily identifiable. If the mouse is allowed to rest over the button, a caption appears which explains the use of the button. The buttons also have numbers, which can be pressed while holding the <ALT> key to activate the button if the mouse is not readily accessible. The Patient button is illustrated above, and is activated by <ALT>+1.

## NAVIGATION BUTTONS

Navigation buttons appear in several screens and reports in *HandyWorks*. These buttons are used to move to the next or previous record. These buttons appear in the top of the form as large arrows, or in the bottom of the form.



Use the buttons with an arrow which points left to move to the previous record. Buttons with an arrow facing right will move to the next record. The button with an arrow pointing left, with a line next to it moves to the first record. The opposite button, an arrow facing right pointing to a line moves to the last record.

The record or page indicator not only indicates the page, but also can be used to go to a particular page. To go to a desired page or record number, click in the box, then type the number of the record or page to go to. After typing the number, press <ENTER>. *HandyWorks* will move to the desired record.

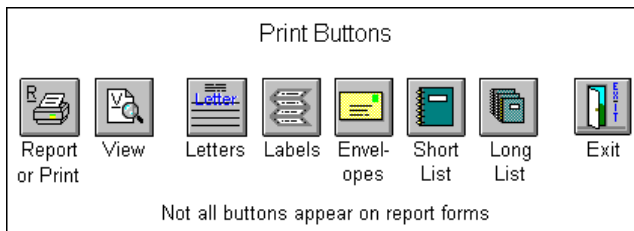
# Reports and Printing



## PRINTING

Printing is an easy process common to most modules of *HandyWorks*. To print, click on the Reports button which is common to most *HandyWorks* forms. The Reports button causes a dialog box to appear allowing selection criteria and/or choosing the desired report. Enter the information required as described later in this section.

After the report is chosen and any criteria entered, select the desired options from the buttons on the top of the selection form. The buttons that may appear are:



Click the Report button to print the report. Use the View button to preview the report on screen or set printing options. All printing setup options, including selecting a printer, are available only after using the View button.

The Letters, Labels, Envelopes, Short List or Long List buttons only appear as appropriate. Use the Letters button to print the selected items in letter form. The Labels button will print the selected items on mailing labels. The Envelopes button causes the selection to be printed on envelopes. Short list will print the report omitting some level of details. The Long List button selects all details available for the selected report.

The Exit button abandons the printing process, returning to the previous form.

## REPORT CRITERIA

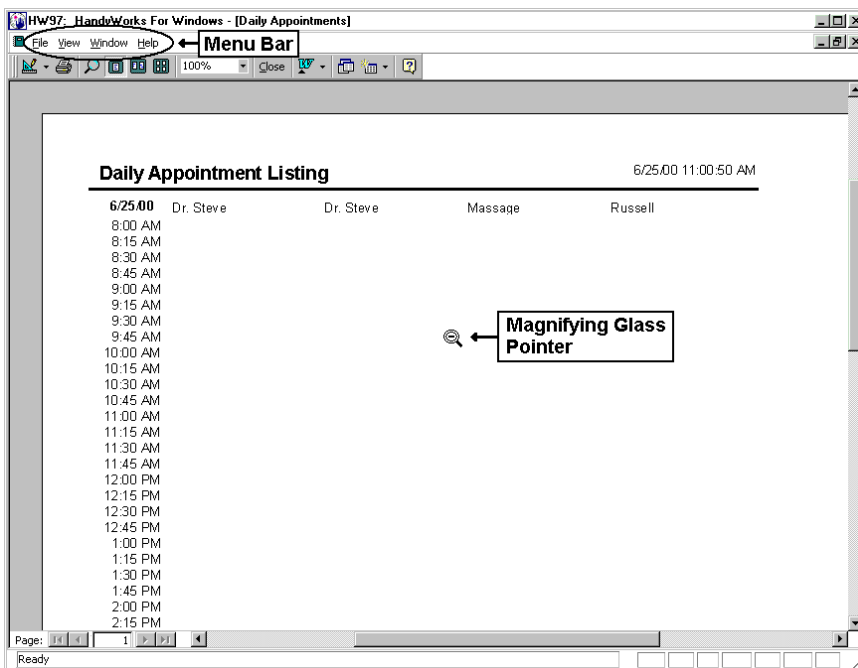
The *HandyWorks* report wizards, which include the statement, billing, and e-bill wizard, are designed in most cases to print all the data in the practice. You enter criteria to limit the report to

the data you are interested in. There are, consequently, many different criteria that you can enter to limit the scope of data the report will print. In most cases, for example, you can select activity by date range, by a range of patient names, by a range of your codes, and many other selection options. This gives you a great deal of flexibility in the type of report you can generate.

The many criteria offered by *HandyWorks* may, however, tempt users to enter too many criteria. For example, if you want to reprint a particular bill, and have the bill number, just enter the bill number. It is not necessary to put in the patient name, date of bill or carrier. In general, avoid entering to many criteria. It is often not necessary to get the data you want, and the criteria may conflict to such an extent that no data matches the criteria, thus yielding a blank report.

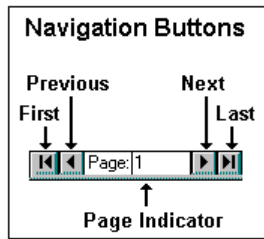
## PRINT PREVIEW AND SETUP

In any *HandyWorks* form that supports printing, choose the Report button to print immediately with no further intervention. If you want to change printers, paper size or type, number of copies, or other printing options, use the View button. When View has been chosen, *HandyWorks* displays the report on the screen as it will print.



The mouse pointer displays as a magnifying glass when it is over the report preview window; click the mouse to zoom out to page view then back to a particular area of the screen. Use the scroll bars to move around the page. Use the navigation buttons at the bottom of the screen to view subsequent pages.

Navigation buttons appear at the bottom of the window as follows:

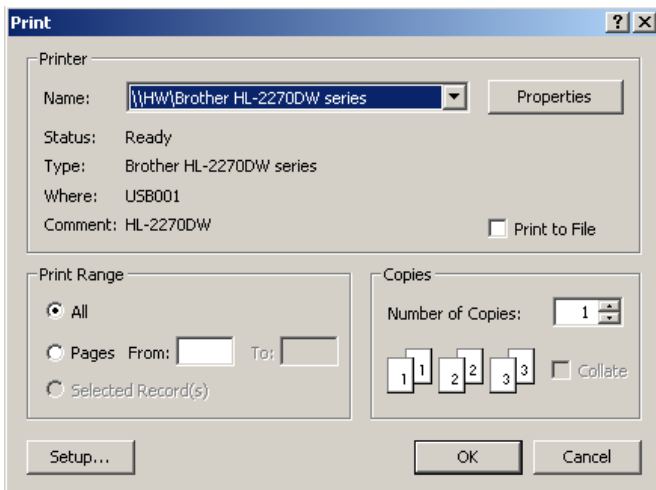


The navigation buttons move to the indicated page of the report. Clicking on the last page button can cause *HandyWorks* to format a report for some time; to interrupt this process, hold the <CTRL> key and press the <BREAK> key (usually located above the <PAGE UP> key). To go to a particular page number, double click in the Page Indicator box, then type the page number desired and press <ENTER>.

After the report has been viewed, click on the close button or choose **File | C**lose. To print the report, change printers, or change page setup from the preview window, you must display the Print Dialog box as described in the next section.

## THE PRINT DIALOG BOX

To choose printers, paper size or source, margins, and label settings, choose **File | P**rint **S**etup from the preview window. The print dialog box appears as follows:



*HandyWorks* is shipped with the Windows Default printer selected for all reports. This will cause all reports to be printed on your system's default printer. To send the report to a different printer, click on the arrow at the right end of the Name combo box to open it, then select the desired printer.

## PRINTER SETUP FOR MAILING LABELS

*HandyWorks* is designed to print on Avery 5660 or equivalent mailing labels. These labels are three columns of labels wide and ten rows long per page. If it is necessary to print on other labels, the Print Setup dialog box can be changed to match different labels.



# Overview

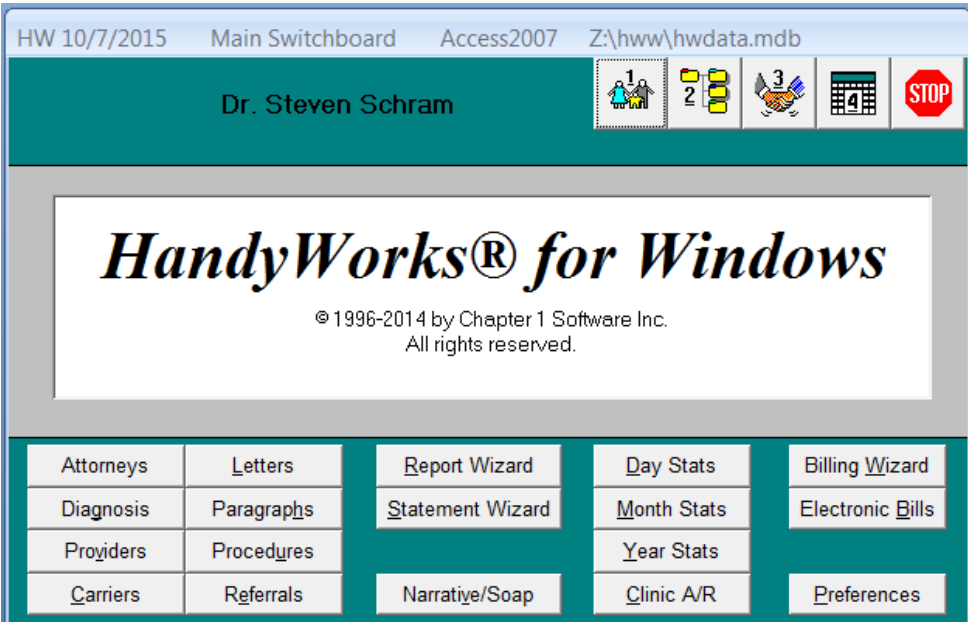


*HandyWorks* is shipped with sample data. This data is provided to allow users to see what data should look like. You can delete it at any time.

Start *HandyWorks* by double clicking on the *HandyWorks* icon on the desktop. The main switchboard should appear. If you don’t see the main switchboard, likely *HandyWorks* is asking for your User ID and Password (see “Security” on page 24). If you see a dialog box asking for the location of HWDATA, see “Reattach Data” on page 25.

## MAIN SWITCHBOARD

After starting *HandyWorks* (and entering your User ID if necessary), the main switchboard appears. It provides access to all of the features of *HandyWorks*.



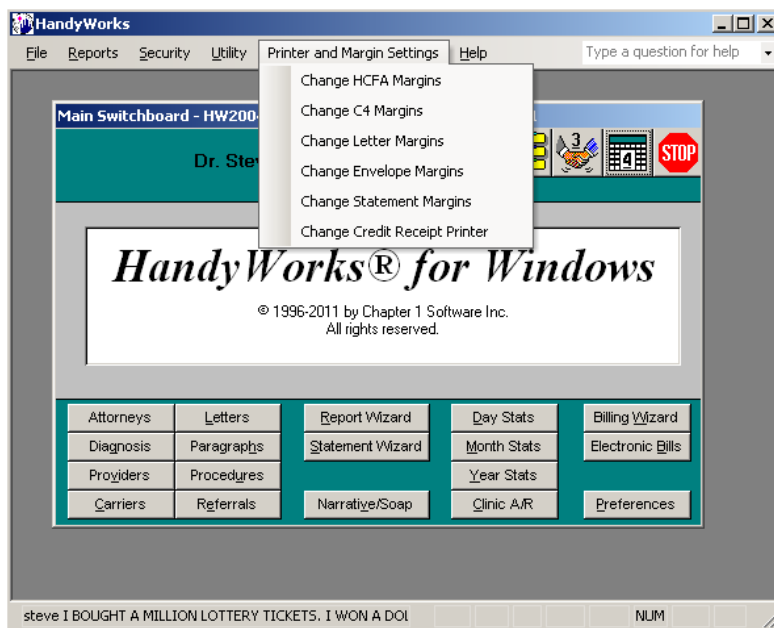
The Main Switchboard has large buttons across the top for the most frequently used features of *HandyWorks*. They are 1 Patient Data, 2 Case Data, the 3 Transactions, and the 4 Appointment Book. Each of these functions is explained in the appropriate section of this manual. Click on the Stop sign to exit *HandyWorks*.

The smaller buttons at the bottom left of the switchboard are used to enter data that supports your patient records. The next group is for accounting and analysis. The buttons on the right are used for billing and practice setup.

The Main Switchboard is the central area from which all features can be accessed. To make *HandyWorks* easier to use, the Patient, Case Data, Transactions, and Appointment forms each have the same four buttons in the upper right corner. Various options, such as printing reports, are available from the different forms. Choosing Exit from any form will return you to the Main Switchboard.

Command buttons on the various screens each have an access key. Holding <ALT> and pressing the underlined letter or number on the button (or in this manual) activates the feature.

## MAIN SWITCHBOARD MENU BAR

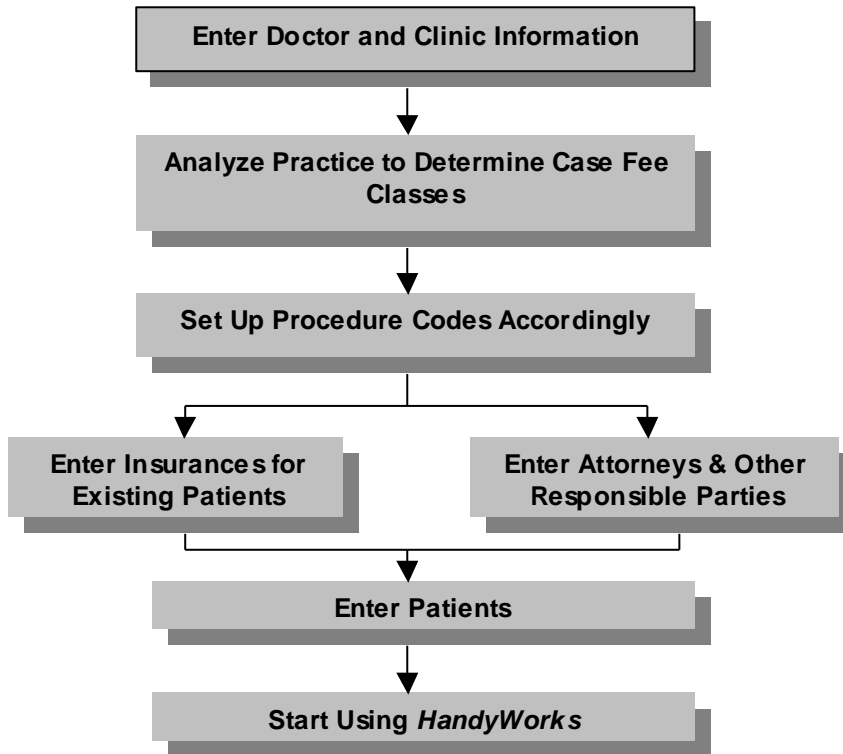


Because each computer setup is different, HandyWorks provides the end-user with tools to change margin setting on several of the built in reports. We encourage you to contact technical support with help in setting these options.

# Steps to Setting Up Your Practice

## THE HOW:

## THE



## WHY:

In order to understand how *HandyWorks* works with your practice, and why you *must* setup things in a particular order, it is helpful to discuss some of the design features of *HandyWorks*. *HandyWorks* is a database management system created to assist in collecting and using information in the medical practitioner's office.

The vast majority of the information entered into *HandyWorks* will involve tracking services to patients. As you enter data about a patient visit or service, *HandyWorks* will store information to help you collect money from that patient, insurance company, and attorney as appropriate.

*HandyWorks* will, for example, calculate the fees due to the office from the patient. To calculate these fees, *HandyWorks* consults the fee schedule and insurance limits to determine the allowable fees and benefits, then calculates what the patient owes you after deductibles. If you enter the visit before you determine the fee schedule and insurance coverage, *HandyWorks* would not correctly calculate the fees charged and the amount due. *HandyWorks* would also prepare insurance claims based on possibly incorrect data.

So while you can “get away” with entering visits without proper insurance and diagnostic data, you will have to return at a later time to fill in the missing information. If you don’t fill in the missing information, insurance forms will either fail to print or have incomplete information.

## INITIAL PRACTICE SETUP

The following steps must be taken to start using *HandyWorks* for Windows.

1. Enter your Clinic and Doctor information.
2. Analyze your practice to set up your fee schedules (classes).
3. Set up your procedure codes and fees.
4. Enter your insurance companies and attorneys
5. Enter patients and their cases.
6. Start using *HandyWorks*.
7. After at least one visit has been entered for one of your practice’s patients, you may delete the dummy data from the Utility Menu on the Main Switchboard.

The next section of this manual details the particular functions in setting up or maintaining *HandyWorks*. It is presented in the order that the steps should occur. After the required steps are discussed, the remaining screens are presented in alphabetic order.

# Practice Setup and Maintenance

Attorneys	Letters
Diagnosis	Paragraphs
Doctors	Procedures
Insurances	Referrals

The command buttons in the lower left corner of the Main Switchboard provide access to the *HandyWorks* setup features. In addition, the Preferences button is used for initial *HandyWorks* settings. Finally, periodic maintenance, and possibly repair, of the database is discussed. These features will be discussed first with the steps that must occur first, then in alphabetic order.



Practices setting up *HandyWorks* initially will see sample data included to illustrate *HandyWorks* functions. This data may be left in the system as long as desired to help you understand *HandyWorks*. The sample data should not be deleted until you have entered at least one visit for a patient in your practice. To delete sample data, start *HandyWorks*. From the Main Switchboard, use the menu bar option Utility, then choose Utilities. From the Dialog Box that appears, choose Delete Dummy Data.

Start the Practice Setup by choosing Preferences to enter your practice information.

## PREFERENCES



Your first task is to change the name, address and corporate tax ID information to your own. Just type over what is there. Type the clinic's name in the **Name** text box. Use the **Address**, **City**, **State**, and **Zip** text boxes to enter the clinic's address. Type the zip code without the hyphen. Same for the **Phone** as *HandyWorks* enters these for you.



Enter a CORPORATION Tax ID **only** if the Clinic is a corporation. Leave it blank if all you use is a personal SS# since that will go in the Providers screen. If you do enter a number here, enter the "-" for *HandyWorks* to know if it is an EIN or SS #.

Similarly, if the clinic has a Type II NPI number, enter it here. If you have only one NPI, it is a personal NPI so leave this field blank and put your NPI in the Providers screen.

The **System Date** is displayed in the text box provided. You can change this to temporarily change the system date if you need a large number of transactions for a date different from today. While the system date can be changed for this purpose, **you must remember to reset the date when you have finished entering the late data**. Changing the date does not change the computer's date; *HandyWorks* will use the computer's date the next time it is started.

The New Patient Defaults section allows setting values for some fields.

Don't worry about changing the default practitioner in the **Default Dr** field right now. When you get to the Doctors section, solo practitioner practices can simply rename the "Marcus Welby" data to their name. Larger practices will also do that but also enter more practitioners. The Default Dr. is automatically assigned to all new cases, saving you entry time.

**Note:** The options in the New Patient Defaults affect *only* new patients. Changing any value here will not make any changes to existing patients.

All patients and visits are assigned an internal account number. It is not important unless you want it to use it for your own purposes. So, if your clinic has a numbering preference, set it in the appropriate box. The default is "Don't Care." Similarly, if you want visits to be custom numbered, choose the numbering system in the **#ing Options** combo box, and set a desired next visit number in the **Next Visit #** text box. If you choose sequential numbering, you might like to start each year by setting the number to ??00000, where ?? represents the last two digits of the year.

Select the **Send Statement** check box to cause the send statement option to be checked when new patients are entered. Select the **Charge Finance** check box to automatically have new patients assessed finance charges. These options can be changed for individual patients; what is set in this form is the value automatically assigned to new patients. *Remember that these items only apply to new patients.*

Probably the most important boxes to choose are the assignment policy boxes. These settings save time and prevent mistakes when an insurance carrier is selected for a new patient when setting up their case. As mentioned in the previous paragraph, the default information entered here can be overridden for any patient who is an exception to the policy.

When the clinic information is correct, choose Exit to return to the Main Switchboard.

## ADD, DELETE, OR MODIFY A CLINIC

Most users only need to change the name and address information for the Universal Health Clinic that ships with *HandyWorks*. You would only add a second clinic if you have two or more locations where you provide services, *and* you need to report and account for them separately. This is because all statistics generated by *HandyWorks* are reported by clinic. If you set up two clinics, your statistics will be for two separate offices.




New clinics can be added to *HandyWorks* by choosing the Add button (use <ALT>+A to access this feature). Patients can be switched between clinics, but statistics for only one clinic will be active at any one time. Clinics that have no patients and that are no longer needed can be deleted by displaying the clinic to be deleted and choosing Del.


Once you have activated the add button, fill out the information appropriate for this location. When complete, choose OK. At this point, because you have more than one clinic, you will find a combo box to select the clinic you want to work with.

When you have more than one clinic, you may designate one of them as the **Master Billing Address** by choosing the check box. This clinic name and address now be the one that prints in Box 33 of the HCFA. Box 32 would have the address where the service was rendered if different than the Master Billing Address.

## SECURITY

A rectangular button with a grey gradient background and a thin black border. The text "Set Up Security" is centered in a black, sans-serif font.

HandyWorks security features become active as soon as there is more than one user entered in the system. When you first start *HandyWorks*, the system checks the user list. If it is empty or has only one entry, *HandyWorks* opens with all features activated. If there is more than one user in the list, *HandyWorks* presents the login dialog box:

A screenshot of a Windows-style dialog box titled "HandyWorks for Windows". The background is light grey. At the top, the title bar is blue with white text. Below the title bar, the text "HandyWorks for Windows" is written in a large, blue, italicized serif font. Underneath that, "Office Management Software" is written in a smaller, black, sans-serif font. At the bottom, there are two input fields: "User ID" and "Password", each with a small vertical cursor icon on the left. To the right of the "User ID" field is a "Login" button, and to the right of the "Password" field is a "Cancel" button. Both buttons are small, rectangular, and have a grey gradient background with a black border.

The user then types a User ID and password assigned by the system administrator. Both must match a user in the *HandyWorks* system. *HandyWorks* then allows access to only the features selected in the Manage Security form.

To set permissions for various users, choose Manage Security from the Preferences form. The following form appears:

The first step you must take is to add a new user. Choose the Add button, and then enter the user’s login name in the **UserID** text box. Create a Password and enter it into both the **Password** and **Again** boxes. Then choose the desired features that user will be able to access. You must always have one user who has **ADMIN** checked. This user can access this form and make settings for other users. When setting up privileges for other users, use the All button to select all the check boxes for this user, the None button to remove all check marks. Choose Exit when done.

**REATTACH DATA**

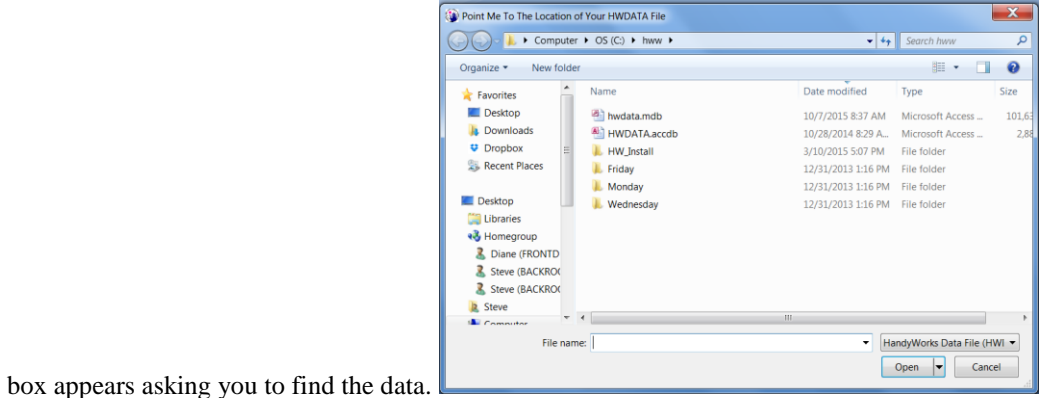


*HandyWorks* uses a separate database to store your clinic’s data. This file is named HWDATA would typically be stored on a network drive in a shared folder. In a single user system, it is found in the same directory as the program, usually C:\HWW. If HWDATA is moved or becomes corrupted, *HandyWorks* would automatically display a dialog box to find this file.

If, during the course of normal operation with *HandyWorks* a user gets a dialog box asking for the location of HWDATA, you will most likely find that the data file is corrupted. Try repairing the data file first, as explained on page 27. If this is not successful, you will have to recover from backup.

In a case where a practice has two or more data files (a practice that trains users on a separate database, for example), use the ReAttach Data button to change between databases. This button is located on the Preferences form; from the Main Switchboard choose Preferences, then choose ReAttach.

Whether the open file dialog box appears automatically or you chose the reattach button, a dialog



box appears asking you to find the data.

Use the navigation buttons in the dialog box to locate the HWDATA File. Note also that the file may appear either as HWDATA or HWDATA(.MDB or .ACCD), depending on the settings in the Windows Explorer.

Click on the file name, then choose Open. *HandyWorks* will reattach the data file, then ask you to restart the program so it initializes properly.

## Database Repairs

*HandyWorks* is split into two components, the program file and the data file. The data file is called HWDATA. Regardless of how many users or workstations your practice has, there is only one HWDATA and it lives on your “Main Computer.” The program file, HW20?? is located on each user’s computer, usually in the \HWW folder.

Either of these files may become damaged. And both of these files will become larger over time. Periodically, it is wise to repair and compact the data file. The program is repaired by replacing it with the latest download from the [HandyWorks.com](http://HandyWorks.com) website.

In general, MS Access that runs *HandyWorks* is very reliable. But as with all software, problems can occur that require your data to be repaired. Often, the cause can be traced back to a power

failure, network failure, a windows error, or a user shutting down their computer before exiting *HandyWorks*.

## How to Repair Data

Monthly maintenance of the central data file, HWDATA.ACCDB is advisable to recover space used by temporary objects and work done in *HandyWorks*. To compact and repair the data file, *all users must exit HandyWorks*. If any users have a copy of *HandyWorks* running (even if they aren't actually working in it), the system will not be able to process the file.

Start Access but do not open any files. Then from the Database Tools menubar, choose database utilities, and then Compact/Repair. Select HWDATA in the C:\hww folder (or in another shared folder if you have placed it there).

If compact/restore is not successful, the only option is to restore from backup. If you have not been backing up your data, there is a possibility that some data may be recoverable. But it won't be easy and it will be expensive. Much better is to be backed up!

## ATTORNEYS



To enter or maintain attorneys, choose the Attorneys button from the main menu. The Attorneys form appears:

A screenshot of a software window titled "Attorneys". The window has a blue title bar and a green header area. In the header, there are icons for adding (+), deleting (Del), and printing, followed by a "Find" dropdown menu showing "Barenbaum". The main area is divided into two sections. The left section contains several text input fields: "Your Code" (with "Barenbaum" entered), "Firm Name" (with "Morris Barenbaum" entered), "Address" (with "1205 47th Street" entered), another empty "Address" field, "City" (with "Brooklyn" entered), "State" (with "NY" entered), "Zip Code" (with "11213" entered), "Attention" (with "Morris Barenbaum" entered), and "Phone / Fax" (with "[718] 871-8700 / [718] 436-7936" entered). The right section is a large empty box labeled "Notes". At the bottom, there is a status bar with "Record:" followed by navigation icons and the text "1 of 44".

Edit the fields in the form as desired. Find the attorney to be edited by either using the arrows at the bottom of the form to browse to the attorney, or open the Find combo box at the top of the form to select the attorney. Use the Add button to provide a blank form where an attorney can be added. Use the Del button to Delete the attorney listed.

Enter a code in the **Your Code** text box. This field is required, and an attorney can not be saved without a unique entry in this field. A suggested code might be the attorney's last name and their first initial or their firm association. Any unique entry is acceptable. Enter the actual firm name in the **Firm Name** text box. Use both **Address** text boxes to enter the mailing address of the law firm. Complete the mailing address by completing the **City**, **State**, and **Zip Code** text boxes. The State field accepts only two characters, use the standard two letter abbreviation. Enter the five or nine digit Zip Code assigned by the Postal Service. Type the name of the contact at the attorney's office to which correspondence is to be addressed in the **Attention** text box. Enter the **Phone** and **Fax** numbers in the respective text boxes. Notice that phone numbers are formatted by *HandyWorks* for Windows; type only the digits of the phone number. In the **Notes** box, type relevant information about the attorney.

If the attorney is being added, click the **OK** button to explicitly save the record, or simply exit or move to another attorney with the navigation buttons.

## Attorney Reports



The attorney reports, available by choosing the **Report** button, are also available from the main menu. Choosing Attorney Reports displays the Attorney Report Switchboard:

The screenshot shows a window titled "Attorney Report Options". At the top, there is a toolbar with icons for a report, a magnifying glass, a document, a list, a folder, and a checkbox labeled "Print Return Address?". Below the toolbar, a text box contains the following text: "Two Attorney reports are here: the Collection Percent report shows patients and collections by lawyer; Short List returns a simple list of Attys w/ comments and addresses, in user-defined range and order, as do labels, envelopes, rolodex." Below this text box, there are three main sections: "Report Type", "Service Date Ranges", and "Order". The "Report Type" section has two radio buttons: "Collection Percent" and "Short List/Env/Label", with the latter being selected. The "Service Date Ranges" section has "From" and "To" date pickers, with "From" set to "12/21/2011" and "To" set to "1/21/2012". The "Order" section has three radio buttons: "Your Code", "Company", and "Zip", with "Your Code" being selected. At the bottom, there is a "Range" section with two dropdown menus: "Starting Code Number" (set to "Barenbaum") and "Ending Code Number" (set to "Zimmerman").

There are two primary options available with Attorney Reports. A report detailing collection percent by each attorney in a selected range is available, as well as a general purpose listing. The listing of all attorneys can be in a list format, envelope format, or labels. When you are printing envelopes, you can choose to print your clinic return address if you do not have pre-printed letterhead stationary.

DIAGNOSIS



Use the Diagnosis button to enter or modify diagnosis codes for the practice. The Diagnosis Codes form appears as follows:

Your Code	ICD9	ICD10	Description
▶ AbdPain	789.03	R10.9	Unspecified Abdominal Pain
Acne	706.1	L70.0	Acne, Cystic
Adrenal	255.41	E27.1	Primary adrenocortical insufficiency
ALLER	477.9	J30.9	Allergic Rhinitis
ALLERG	995.3	T78.40XA	Allergy
ALLERG-D	995.3	T78.40XD	Allergy, established
Allopecia	704.00	L65.9	Allopecia
Amen	626.0	N91.2	Amenorrhea
ANEMIA	281.9	D53.9	Anemia, Chronic Simple
AnkAchStrn	845.09	S86.019A	Strain of unspecified Achilles tendon, initial encounter
AnkAchStrn-D	845.09	S86.019D	Strain of unspecified Achilles tendon, established
AnkAchStrnL	845.09	S86.012A	Strain of left Achilles tendon, initial encounter
AnkAchStrnL-D	845.09	S86.012D	Strain of left Achilles tendon, established
AnkAchStrnR	845.09	S86.011A	Strain of right Achilles tendon, initial encounter
AnkAchStrnR-D	845.09	S86.011D	Strain of right Achilles tendon, established

The Diagnosis Codes form is a datasheet presentation of the diagnoses available for your practice. It can be sorted in any order by clicking in the desired option button at the top right part of the screen. Choose to sort by Your code, ICD9 or ICD10 Code, or by Description. Use the Add button to add a new code. While adding a new code, the Add button is replaced by an OK button; choose OK when the code is complete. The Report button opens the Diagnosis Codes Print Options dialog box, which is described in “Reports and Printing,” page 11.

Delete an unneeded diagnosis by choosing that diagnosis in the datasheet, then choosing Del. Note, however, that a diagnosis can not be deleted if it is being used to describe any patient’s condition.

Find the diagnosis to be modified by using the scroll bar to find it, or open the Find combo box at the top of the form. After opening the Find combo box, type the first letter or first few letters of the diagnosis code; the list will find the first match for what has been typed. When the diagnosis to be modified is visible in the Find box, click on it; *HandyWorks* will move to that code in the datasheet.



Enter a code for the diagnosis in the **Your Code** cell. Up to six characters may be used to abbreviate the diagnosis. Your Code must be a unique code, and it can not be blank. If the code entered is already assigned to another diagnosis, *HandyWorks* does not allow the entry. In data entry mode (after choosing Add), *HandyWorks* conveniently moves to the record of the code typed. If the Your Code entry for an existing record is changed and it matches another diagnosis code, *HandyWorks* cancels the change.

Enter the appropriate ICD Code in the **ICD9 and 10 Code** cell. Type the description in the **Description** cell. When complete, click in the next code to be modified. The up and down arrow keys on the keyboard do not move to a new row in this datasheet form.

When the diagnosis codes have been modified as needed, choose Exit to return to the Main Switchboard.

## Diagnosis Reports



Use the Report button to open the diagnosis print options form.

**Diagnosis Codes Report Options**

Three Dx reports are available:

1. The Usage/ Analysis report gives usage by Dx code within user-defined ranges.
2. List of all patient visits with a specific Dx over a specific date range.
3. The List is a simple list of Dx Codes, with Abbreviation and Description.

**Report Type**

☒ Summary of Usage by Patient

☐ Detailed Usage by Patient

☐ List

**Diagnosis Range**

**Start/End Code**

053.9

V15.4

**Start/End Dates**

10/1/2015 10/8/2015

**Diagnosis List Order**

☐ Your Name

☒ ICD9

☐ ICD 10

☐ Description

## PROVIDERS

Providers

Choose Providers to add, modify, or delete practitioners in the office.

**Provider Information**

Find: MW1 - Marcus Welby MD

**Doctor Information**

Your Code: MW1

Name: Marcus Welby MD

First Name: Marcus

Last Name: Welby

Tax ID#: 888-88-8888

Type 1 NPI: 123123123

Provider is a: Medical Doctor

Taxonomy:

Notes:  
a popular doc in the 50's

**Legacy IDs for specific carriers**

Label	Legacy ID
▶ Anthem	
ASHN	
BCBS	654321
BLANK	
License	12345
Medicare	
OptHealth	
Oxford	
WComp	
*	

Record: 5 of 6

Add a provider by choosing Add. Delete a provider by choosing Del (a provider who has any patients, visits, or bills can not be deleted. You can use the utility option to transform those visits and patients to a different provider). Use the navigation buttons move to a different provider, or open the Find combo box.

In the **Y**our **C**ode text box, enter a short code for the provider. Up to three characters may be entered, but they must be unique. Enter the practitioner's name in the **N**ame text box. Choose the type of provider in the **T**ype combo box.

Enter the practitioner's personal Tax ID number in the **T**ax **I**D text box. Use hyphens in this box to help differentiate between a Social Security number (111-11-1111) and an EIN number (59-11111111) . The NPI now replaces most other identifiers and will appear in box 24 and/or 32 or 33. Taxonomy is used to override internal defaults defined for each provider type.

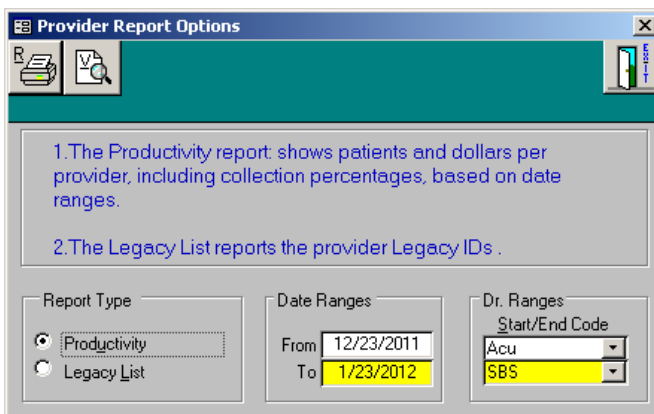
Some carriers require providers to report a specific identifying code with their claims. Use the Legacy ID area to enter this data. Use License, Medicare, W'Comp, BCBS and Medicaid others if needed. Enter administrative or other notes in the **Notes** box.

If this is a new provider, choose OK to complete the entry, or navigate to the next or previous provider.

## Provider Reports



Use the Report button to open the provider print options form.



The Productivity report prints an analysis of the revenue generated by each practitioner. Patients are listed, as are collection rates. The Legacy List prints the legacy IDs.

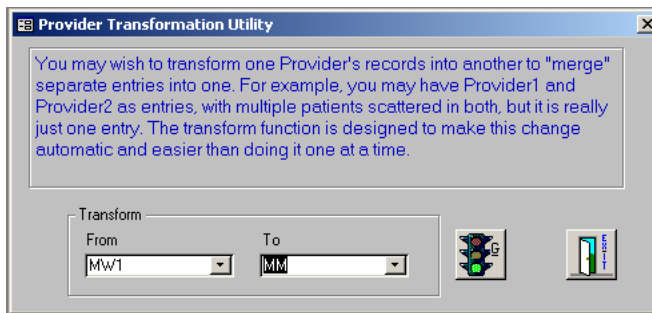
Either report can be printed for one or more practitioners. Choose the Start/End code combo boxes to select the first practitioner and last practitioner to print. While date ranges can be entered for either report, only the productivity report responds to the date ranges. Enter the beginning and ending dates in MM/DD/YY format.

After the desired options have been selected, choose the Printer (Report) button to print the report, or the magnifying glass (View) to view the report on screen.

## Util

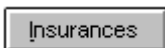


In mature practices with multiple providers, there may come a time when you need to transfer patient records from a retired provider to a new one. This utility provides that function. Choose the From and To doctors, press Green to Go, and the old provider's records will be assigned to the new providers. This is irreversible.



Use the Exit button from the Doctors Data form when done to return to the main menu.

## INSURANCES



Use the Insurances command button to add or modify insurance carriers entered in *HandyWorks* for Windows. The Insurance Carriers form appears:

A screenshot of the "Insurance Carriers" form in a software application. The form has a title bar "Insurance Carriers" and a menu bar with icons for adding, deleting, and saving. Below the menu bar is a toolbar with buttons for "Add", "Dup.", "Find", and "End". The "Find" button is active, and the text "BCBS Xover-Blue Cross Blue Si" is entered in the search field. The form contains several input fields: "Your Code" (BCBS Xover), "Carrier Name" (Blue Cross Blue Shield), "Carrier Type" (Medicare/Xover), "Address" (P.O. Box 3877), "City" (New York), "State" (NY), "Zip Code" (10008-3877), "Attention" (800/435-8184/548-012), "Box 11C Plan Name", "Phone / Fax" ((800) 992-2583), "E-Bill Payor ID", "Medigap ID", "Legacy Carrier ID", and "Legacy Provider ID" (BCBS). There is a "Customize HCFA for Carrier" button and a "Notes" section with text: "476-7600, 7111", "1 (800) 888-8288 new number", "prov relations", "718-312-4784", and "800-552-6630 auto system". At the bottom right, there is a checkbox labeled "Supress Electronic Bills" (note the typo). The bottom status bar shows "Record: 65 of 482", "No Filter", and a "Search" button.

Locate the insurance carrier to be modified, or choose Add to add a new carrier. While adding a carrier, an OK button appears. Then enter or edit the fields as needed.

**Caution:** Any changes to insurance carrier information will affect existing and future patients. It may be necessary to have more than one entry for insurance companies with different billing addresses. Duplicate the entry with the Add Dup button, then modify it as appropriate.

In **Your Code**, type a code to identify this carrier. This code must be unique. We suggest that you use the carrier's name, then append the P. O. Box or Street Number used to submit claims. If you follow this naming convention, each Insurance Company will be grouped together (all the Aetna's, Cignas, etc).

Be careful to enter a unique code for the new carrier; attempting to add a carrier with a Your Code that already is in use causes *HandyWorks* to move to that carrier for editing rather than enter a new Insurance Company.

Select the carrier type from the **Carrier Type** combo box. It is important that the type be identified correctly because HCFA printing changes by carrier type. This is particularly important for Blue Cross, Medicaid and Medicare.

Type the carrier's name in the **Carrier Name** text box. Use the two **Address** text boxes, the **City**, **State**, and **Zip** text boxes to enter the carrier's mailing address. The state field accepts only the two-letter abbreviation. Enter the five or nine digit zip code in the **Zip** text box. *HandyWorks* enters the hyphen for you.

In the **Attention** text box, type a contact name or other information to assist in speaking to the carrier's office. Enter the carrier's **Phone** and Fax numbers in the text boxes provided; do not enter hyphens as *HandyWorks* formats the telephone number.

Enter free form notes in the **Notes** box. Enter the electronic billing (Payor ID) identification number for the carrier in the **E-Bill Payer ID** text box. This number uniquely identifies each carrier and can be obtained from the carrier or the electronics claims clearing house. Enter the carrier's Medigap ID in the **Medigap ID** text box.

If the carrier issues a group ID to the clinic, enter it in the **Legacy ID** text box. This will appear in Box 32B and 33B of the HCFA. The **Legacy Provider ID** combo box indicates to *HandyWorks* which supplemental ID from the Provider form to report for this carrier in box 24 and box 33A of the HCFA.

**Supress** Electronic bills is checked if claims to this carrier are never to be sent electronically.

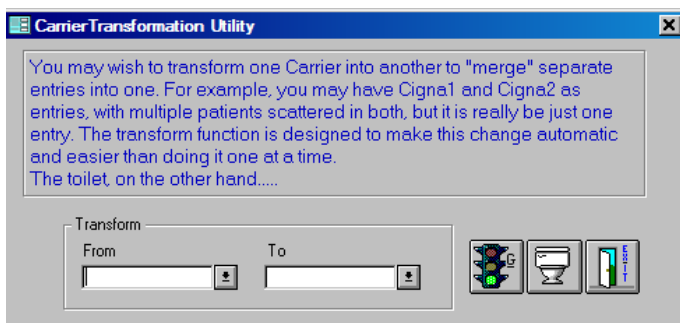
When complete, click on OK or one of the navigation buttons to save the changes. Choose **Del** to delete an insurance carrier. An insurance carrier cannot be deleted if any patients or bills are assigned to that carrier.

## Util



In mature practices, there will come a time when you have many unused and/or duplicate carriers. Since these may be associated with patients, you cannot simply delete the record. But you can

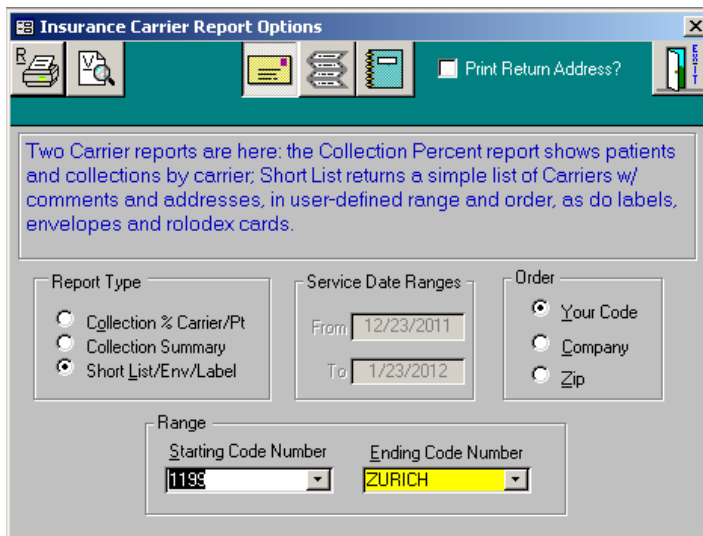
transform them and this utility provides that function. Choose the From and To Carriers, press Green to Go, and all references to the old carrier records will be changed to the new carrier. This is irreversible.



## Insurance Reports



Choose Report for the insurance carrier reporting options.





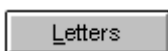
Choose the desired report type from the Report Type option group. Choose Collection % Carrier/Pt for a listing of claims, collection statistics, and outstanding balances per claim. Choose Collection Summary for collection statistics summarized by Insurance Plan. The Short List/Env/Label option simply prints selected item for each company.

For the Collection % Carrier/Pt and Collection Summary options, the report can be printed within a specified date range. In the From box, type the beginning service date in an acceptable date format. In the To text box type the last service date desired. Date formats are discussed on page 9 in the “*HandyWorks Basics*” section.

In the Order option group select the desired sort order. In the Range section, choose the starting insurance carrier code and ending code. Note that *HandyWorks* initially sets this to print for all companies.

When the desired options have been set, choose the Report button to print the report, or the View button to preview the report on screen. Other reporting options are discussed in the reports section.

## LETTERS



The Letters form allows the practice to create and edit letters to be sent to selected people on file in the practice. Thank you letters for referrals, welcome letters to new patients, birthdays and missed appointments are some of the more commonly used letters. Using the *HandyWorks* letters facility, the practice can create letters for any purpose and prepare the letter for selected patients, referring doctors, attorneys, and any other address stored in *HandyWorks*. The Letters form appears as follows:

**Letters**

Find

Your Letter Name  Date Format   
 Patient Address?  Date Placement

Dear &fn,

To all my patients, friends and associates. As the year draws to a close, I would like to thank all of you for your continued support and friendship, through what was a difficult and consuming transition for me. The new office, which I've been in for slightly over 7 months now, has been a very joyous place. The staff, with all of its diversity, has formed an integrated healing environment that makes working and being here quite rewarding. My body work has continued to evolve, with more attention being paid to releasing deep body tensions associated with past emotional

REPLACEMENTS: &LN=Last Name, &FN=First Name, &NAME=Full Name, &NN=Nickname, &BD=Birthdate, &AGE=Age, &OD=Onset Date, &AD=Accident Date, &SX=Male or Female, &FTMT=First Visit, &LV=Last Visit, &LX=Last X-ray, &RS=Referral Source, &Ins=Carrier Name, &INAD=Carrier Address, &CLM=Claim#, &GRP=Group, &ComplD=w/CBCCaseID, &Bal=Balance, &IBAL=Insurance Balance, &PBAL=Patient Balance, &Dx1=Diag1, &Dx2=Diag2, &Dx3=Diag3, &Dx4=Diag4, &FLL=1st Line of Label, &ATTY=Attorney, &TD Today's Date

Sign Off Placement   
 Sign Off   
 Signator

To find a letter for editing, open the **Find** combo box and choose the desired letter. The left and right arrows at the bottom of the form will navigate to the previous and next letter, respectively. To add a new letter, choose **Add**.

Creating a letter in *HandyWorks* is an easy process. To create a new letter, choose **Add**, give the letter a name, then type the desired text. Use the replacement codes to indicate where you would like to have the patient's name or other data inserted. When the letter is printed, *HandyWorks* will enter the corresponding patient information from the database in your letter. See the Reports Wizard, page 106, for more information on printing.

After choosing **Add**, enter a letter name in the **Your Letter Name** text box. This is a required field, and it must be a unique name. In the **Patient Address?** combo box, choose either "Show" to print the patient's address, or "Don't Show" to suppress printing the patient's address. Choose the appearance of the date in the **Date Format** combo box, which allows short date, medium date format, or none. If you print birthday letters once each month, leave the date as none on these letters so your print date doesn't appear. Choose left margin or right margin for the **Date Placement**.

The letter text goes in the center box. Limited formatting is possible; use the enter key to create a new line.

*HandyWorks* provides replacements, or macro substitutes, to allow you to insert data about the patient in the letter. When you print the letter, *HandyWorks* replaces the macro substitutes with the data for the patient. In the illustration above, notice that the salutation says “Dear &fn”; when you print this letter for patient John Doe, the salutation will be printed as “Dear John.” You can use these macro substitutes anywhere in the text of the letter. The lower right corner of the window shows all the available macro substitutions.

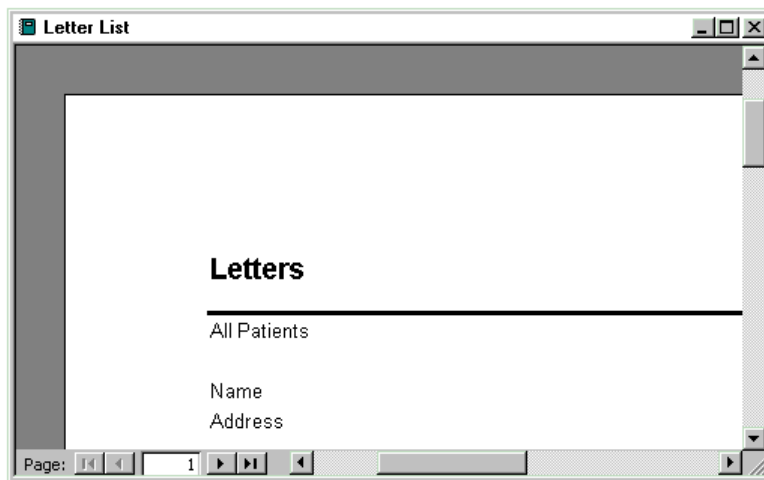
At the lower left corner of the Edit Stored Letters form are combo boxes for the letter closing. Select left margin, right margin, or none from the Sign Off Placement combo box. Choose from the options included with *HandyWorks* from the Sign Off box, or simply type your own closing. Choose from Clinic or Doctor in the Signator combo box.

When the letter is complete or modifications have been made, choose OK, or move to a different letter, or use the Exit button to exit to the menu.

## Letter Reports



Use the Report button to print the letters stored in *HandyWorks* for Windows. This method of printing will not insert the patient or other data in the document, rather it will print the letters in raw form. When you choose the Reports button, *HandyWorks* a window containing all the letters currently stored:

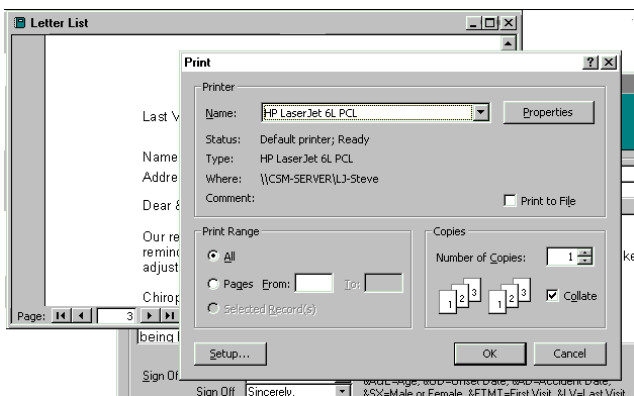


The method of printing letters in *HandyWorks* is somewhat different than most other print commands. This window is a “print preview” window showing the letter, as it will appear in print, but without the data. This window lists all the letters the practice has established. *Note: This method of printing does not insert the data into the letter (called a “mail merge” in word processing terminology). To print the letters with the data inserted, use the Report Wizard from the Main Switchboard. This wizard is also accessible from the Reports button from the Patient or Cases screen.*

You can move around this window to display different parts of the letter by using the scroll bars at the right and bottom of the window. You can zoom out to see the full page by clicking the mouse pointer on the letter. Once the letter is displayed as a full page, you can zoom in on a selected part of the letter by positioning the mouse pointer (which changes to a magnifying glass) over the part of the letter you want to zoom in on and clicking.

To print all the letters, either choose **File | Print** from the menu bar or the printer icon on the toolbar. The printer icon sends all the letters to the printer immediately. Use the **File | Print** method if you want to choose printers or make other changes in the print job.

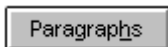
To print only one letter, use the navigation buttons at the bottom of the window to display the desired letter. Then choose **File | Print**. The *HandyWorks* window will now appear with a dialog box on top:



Notice in the illustration that the letter window appears behind the Print dialog box. In the lower left corner of that window is the page number. Click in the Pages From text box, and type the page number (3 in this illustration), and repeat that number in the To box. Set any desired printing options, then choose OK.

This window does not have the usual *HandyWorks* exit button. Use the Close button in the Letter List window to exit to the Letters form.

## PARAGRAPHS



Doctors will find that a great deal of their time can be saved by using the paragraphs feature of *HandyWorks*. The Paragraphs feature allows practitioners to speed the narratives and SOAP notes for patients by storing commonly used paragraphs.

Since practitioners tend to describe many conditions and treatments in the same manner, the descriptions commonly used can be stored in *HandyWorks* as a paragraph. As patients with similar symptoms are seen, or similar treatments are prescribed, those paragraphs can be recalled. Thus, you can save a great deal of typing for common injuries, findings, impressions, or treatments.

To realize the most time savings from this feature, it is important to realize that *HandyWorks* is designed to help you build S. O. A. P. notes and narratives. Rather than type the entire SOAP text or narrative, you can use many common paragraphs to build the desired description. In this step, you create the paragraphs that will be used later in other parts of *HandyWorks*. Naturally, if you want to add a paragraph in the future, you can do so at any time.

Choose **Paragraphs** to open the Paragraphs form:

Open the Find combo box to edit a paragraph on file or choose Add to add a paragraph. The left and right arrows near the Find combo box can also be used to navigate to different paragraphs.

Enter an identifying paragraph name or abbreviation in the Your Code text box. This name must be unique, and can be up to fifteen characters. Make this paragraph available in the Narratives form by selecting the Use in Narratives check box. The paragraph can also be made available in the soap notes form by selecting the Use in Soaps check box.

In the Text text box, type the paragraph. Substitutions are allowed for certain data in the *HandyWorks* system. Use the codes listed in the bottom of the Paragraphs form. In the example illustrated above, for example, the doctor could have used the &NAME placeholder so that the patient's name would appear when this paragraph is printed.

When complete, choose OK or navigate to a different paragraph. Use the Exit command button to return to the main menu. Delete a paragraph from the *HandyWorks* system by choosing Del. Choose the Narrative Builder command button to open the Narrative form for the last patient displayed; the S. O. A. P. Notes command button opens the soap notes for the last displayed patient.

## Paragraph Reports



Any paragraphs in the system can be printed with the Report button. The Report button opens a report which lists the name of each paragraph, the text of the paragraph, and whether it can be used in Narratives or Soap notes (or both). The report opens in view mode for viewing on screen, choose File | Print to print it.

PROCEDURES



Choose Procedures to enter and maintain the procedure codes for the practice. Choose the procedure you want to work with from the **Find** combo box, or use the navigation buttons at the bottom of the form to go in order. Use the **Add** button to add a new procedure.

The screenshot shows the "Procedure Codes" window. On the left, the "Procedure code details" section contains fields for "Your Code" (JOVI), "CPT" (99203), "Description" (Initial Intermediate OV), "Code Type" (Ins Billable Procedure), "SvcType" (Medical), "Modifiers" (25), and "Tax Rate%" (0). A note states: "You can assign any patient's case to a specific fee schedule. When you do that, the fees and copays from that fee schedule will be used when you enter services. You will need to set the desired fee and copay for each procedure." On the right, the "Fee Schedules" section has a title "Customize your fees, set copays, anticipate your insurance payment." Below it is a table with columns: "Custom Fee Class Description", "Fee", "Is Copay a % or \$", "Co-Pay", and "What's Expected from Insurance". The table lists various insurance classes and their corresponding fees and copays. At the bottom, there is a status bar with "Record: 63 of 153", "No Filter", and a "Search" field.

Custom Fee Class Description	Fee	Is Copay a % or \$	Co-Pay	What's Expected from Insurance
▶ ANTHEM	\$104.00	%	20	\$83.20
Auto/MWComp	\$80.00	%	0	\$54.74
Cash-55	\$80.00	%	20	\$64.00
CoPay-0	\$80.00	%	0	\$80.00
default	\$95.00	%	100	\$0.00
Medicare	\$45.00	%	20	\$36.00
OX-\$05	\$74.00	%	0	\$74.00
OX-\$10	\$74.00	%	0	\$74.00
OX-\$15	\$74.00	%	0	\$74.00
OX-\$20	\$74.00	%	0	\$74.00
OX-\$25	\$74.00	%	0	\$74.00
OX-\$27	\$74.00	%	0	\$74.00
OX-\$30	\$74.00	%	0	\$74.00
OX-\$35	\$74.00	%	0	\$74.00
OX-\$40	\$74.00	%	0	\$74.00
OX-\$50	\$74.00	%	0	\$74.00
OX-10%	\$74.00	\$	0	\$74.00
OX-20%	\$74.00	%	0	\$74.00
OX-50%	\$74.00	%	0	\$74.00

Setting up your Procedure codes properly is critical if you want *HandyWorks* to determine exact patient owes for every service and automatically calculate insurance owes and insurance write-offs. We let you charge any fee for any service, have varying patient copays and preset "expected insurance owes." Once you have a fee schedule setup, you can assign a patient to it and *HandyWorks* will post the correct fee, calculate the perfect patient copay, and even write-off what won't be collected from the insurance carrier. This saves the front desk time and dramatically reduces clerical errors.

While *HandyWorks* ships with a set of commonly used procedure codes and fee structures, you must modify this data to make HW work for your practice specifics. Begin by adding procedures that you use that are not part of the start up data set.

In the **Your Code** text box, enter a unique identifier for this procedure. Use short codes to save you typing later. Some practices may desire to use the CPT code to select a service; it is perfectly acceptable for the Your Code and the CPT to be the same. Type a descriptive name in the **Description** text box.

The **Code Type** is a category definer descriptor that defines how this code is to be used. There are 2 broad categories: Service Types and Payments or Adjustments. Service types are further divided into Insurance and Non-Insurance billable.

Service marked as Non-Insurance billable never appear on a HCFA claim form, and are always 100% patient owes. Insurance billable services follow the fee schedule rules for calculating the patient owes.

As for payments *HandyWorks* includes pre-defined Payment codes for cash payment, check payment, credit card payment, refunds, and insurance payment. Please don't change them.

In order to change an account balance, Adjustment codes are used. (Use of the term adjustment refers to accounting and it does not refer to a chiropractic manipulation). *HandyWorks* includes pre-defined codes for patient balance write-offs, insurance balance write-offs, error corrections, and balance corrections. As with Payment Codes, changing them is not recommended.

Enter any desired modifiers (up to three characters each) in the three **Modifiers** text boxes. It is not necessary to enter AT, GA, or GY modifiers.

The Service Type is not usually an important entry except to differentiate between the technical and professional component when billing for x-rays.

If applicable, enter a tax rate in the **Tax Rate** text box. A seven per cent tax rate must be entered as either 7% (the per cent symbol must be typed) or 0.07. Entering 7 as the tax rate would make a 700 per cent tax rate.

## Fee Schedules

This screen may look complex, but it is really very simple when you look at it one line at a time. Each row (or fee schedule) has a descriptive name for the fee schedule, an amount to be charged, a copay (percent or fixed \$) and the expected insurance owes. The name should reflect the use of the fee schedule. The Amount is what you will appear on the HCFA and the Copay is what you want the patient to pay. The Expected Insurance Owes is calculated for you as the difference between the Amount and the patient Copay. Normally, the patient Copay and the Expected Insurance will add up to the Amount.



To use a fee schedule, start by entering the charge for the service in the **Amount** cell. When entering the amount for the first time for a new procedure code, *HandyWorks* copies the initial fee to all fee schedules. In the **CoPay** box, enter the patient's portion of the charge, either as a dollar amount or as a percentage. In the next box, which is labeled **\$%**, type either a dollar sign (\$) if the CoPay value is entered in dollars, or the percent symbol if the co-payment is entered as a percentage. The expected insurance owes is calculated for you.

## Expected Insurance Owes

Sometimes, because of contractual limitations, the Expected Insurance will actually be less than what is calculated from the Amount and Copay. You may change the amount to reflect what is really is. If you do this, then *HandyWorks* will do something special for you when you enter this service as a line item in a patient visit. *HandyWorks* will write off the difference between what should be collected and what will be collected and put that on the row beneath the service as an Insurance Write-Off. It will do this automatically so it does not have to be done when payment is received.

In a busy practice, there may be many different rows for any given service, reflecting different contracts and copays. Every individual service based procedure has its own fee schedule with these values. And they are different so you can charge different amounts for different services.

After setting up the Procedure Codes and fee schedules, you associate these fees with the patient by setting the fee schedule in either Case Data or the Transaction form.

When the Procedure is completed, choose OK to save, or navigate to a different procedure code. Unused procedures can be deleted using the Del button.

Note: "Procedures" must be on file for payments and adjustments to accounts. *HandyWorks* is shipped with cash, credit card, check and insurance payments entered into the system for you. Likewise, there is a code for write off and account adjustment. There is no fee for these "procedures" since there can be no predetermination of what someone is going to pay.

## Procedure Reports



The procedures can be printed. Choosing Report opens the Procedure Code Report Options dialog box:

Procedure Code Report Options

Three transaction reports are available: the Usage/ Analysis report gives usage by code within a user-defined range; Lists are ordered by user and contain basic or full data about the entire set of Codes.

**Report Type**

- ☐ Usage Summary
- ☐ Usage by Patient
- ☐ Usage by Doctor
- ☒ List - Short
- ☐ List - Full
- ☐ Special Ins Owes

**Ranges**

Start/End Code

7F XWC3-

Start/End Dates

10/1/2015 10/8/2015

**List Order**

- ☒ Your Name
- ☐ Code Type
- ☐ Description
- ☐ CPT Number

Select the desired report by choosing the appropriate button in the Report Type option group. The first three options print statistics of procedure usage within the practice. The last two options print a list of the codes entered in the practice computer system.

*HandyWorks* defaults to printing the selected report for all codes used in the system. If a range of codes is desired, choose the starting and ending code from the Start/End code combo boxes. These combo boxes work in conjunction with the List Order option group. The list of codes available in the Start/End boxes will be sorted by the list order selection. Use the List Order option group to choose the sort order.

Use the Start/End dates text boxes to select the report range. These only limit the report if one of the three usage options is selected. If the short list or full list is selected, the date range is inappropriate and is ignored. Type any acceptable date format as discussed in “*HandyWorks Basics*” on page 9.

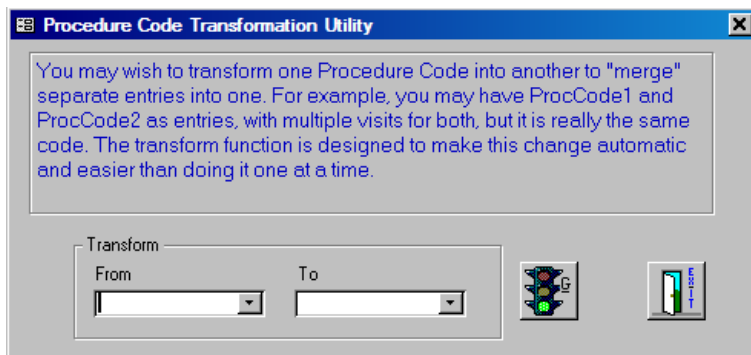
To print the report, choose the Report button. The report may be viewed on screen using the View button. Abandon the printing process by using the Exit button.

When you have completed entering treatment codes, choose Exit to return to the *HandyWorks* main switchboard.

## Util



In mature practices, there will come a time when you have procedure codes you no longer use. Since they are likely used in transactions, you cannot simply delete them. But you can transform them with the Util function. Choose the From and To Code, press Green to Go, and all references to the old code records will be changed to the new code. This is irreversible.



REFERRALS



Referral sources are kept by *HandyWorks* for Windows, and certain statistics are available to help analyze the effectiveness of advertising. To enter or maintain referral sources in *HandyWorks*, choose the Referrals command button from the main menu. The Referral Sources form appears:

A screenshot of the "Referral Sources" window in a Windows-style application. The title bar is blue with the text "Referral Sources" and a close button. Below the title bar is a toolbar with icons for adding (+), deleting (Del), printing (B), and a utility icon (Util). To the right of the toolbar is a "Find" text box containing "Kamau Kokayi" and navigation buttons. The main area is divided into two sections. The left section contains a list of labels: "Your Code", "UPIN or Legacy", "NPI", "Name", "Address", "Address", "City", "State", "Zip Code", "Attention", and "Phone". Each label has a corresponding text box. The "Your Code" box contains "Kamau Kokayi". The "Name" box also contains "Kamau Kokayi". The "State" box is highlighted. The right section is a large text area labeled "Notes".

Choose the desired referral source to update by opening the Find combo box or using the navigation buttons at the bottom of the form to display the desired referral source. To add a new referral source, choose Add. While the information in the Referral Sources form is not required, *HandyWorks* makes it easy to write thank you letters to referral sources or analyze sources in several ways. The more complete the information entered, the more useful the referral features will be to your practice.

Type a unique identifier in the Your Code text box. A code is required.

If correspondence with the referral source should include their UPIN, enter it in the **UPIN** text box. If an NPI is entered along with the doctor's name, these items will automatically appear in box 17 and box 17a of the HCFA. Enter a descriptive name in the **Name** text box. Use the two **Address** text boxes, the **City**, **State**, and **Zip Code** text boxes to enter the referring source's mailing address. The State text box accepts only two characters, use the standard abbreviation for the state. Enter the five or nine digit Zip Code, *HandyWorks* types the hyphen. In the **Attention** text box, type the contact name of the referral source. Type the source's phone number in the

Phone text box; notice that neither the parentheses nor the hyphens are typed since *HandyWorks* enters them. Type any notes desired in the **Notes** text box.

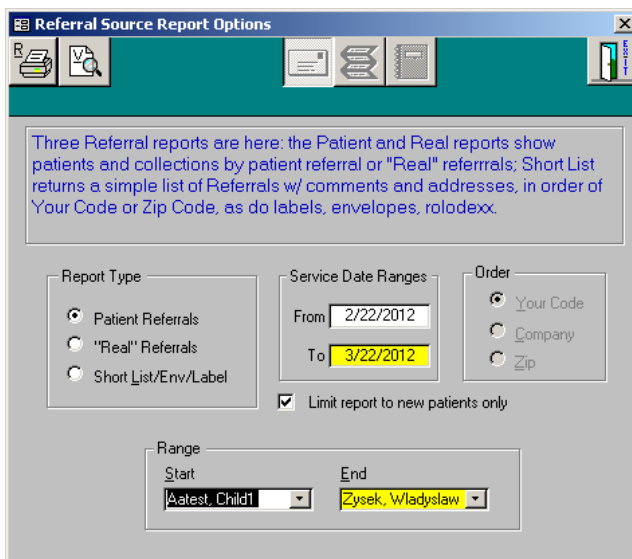
When the referral source has been entered or updated, choose OK or navigate to another source, or choose Exit to return to the main menu.

Delete a referral source by clicking on Del. Two reports on referrals are available by choosing Reports. Both of these reports are described in “Reports and Printing,” page 11.

## Referral Reports



Choose the Report button to print the reports available for Referrals. The Referral Source Report Options dialog box appears:



**Referral Source Report Options**

Three Referral reports are here: the Patient and Real reports show patients and collections by patient referral or "Real" referrals; Short List returns a simple list of Referrals w/ comments and addresses, in order of Your Code or Zip Code, as do labels, envelopes, rolodexx.

**Report Type**

- ☒ Patient Referrals
- ☐ "Real" Referrals
- ☐ Short List/Env/Label

**Service Date Ranges**

From: 2/22/2012  
To: 3/22/2012

☒ Limit report to new patients only

**Order**

- ☒ Your Code
- ☐ Company
- ☐ Zip

**Range**

Start: Aatest, Child1  
End: Zysek, Wladyslaw

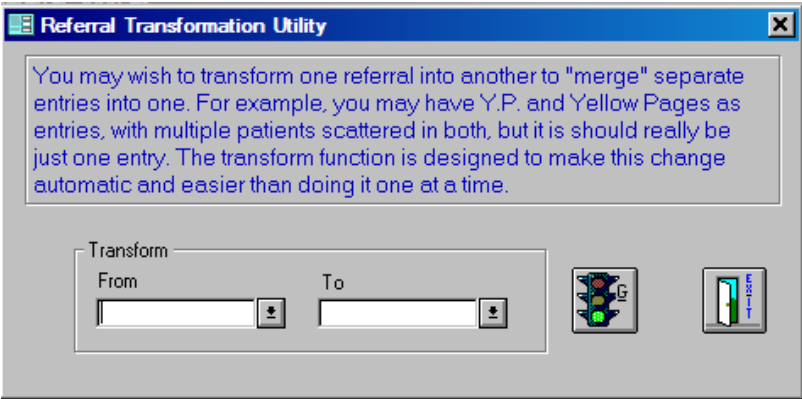
Choose the Collection Percent report type to print or view an analysis of the collections by each referral source. Choose the Short List option to print lists, envelopes, or labels for the referral sources. Enter the starting date and ending date of service in the Service Date Range From and To boxes. Choose the desired sort order in the Order option group. Choose the starting and ending codes in the Range combo boxes.

If the List/Envelope/Label option is selected, choose the desired format from the buttons at the top of the form. Choose the View button to view the report on screen, or the Report button to print the selected report.

Util



In mature practices, there will come a time when you have many unused and/or duplicate referral sources. Since they are likely used in patient records, you cannot simply delete them. But you can transform them and this utility provides that function. Choose the From and To Code, press Green to Go, and all references to the old code records will be changed to the new code. This is irreversible.



## Patient Module

To access Patient Data, click on the patient button from any of the main screens in *HandyWorks* for Windows. The form initially appears as follows:

**Patient Data**

Find: Aatest, Father

**Contact Data**

Last Name: Aatest  
 First Name: Father M.I.  
 Address: 133 Street  
 City: New York  
 State: NY Zip: 10016  
 Phone: (212) 414-1554 Work: (212) 696-4426/  
 ID (or SS#): 123456789 Cell: (917) 860-2336  
 Email: hh@bb.com

**Other Data**

Occupation: test patient  
 Employer: Dr. S  
 Address: 140 E 28  
 City: Ny  
 State: NY Zip: 100163  
 Comment:

**EHR Info**

D.O.B.: 9/4/1953 Sex: Male  
 Race: Non-Hispanic Language: English  
 Ethnicity: White Smoker: ☐

**Insurance**

Student: Full Time  
 Married: Married Spouse:  
 Mr/Mrs/Ms: Mr Account: AA\_DAD  
 Work Status: Full Clinic: Dr. Steven S  
 Category:

**Visit History**

Last Visit: 11/27/2012  
 First Visit: 6/7/2010  
 Nickname:  
 Top Label Line:  
 Referred by: Aatest, Child

Buttons at bottom: Add Family Member, Statement Msg, Inactive Handling, Dialer

The purpose of the patient form is, naturally, to enter and maintain patient data. The central part of the patient screen consists of text boxes, combo boxes, and check boxes. Since insurance claims are generated from the data collected here, these fields should be as complete as possible.

The remaining areas of the patient screen are used to access other features of *HandyWorks* and the patient utilities. The Patient Data form uses a tab strip to organize data. The Patient Data, Statement Msg, Inactive Handling, and Dialer buttons display different pages of the Patient Data form. Also at the bottom of the form is a button to add family members. The command buttons across the upper left corner Add a patient, Delete a patient, and present the patient Reports menu. The top center of the form has a find box that is described later in this section. The upper right section of the form has the common command buttons to go to the other major screens of the program.



To add a patient, click on the Add button. To update a patient, locate the patient's record as described later in this section.

## ADDING A PATIENT

Enter the patient's name in the **Last Name**, **First Name**, and **Middle Initial** text boxes. In each text box, simply type the name, then press <TAB>. *HandyWorks* automatically capitalizes the text entered, unless it is entered in all capital letters.

Type the patient's street **Address** and **City** in the text boxes provided. Press <TAB> after each entry. For a convenient shortcut, simply press <TAB> through each of the City, State, and Zip text boxes to enter the same city, state, and zip as entered for your clinic. If you type entries, *HandyWorks* automatically capitalizes the entry. Enter the two letter abbreviation for the patient's **State**. After entering the state, it is not necessary to press the <TAB> key, *HandyWorks* automatically moves on to the next field. Next type the five or nine character **Zip** code. Notice that *HandyWorks* enters the hyphen for a nine character zip code, and if the nine characters are entered, *HandyWorks* automatically moves to the phone number boxes.

An area code is required for all **Phone** numbers. Neither parentheses nor hyphens are necessary, and *HandyWorks* moves to the next field automatically after the entry is complete.

Enter either the patient's Social Security number or Insurance ID in the **Insurance ID** text box. This entry will appear in box 1A of the HCFA insurance claim form. The patient's **Date of Birth** is entered next, type the month, then day, then year. Type the date in any acceptable date format, **m/d/yy** works well. **Note:** For patients born before 1930, enter the four digit year. *HandyWorks* assumes that any year entered that is less than 30 is in the twenty first century, and that any year entered that is thirty or greater is in the twentieth century. This normally works correctly, but the full year must be entered for elderly patients.

Choose the appropriate sex of the patient in the **Sex** combo box. In the **Student** combo box, choose whether the patient is a full time student, part time student, or leave it blank if the patient is not a student. Choose the patient's marital status in the **Married** combo box. Choose a salutation, if desired, in the **Mr/Mrs/Ms** combo box. Choose a description of the patient's employment in the **Work Status** check box.

The **First Visit** field and the **Last Visit** field are automatically entered as the current date once a visit is entered. You may come back and change these fields if necessary.

Your practice can set up a custom patient **Category** to help categorize patients. This custom category can then be used to help analyze activity by groups, or extract letters to one or more of these groups. An example of this might be that you meet several patients who went to your college or university. You might later want to send letters to only these patients with a special message about your alma mater. There are many possible uses of this custom category feature that can help you market or analyze your practice.

To use this feature, you simply identify the categories that you want to track. Then enter the Category text box in the Patient form. To use this feature effectively, you must be consistent in the data entry. Further, since you can select a range of these, you might do some form of sorting the categories. Say, for example, you were tracking alumnus of Florida State University by the year they graduated. You might want to enter in the category box FSU1990 to denote the year they graduated. Entering a four digit year will enable you to select a range of years without error.

If your practice uses a **Category**, type the desired entry in the Category combo box. The **Type** text box, similar to the category field, is provided to allow the selection of patients using groups defined by the practice. Both of these combo boxes allow you to type values or select them from the list. The category and type fields are optional.

If appropriate, type the spouse of the patient in the **Spouse** text box. Account numbers are usually generated automatically by *HandyWorks*; if that is not the case in your practice, type or modify the account number in the **Account** text box. For practices with more than one location, change the **Clinic** combo box to the appropriate location where this patient will be seen.

The referred by field is used to keep track of how the patient came to be a clinic practice member. This information will flow to the referral source in Case Data for a new patient, but may actually be different if the insurance carrier requires a specific medical referral.

Enter a description of the patient's occupation in the **Occupation** text box. The remaining data concerning the patient's employer is self-explanatory. Type the appropriate entries in the **Employer, Address, City, State, and Zip** box. Add any notes you may want to enter in the **Comments** text box.

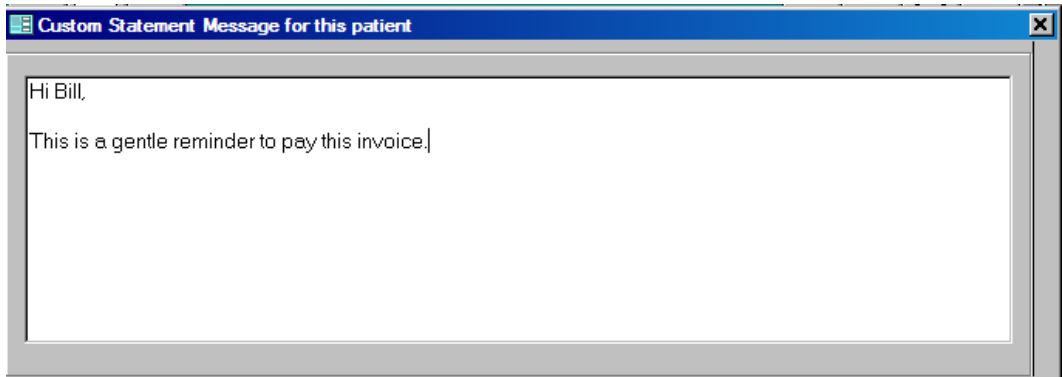
Generally, your practice includes a release of information form, so the **Release of info** check box is automatically checked for you. Check or clear the **Send a statement** and **Finance charge** check boxes as appropriate. Note that the Send a statement and Finance charge check boxes will be entered automatically as set in the new patient Preferences form described on page 22. A change would only need to be made if this patient is an exception to the normal policy of your practice.

If an insurance assignment form is on file, check the **Authorization on file** check box. If this patient is not to receive mailings generated from the All Patients button in the Report Wizard, check **suppress all patient mail** check box. To take them off of all mailing lists, including birthdays, etc. check **Do Not Contact**. To make a patient inactive (they won't show up in the Case Data or Visits screen) check the **Inactive** box.

If the patient has a nickname, type it in the **Nickname** box. If this patient is the head of a household and your practice will be sending family mailings, type a suitable entry for the addressee line of a label in the **First Line of Label** text box.

## STATEMENT MSG

The Statmt Msg button displays a text box where a special message can be entered:



A screenshot of a software dialog box titled "Custom Statement Message for this patient". The dialog box has a blue title bar with a close button (X) in the top right corner. The main area is a large text box containing the text "Hi Bill," followed by "This is a gentle reminder to pay this invoice." on the next line. The text box has a thin border and a scroll bar on the right side.

## ADD FAMILY MEMBER

*HandyWorks* provides a convenient method to copy the essential data from one patient to create another patient in the same family. Choose **Add Family Member** to add new patients who have the same responsible party. The Add Family Member button is found on the Patient Data tab of the Patient Data form. The Family or Guarantor Data form appears:

Family or Guarantor Data

Personal Data

Last Name ..... **Cacace**

First Name ..... **Chris**

Address ..... 666 Pelham Rd Ap.2 M

City ..... New Rochelle

State ..... NY Zip ..... 10805-

Email ..... ccacace@rnkcpas.com

Cell Phone ..... (914) 703-8377 Phone ..... (914) 633-9733

D.O.B. ..... 5/25/1960 Sex ..... Male

Race ..... Non-hispanic Language ..... English

Ethnicity ..... White Smoker ☐

Account ..... CACA4798

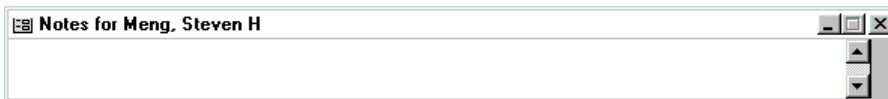
Initially, the Name boxes are disabled. To add a family member, choose the **Add** button. Change the family member's last name in the **Last Name** text box if necessary, then type the first name and middle initial in the two text boxes to the right of the **First Name**. The **Address**, **City**, **State**, **Zip**, and **Phone** fields are filled in for you, change them if necessary.

Type the subject's Social Security or other identifying number in the **SS# or ID#** text box. Enter the patient's date of birth in the **D. O. B.** text box, being careful to enter the four digit year if the date of birth is before 1930. Choose the patient's sex in the **Sex** combo box. Change the account number in the **Account** text box if necessary.

If the family member is employed, enter their employer and work phone in the **Employer** and **Phone** text boxes. When complete, choose **OK**. *HandyWorks* creates a new patient record from the data provided.

## POP UP NOTES

*HandyWorks* provides a convenient notepad for the active patient. This notepad is called "Pop Up Notes." It is available from the menu bar by choosing **PopUp | Show PopUp**. You can also choose **Show If Data** to automatically display the pop up form when there are notes for the patient being displayed, and hide the form when there are no notes for that patient. The form appears as follows:

A screenshot of a software window titled "Notes for Meng, Steven H". The window has a title bar with standard minimize, maximize, and close buttons. Below the title bar is a large, empty text area for notes. On the right side of the text area, there are vertical scroll bars.

Type any notes desired in the box. Use the menu commands to hide the pop up, or simply click on the pop up form's close button to hide it. The size limit for the notes field is 64,000 characters.

## BUTTONS ON THE PATIENT DATA FORM

### Add a Patient



The Add patient button is used, naturally, to add a new patient. Click this button, which causes *HandyWorks* to present a blank patient form. While a new patient is being added, an OK button replaces the Add patient button.

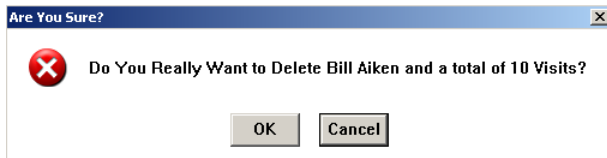


While adding a patient, the Add button is replaced by the OK button. When the patient data is complete, click OK.

### Delete a Patient



Use the Del button to delete a patient. Deleting a patient deletes all transactions and associated records for the patient. Do not delete a patient who has an active account or transactions that are not to be deleted. **Note:** Deleting a patient is permanent. To temporarily remove a patient, see Inactive Patients later in this section. Clicking on Delete does not immediately delete the patient, but presents the following dialog box:



If this is the desired action, click OK. You will be asked to confirm this a second time with an “Are You Sure?” dialog box. Click Cancel or press <ESC> to abandon the deletion.

It is usually advisable to change the patient to inactive, rather than delete the patient. For a full discussion of inactive patients, see “Inactive Patient Handling” later in this chapter.

## Patient Reports



Click the Report button to activate patient reports. When you come to the Report Wizard directly from Patient (or Case Data), the patient you were looking at is singled out and the envelope option with send to printer is selected. Green to Go prints a single envelope for this patient. Exiting takes you back to the Patient or Case Data screen, exactly where you left off. More details on patient reports are explained in “Reports and Printing,” starting on page 11.



The 2 Case information, 3 Transactions, and 4 Appointment buttons move to the various functions of *HandyWorks* for Windows. Exit returns *HandyWorks* to the main switchboard. Notice that, since the 1 Patient form is displayed, the patient button is disabled.

## FINDING A PATIENT

*HandyWorks* for Windows provides two methods to find a patient. To find patients by name, use the find box at the top of the form. To find patients based on information in other fields, use the find feature.

### Find combo box

To enhance performance, using the Find combo box at the top of the patient form is more complex than it appears at first. The box switches between a combo box titled Find and a text box labeled Find by template. <ALT> F switches between the two modes.

To use the find box, activate it by holding <ALT> and pressing **F**. The find box will change to Find by template. Then type the beginning of the last name to be found. For the most possible matches, type only the first letter or letters, or type the asterisk (\*) for a list of all patients. To narrow the search, type more characters of the name. Then press <Enter> or <ALT> F to display the combo box in it's opened state with all matches listed. Select the desired name and press <Enter> to bring them up.

The screenshot shows a window titled "The Find Box". At the top, there is a "Find" label next to a text box containing "Schram, Steven" and a dropdown arrow. Below this, text instructs to "Press <ALT> F for Find by Template". This leads to a "Find by Template" label next to an empty text box. Further text says "Type the beginning of the name", followed by the "Find by Template" text box now containing the letter "S". Below that, text says "Press <ALT> F to find matching names". The bottom section shows the "Find" label next to the "Schram, Steven" text box, which is now open to show a list of results. To the right of the list are icons for "1" (a group of people) and "2" (a single person). The list has two columns: "Name" and "Account".

Name	Account
Sample, Patient A	SAM940029
Schram, Steven	SCHR950006

This find box can be used with wildcards to further enhance the power of search capabilities. Two wildcard characters are used, the question mark (?) and the asterisk (\*). The question mark matches any one character in the position it is typed. The asterisk matches any number of characters in the position where it is typed. Simply typing \* in the Find by Template text box matches any number of characters, thus all patients in the practice would be listed. Typing \*sch would find any patient who has sch anywhere in their name, such as Schram or Flieschman. The question mark can be used where one is unsure of one character in a name. For example, to list all Smiths and Smyths, type Sm?th in the Find by Template text box.

The combination box lists patients who meet the criterion last entered in the find by template text box.

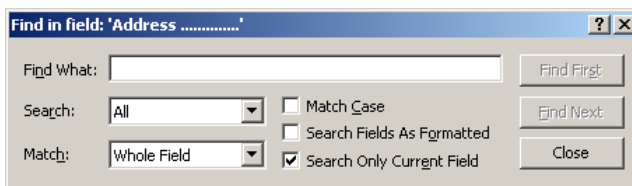
## Find Command



Use the Edit Find command from the menu bar (also activated by pressing <CTRL><F>) to locate patients who match any field in the patient form. Use the find command if, for example, you need to find a patient and don't remember their name, but you remember their employer. The Edit Find command is similar to any other Windows application that provides a search feature, but there are important considerations to use the *HandyWorks* find feature most effectively.

Commands to find a particular text string will be considerably quicker if the insertion point is in the desired field. It is possible to search for an employee who works for, say, World Wide Travel while the insertion point is in the patient's last name, it will take far longer than if the Employer field is selected.

To find a string, it is easiest to right click on the field where a match is to be found. You can also click in the field where the string will be found, then choose Edit Find from the menu bar (or press <CTRL> F). The Find in <field> dialog box will appear:



Type the text to be found in the Find What text box. *HandyWorks* searches are not case sensitive unless the Match Case check box is selected.

Use the Search combo box in conjunction with the Find Next button. To search from the currently displayed patient towards the end of the alphabet, select Down in the Search combo box. To search from the currently displayed patient towards the beginning of the alphabet, choose Up. For a search from the current record, the Find Next button must be used. Find First finds the first match, starting from the first patient in alphabetical order.

The Match combo box provides options for an exact match or partial match. There are three choices: Whole Field, Start of Field, and Any Part of Field. A "Whole Field" match is the quickest way to find someone, but it must be exact. If you know how the entry you are searching for starts, but you are not sure of the spelling entirely, enter as much as possible in the Find What text box, then choose Start of Field. To match a word or phrase anywhere in the field being searched, choose Any Part of Field.

Other find options are Match Case and Search Fields as Formatted. Ordinarily, *HandyWorks* ignores case when using the find option; typing 'smith' will match Smith or SMITH. Turn on Match Case to find an exact match. Search Fields as Formatted is used to search for data in the

system with its formatting. The telephone numbers, for example, are stored by *HandyWorks* without the parentheses and hyphen. To find a telephone number, type the number in the Find What text box without any formatting. Alternatively, enter the phone number with parentheses, a space after the right parenthesis, and the hyphen, then turn on Search Fields as Formatted. Search Fields as Formatted will slow the find operation.

As with other Windows based programs, once a match is found *HandyWorks* displays the matching record. The Find in Field dialog box does not close, however. If the desired record is found, choose close. The Find in Field dialog box can be moved to examine the patient record, click and drag the title bar of the dialog box. To find the next matching record, choose Find Next. Clicking on Find First repeatedly will not move from the first matching record.

Wild cards can be used in the find operation. See the discussion of wild cards under the Find Text Box section earlier in this chapter.

## INACTIVE PATIENTS

Patients can be changed to inactive status. Inactive status will prevent patients from displaying in the Case or Transaction screens. Changing the status of patients you no longer see to inactive will keep the selection lists shorter, and improve response time for some screens. Patients can be changed to inactive status one at a time, or in a batch operation through the Inactive Handling form.

Inactive patients remain in the system, and are displayed in the Patients module. Inactive patients are not displayed in either the Case module or the Transaction module. Inactive patients can easily be returned to active status by making an appointment for them or by unclicking the Inactive Check Box. Patients with a balance can not be transferred to inactive status.

## Bulk Inactive Handling



The Inactive Handling button presents a form to place multiple patient accounts into or remove them from inactive status.

One typically inactivates patients who are no longer coming in for care. This is done by setting up the Last Visit criteria to be sometime in the past, say 1/1/1980 to a year before today's date. The other criteria may be used to limit your selection criteria. The report or view buttons may be used to look at your selection prior to taking action.

When the appropriate selections have been made, click on the green light at the top of the form. *HandyWorks* inactivates the selected records. Click on Exit when done to return to the Patient form.



You can also delete patients based on the selected criteria. This is only advisable if the last visit of the patient lies beyond your state statute for the required length of time you must maintain records on a patient, 6-7 years, typically. Please be careful with this option!



## Case Module



Cases are generated by *HandyWorks* for each patient who is added to the practice. The case is the record of the patient's current reason for seeing the doctor. Patients must have one case, but can be assigned subsequent cases as illnesses or accidents require.

The Case module is presented in four sections; the Case Data (which is initially displayed), Accounting, Diagnosis, and Notes. Display any of these sections by choosing the desired button at the bottom of the Case Data form.

Correct and complete entry of data on the Case Data form is important. *HandyWorks* calculates the patient's obligation from the data entered here; incorrect or incomplete information will lead to incorrect patient charges. The information on the Case Data form is also essential for insurance form printing; visits may not be billed to insurance because data is missing. While *HandyWorks* is designed to make it easy to correct problems, it is best to be careful and thorough to enter the case data correctly.

Where a patient has more than one case, the cases are presented in alphabetic order. Notice that the form illustrated here has the case description entered so that subsequent cases will sort in the order they were entered. Since *HandyWorks* presents the highest ordered case when the case data is first displayed, it will save you keystrokes if you name the cases so that each new case sorts higher in the listing. Chapter 1 Software suggests that you give descriptive names for your cases. You can make the active case sort to the top of the list by preceding it with a number, or the tilde (~) character (the tilde character is the highest in the sort order of keys that can be typed from the keyboard).

To enter case data, from any main screen in *HandyWorks* for Windows, click the Case Data button.

## CASE DATA FORM

The case data form is displayed when the case data button at the bottom of the form is selected. This is the screen *HandyWorks* displays when the 2 Case Data button is pressed.

The screenshot shows the 'Case Data' form in a software application. The title bar reads 'Case Data'. Below the title bar is a toolbar with icons for adding, deleting, and saving, along with a search field containing 'Aatest, Father' and the number '8218'. The main form area is divided into sections for 'Case Data', '1st Carrier', and '2nd Carrier'. Each section contains various input fields for patient information, dates, and insurance details. At the bottom, there are three tabs: 'Accounting', 'Diagnosis', and 'PopUp Notes'.

Case Data			
Describe this case.....		AATE5703 - Case 1	
Doctor.....	Steven Schr	Onset.....	6/7/2010
Referral.....	Yellow Page	First Visit.....	6/7/2010
Attorney.....	Barenbaum	Fee Class.....	ANTHEM
Inactive		<input type="checkbox"/>	
Work Accident.....	<input checked="" type="checkbox"/>		
Lab Work.....	<input checked="" type="checkbox"/>		
Auto Accident.....	<input checked="" type="checkbox"/>		
Acc Date.....	6/7/2010		
Non Auto Accid.....	<input checked="" type="checkbox"/>		
Sim Sympt.....	6/1/2009		
1st Carrier			
Medicare			
Carrier.....	MEDICARE	Assigned.....	<input checked="" type="checkbox"/>
Relation.....	Self	Deduct.....	\$100
Guarantor.....	Aatest, Father	Paid.....	\$100
Hold Claims	<input type="checkbox"/>		
HCFA Box 1A.....	PRIMARY BOX1A		
Policy #.....	POLICY#1		
Group #.....	GROUP 1		
Authorization.....			
2nd Carrier			
Blue Cross			
Carrier.....	BCBS	Assigned.....	<input type="checkbox"/>
Relation.....	Self	Hold Claims	<input type="checkbox"/>
Guarantor.....	Aatest, Father		
HCFA Box 1A.....	BOX1A-SECONDA		
Policy or W#.....	POLICY#2		
Group.....	GROUP 2		
Authorization.....	orig ref		

Accounting    Diagnosis    PopUp Notes

As a patient is entered, a case is generated for them. An additional case for a patient can be added as needed by clicking on the Add case button, but this should be done sparingly. In most situations where you have sequential INJURIES, you'd change the diagnosis, insurance carrier, or other information about the current case rather than create a new case.

Multiple cases are useful where a patient is seeing you for more than one problem from more than one source at the same time. For example, patient John Jones, may be seeing you for injuries sustained in a traffic accident. Shortly after the traffic accident, Mr. Jones may have an on-the-job injury that is completely unrelated to the traffic accident. Thus, you have two active, separate, yet concurrent cases with unique onsets, carriers, attorneys, diagnosis, etc. If you establish more than one case, a case selector pick list becomes visible under the patient find selector in the top region of the screen. It will not appear unless you have more than one case.

Once a case is closed, you can mark it Inactive. This will remove it from the pick list that appears in the Transactions module. Note that there must always be at least one active case!

Several of the fields in the Case Data form are in **bold** type. These fields are look-up fields, or “pick lists.” Ordinarily, such a look up fields only allow selecting from the list of choices. The fields in bold, however, allow users to double click in the box and enter a new selection. You must double click in the text box, not near the text box. The Referral field, for example, easily allows users to enter a new referral source if the appropriate choice is not in the list. The Doctor, Referral, Attorney, Carrier, and Guarantor fields all provide this convenient feature. A pop-up form will appear to accept the new entry.

It is important to fully enter the case data. *HandyWorks* will save you a great deal of time and effort, but *only* if you take the time to enter fee classes, insurance carriers, guarantor, assignment, diagnosis, and onset date data. If you do not enter these now, you will experience problems with billing and insurance claims. If the Fee Class is not complete or not correct, changes made after a case is entered will not be changed retroactively. In a case where the fee class was incorrect, each visit would have to be changed individually.

## FIND A PATIENT

From the case data screen, users can find another patient by following the steps outlined to find a patient. For convenience those steps are repeated here. It is illustrated in the Patient Data chapter.

To enhance performance, using the Find combo box at the top of the patient form is more complex than it appears at first. The box switches between a combo box titled Find and a text box labeled Find by template. <ALT> F switches between the two modes.

To use the find facility, activate it by holding <ALT> and pressing **F**. The find facility will change to Find by template. Then type the beginning of the name to be found. For the most possible matches, type only the first letter or letters, or type the asterisk to match all names. To narrow the search, type more characters of the name. Then press <Enter> or <ALT> F again, which will display the combo box in it's opened state with all matches listed. Select the desired name.

## Multiple Cases

Patients may have one or more case. If the patient has only one case, proceed to work with the current case. For patients with more than one case, use the Case combo box and navigation buttons to find the desired case. Click the arrow facing right to move to subsequent cases, the arrow facing left to find previous cases, or open the combo box and choose the desired case.

If there is only one case for a patient, there is no need to “Find a Case.” Only if the patient has multiple cases will the Find Case combo box become visible. To simplify your handling of multiple cases, one of which is likely to be less active than another, the patient's highest sorted case will be automatically chosen displayed (thus, the recommendation to name cases with an ascending sort order).

## Case Data Section

The first field in the Case Data section is the **Describe this case** text box. This is a description of the case, and may not be blank. *HandyWorks* enters the patient's account number and appends “ - case #” to it. It is acceptable to leave this generic description, or it may be changed.

The default practitioner for the clinic is entered automatically in the **Doctor** combo box; change it if necessary. If you entered the referral in Patient Data, it will automatically show up here. However, the Case Data referral can be different, if the insurance carrier requires specific medical referral information. Choose the appropriate **Referral** source from the choices in the combo box. Choosing a referring **Attorney** is optional.



A new referral, attorney, and even a new doctor can be added to *HandyWorks* by double clicking in the appropriate combo box (it must be in the text box).

If you have multiple cases and one (or more) of them case is closed and no longer active, you can click the **Inactive** check box. This will prevent this case from showing up on the Transaction screen in the Pick list.

In the **Onset** and **First Visit** text boxes, enter the appropriate date. For the Onset text box, *HandyWorks* enters the date “1/1/80.” If you accept the default onset date of 1/1/80, *HandyWorks* prints “gradual” in the onset date on the HCFA form. The First Visit date is entered as today’s date, either accept the date or enter the appropriate date. Both text boxes accept dates in several formats, refer to the discussion of date entry on page 9 in the section “*HandyWorks Basics*.”

Choose the appropriate fee schedule in the **Fee Class** combo box. Tip: if you know the patient has insurance, but you are not sure of the carrier, use “TEMP” to indicate coverage. You can later change this to the correct carrier.

The **Inactive** button works only when you have more than 1 case. Cases marked as Inactive do not appear in the Transaction Patient Pick list, helping eliminate any confusion over which case is which..

Finish the case data section by choosing the appropriate check boxes for the accident cause and lab work, and the dates for the accident and similar symptoms. Click in the **Work Accident**, **Auto Accident**, or **Non Auto Accident** check boxes as are indicated for this case. Check in the **Lab Work** box if lab work has been ordered. Enter the date of the accident in the **Acc Date** text box, and the onset date for similar symptoms in the **Sim Sympt** text box. Short or medium date formats are acceptable.

## 1st Carrier, 2nd Carrier

**Tip:** If you are seeing a patient but don’t have complete insurance information, use a temporary carrier. You can enter the correct carrier when you have the insurance information.

The two insurance carrier sections of the Case Data form are identical in the method to complete the required information. If no carrier is entered for either or both primary and secondary, the other data in that section need not be completed.

In the **Carrier** combo box, select the appropriate insurance company. Select the relationship of the patient to the insured party in the **Relation** combo box. Select the insured party from the **Guarantor** combo box if necessary. *HandyWorks*

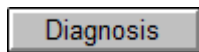
conveniently completes these boxes with the patient specified as the guarantor; change these if necessary. The Carrier and Guarantor combo boxes allow entry of new plans and insured parties, respectively; Double click on the desired box to open a pop up form allowing entry of the new data.

Select the **Assigned** check box if the insurance carrier is to be billed directly and payment made to the practice. If the patient pays the entire fee, leave this box cleared. This box is initially set to the value you established in office preferences for the type of carrier selected.

If this is an assigned case, enter the patient's annual deductible (if it has not already been met) in the **Deduct** text box. If the patient has used any of their deductible on other cases (or with other practices), enter the amount that has been paid towards the patient's deductible in the **Paid** text box. To let *HandyWorks* print the bills automatically, leave the **Hold** combo box blank. If, for some reason (such as the deductible not met) you do not want a bill generated by the billing wizard, type H or choose Hold. If you want claims to always print, regardless of balance selection in the wizard, type F or choose Force to force printing of the bill.

Because carriers may assign patients a unique identifier, it should be entered in the field **HCFA 1A**. If left blank, the HCFA 1A field will be filled from the patient data screen. Enter the appropriate policy number in the **Policy #** text box. The text "same as SS#" may be typed if that is acceptable to the carrier. Enter the policy group number in the **Group #** text box. If available, fill in the **Authorization** number supplied by the patient or carrier. This will print out on the insurance claim form speeding along any processing by the carrier. . If a prior authorization number has been obtained, enter it in the **Prior Authorization #** text box.

After entering or updating the Case Data section, proceed to the other screens in the case data screen.



## DIAGNOSIS

Click on the Diagnosis command button to enter or update information regarding the diagnosis for this case. The diagnosis form appears as follows:

Diagnosis and Other Case Information for Aatest, Child Of Diane AATE5838 - Case 1

Find: Aatest, Child Of Diane 8356

Current Diagnosis Sort By: Your Code ICD9 ICD10 Desc Medicare / Medicaid

Name	ICD9	ICD10	Description
1A <b>AbdPain</b>	789.03	R10.9	Unspecified Abdominal Pain
2B <b>BackCont</b>	922.3	S30.0XX	Contusion of lower back and
3C <b>C0Dis</b>	839.00	S13.111Z	Dislocation of C0/C1 cervical
4D <b>KaschB</b>	716.03	M12.139	Kaschin-Beck disease, unsp
5E <b>LBP</b>	724.2	M54.5	Low Back Pain
6F <b>MaxSinusA</b>	454.9	J01.00	Acute maxillary sinusitis, unsp
7G <b>CollObj-D</b>	E815	X47.02XI	
8H <b>OA1</b>	715.09	M15.0	Primary generalized hypertrop
9I <b>Palp</b>	785.1	R00.02	Palpitations
10J <b>RA</b>	714.0	M06.9	Rheumatoid arthritis
11K <b>RAD-C</b>	722.4	M50.30	Radiculopathy, Cervical
12L <b>SacCocDis</b>	839.41	S33.2XX	Dislocation of sacroiliac and s

Onset: 6/1/2014 First Visit: 6/13/2014

Work injuries, Accident Desc (C4) or P.A.R.T. for HCFA Box 19

AccDesc- HCFA Box 19 had an accident. Fell out of sky

Start total disability: 2/1/2005 End total disability: 2/28/2005

Start part disability: 3/1/2005 End part disability: 3/30/2005

Comp Case#: COMP CASE; Carrier Case#: CARRIER C#

Initial Wcomp: ☒ Ret'd to Work: 10/11/2010

Subluxation Level: L5

Date - Last X-ray: 2/1/2005

Treatment Phase: Acute

Exacer/Re-Occur: Exacerbate

Exacerbate Date: 1/15/2005

Railroad ID #: RR ID#

X-rays on File? ☒

ABN Waiver Signed: ☒

Original Reference: REF FOR OF

Resubmission Code: RESUB COD

Accident State: NY

Acc City: New York

Disability?: Part

The Diagnosis form has three sections. These are the current diagnosis section, injury and accident data, and miscellaneous section.

## Current Diagnosis Section

Up to eight diagnoses may be selected in the current diagnosis section. These are entered by the practice's code for the diagnosis. Either type the practice's code for the diagnosis, or open the combo box and select from the list. To view the list in a larger form, double click on the combo box, which will open the Diagnosis Codes form (described in the Practice setup

and maintenance chapter). After selecting from the list, the ICD code and description is entered automatically. The ICD code may not be changed, but the description of the diagnosis may be changed to a more specific description if desired.

## Work-related injuries and Accident Data Section

In the **Accident Description** text box, describe the accident. The description entered here prints on line 19 of the HCFA form for Medicare cases. This accident description appears on some billing reports, so be brief if possible.

In the **Start total disability** text box, type the date the patient was totally disabled if appropriate. Enter the date the total disability ended in the **End total disability** text box. Enter the starting and ending date for partial disability in the **Start partial disability** and **End partial disability** text boxes, respectively. These dates may be entered in several formats, including mm/dd/yy (12/4/96) or the medium date format (4-Dec-96). If the year is omitted, the current year is assumed. Choose from partial, total, or no disability in the **Amount of Disability?** combo box.

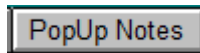
In the **Accident State**, enter the two letter abbreviation for the state where the accident occurred. Enter in the **Accident City** text box the city where the accident occurred. Enter the worker's compensation case number for those states that require it in the **Case ID** text box. Enter the date the patient was released for work in the **Ret'd to Work** text box. For Georgia and New York worker's compensation claims, use the **Initial W' Comp** check box to indicate the first claim to these states. Other states may leave this blank.

## Miscellaneous Section

Enter the **Subluxation Level** in the text box provided for Medicare claims. Type the last x-ray date in the **Date - Last X-ray** box. Select from Acute, Chronic, Permanent, or no entry for the **Treatment Phase** combo box. Select Exacerbation, Re-Occurrence, or no entry for the **Exacer/Re-Occur** combo box. While these fields need not all be complete in every case, Medicare in particular likes the Subluxation and Last X-Ray date completed. If there is an exacerbation or re-occurrence, complete that field also.

In the **HCFA Line 10D** text box, type the appropriate entry for the insurance carrier if the carrier requires a code on line 10D.

Enter identification numbers as needed in the **Medicare ID #** and **Railroad ID #** text boxes. Enter the resubmission number for **Medicaid Resub #** if necessary. Enter an **Original Reference #** if appropriate. Click in the remaining boxes, **X-rays on File** and **Waiver Signed** as appropriate to print on the claim form.



## POPUP NOTES

To enter free form notes about the case, click on the Notes button. This Notes page is a feature in addition to the Pop-up notes. The Case Data form will open the notes page:

A screenshot of a software window titled "Notes for Aatest, Child1". The window has a teal header bar. Below the header, there are two dropdown menus: the first is labeled "Find" and contains the text "Aatest, Child1"; the second is labeled "8356" and contains the text "AATE5838 - Case 1". To the right of these menus is a toolbar with six icons: a person, a folder, a document with a pencil, a calculator, a mobile phone, and a printer. The main area of the window is a large yellow rectangle with the text "case1" in the top-left corner. A vertical scrollbar is on the right side of the yellow area.

Notes entered here will appear as a pop-up notes in all the other patient modules.

## Accounting

### ACCOUNTING

The accounting form presents patient balances and allows entry of insurance information. Click on the Accounting button to view the accounting screen.

Case Data-Accounting for Aatest, Child AATE5838 - Case 1

Find: Aatest, Child    AATE5838 - Case 1

8356

Aged Balances		Year to Date		Lifetime	
Current.....	\$0.00	Services.....	\$0.00	Services.....	\$1.50
Thirty.....	\$0.00	Services-(Ins)...	\$0.00	Services-(Ins)...	\$1.50
Sixty.....	\$0.00	Visit Count....	0	Visit Count.....	1
Ninety.....	\$0.00	Paid.....	\$0.00	Paid.....	\$0.00
OneTwenty....	\$1.50	Adjust.....	\$0.00	Adjust.....	\$0.00
<b>Total Due....</b>	<b>\$1.50</b>	Paid by Ins...	\$0.00	Paid by Ins...	\$0.00
Patient Owes..	\$1.50				
Insur Bal.....	\$0.00				

Misc		Policy Limits	
Last Stmt....		1199 Commercial	
Prev Stmt....		Max Pay / Visit.....	\$1,000
		Max Pay / Year.....	\$100,000.00
Unbilled 1st.....	\$0.00	Max Visits / Year...	365
Unbilled 2nd.....	\$0.00	Auth Through.....	
		Max Pay / Life.....	\$100,000
		Max Visits / Life...	365

The Aged Balances section presents the patient's aged balances, with a total due from both the patient and any insurance. Year to Date and Lifetime are recaps of the patient activities during the current year and overall patient activity. These cannot be changed from this form.

### MISC SECTION

The miscellaneous section of the Accounting form displays the **Last Statement** date and the **Previous Statement** date. Change these only if you want to manipulate the date ranges printed on the next patient statement. Select the **Charge**

**Finance** check box if a finance charge is to be assessed to the patient on balances due. **Unbilled 1st** and **Unbilled 2nd** display the balances that have not been billed to the insurance carriers.

## INSURANCE SECTIONS

Enter the policy plan details for the primary carrier, if appropriate. While this information is not required by *HandyWorks*, for assigned cases you may want to complete these fields. Note that entries here will not be necessary for most indemnity plan insurance policies, it will only be needed for plans that have specific limits for visit coverage.

When the max limits are exceeded during transaction procedure code entry, you will be notified by a large red exclamation sign appearing over your transaction entry form. Simultaneously, it will shift the insurance owes portion of the services onto the patient owes amount.

In the **Max Pay Per Visit** text box, enter the plan maximum payment per visit. For no insurance, do not change the zero entered by *HandyWorks* for Windows. Enter the annual policy limit in the **Max Pay Per Year**. Enter the annual limit on the number of office visits in the **Max Visits Per Year** text box. Authorized through is used when a care plan has an end date. This information must be entered accurately, as this determines what *HandyWorks* shows as the patient's obligation to you. The HCFA form always shows the total charges, but the patient's portion will only be accurate if the insurance information is accurate.

## BUTTONS ON THE CASE DATA FORM

### Add a Case



Use the Add Case button to add a new case for the current patient. *HandyWorks* fills in many fields with default data, allowing users to correct as needed. Enter any other information needed.

The Describe this case field is completed with a generic description by *HandyWorks*. This field is required, and can be modified as desired. Complete the remaining fields as described earlier in this section.



While adding a case, the Add button is replaced by the OK button. When the case data is complete, click OK to save the case data.

## Delete a Case



To delete a case, use the Del button. Deleting a case deletes all transactions associated with that case. **Note:** Deleting a case is permanent. Choosing delete presents a confirmation dialog box, which asks if you really want to delete this case. Choose OK to confirm, or Cancel to abandon the deletion process.

## Case Reports



Click the Report button to activate case reports. When you come to the Report Wizard directly from Case Data (or Patient Data), the patient you were looking at is singled out and the envelope option with send to printer is selected. Green to Go prints a single envelope for this patient. Exiting takes you back to the Patient or Case Data screen, exactly where you left off. Case reports are discussed “Reports and Printing,” starting on page 11.





The 1 Patient, 3 Transactions, and 4 Appointment buttons move to the various functions within *HandyWorks* for Windows. Exit returns *HandyWorks* to the main switchboard. Notice that, since the 2 Case Data form is displayed, the Case Data button is disabled.

## **FINDING A CASE**

*HandyWorks* displays only the cases for the patient selected in the Find combo box. Use the box to find the desired patient if necessary. Use of this box is described in the Patient module, and in the interest of brevity those instructions are not repeated here.

To find a case, either open the combo box and select it or use the left and right arrows to browse to it. The browse arrows, at the right of the case title box, will browse among the cases for the selected patient. The combo box will display the cases for the selected patient, click on the desired case.



# Transactions Module



To enter office visits or payments, click on the 3 Transaction button from any of the main screens in *HandyWorks* for Windows. The Transactions screen appears:

Transactions (Visits/Payments)

Find Aatest, Father

Transaction Date 12/13/2012 # 12121327648 Case Fee Class test

Code	Amount	Uni	Doc	D	Po	PatientOwes	Extended
OVb-99211-Brief OV/Consult	\$5.50	1	SBS	ALL		\$5.50	\$5.50
A2-98940-Spinal Manipulation	\$6.50	1	SBS	ALL		\$6.50	\$6.50
Xc2-3-72040-x-ray spine, cervical	\$1.25	2	SBS	ALL		\$2.50	\$2.50
Xc4-72050-X-ray spine, cervical	\$3.75	1	SBS	ALL		\$3.75	\$3.75
E-97014-Electrical Stimulation	\$0.25	1	SBS	ALL		\$0.25	\$0.25
*	\$0.00	1		ALL		\$0.00	\$0.00
TransactionTotals						\$18.50	\$18.50

Primary MEDICARE ☒ Secondary BCBS ☒ Attorney Barenbaum ☒

Dates	Charges	Payment	Adjusted	Pat Owes	Insur Bal	Balance
6/1/2010	\$18.50	\$0.00	\$0.00	\$18.50	\$0.00	\$18.50

CaseTotals \$18.50 \$0.00 \$0.00 **\$18.50** \$0.00 \$18.50

Diagnosis Notes S.O.A.P. Exam Forms Bulk Reprint Billing History ...

The purpose of the Transactions form is to record and view services and payments. The top portion of the form is the treatment detail section, which displays the treatments or payments for the selected visit. To view earlier visits, click in the visit record in the bottom section of the form, the transaction history section. When the Transactions form is opened, *HandyWorks* conveniently displays the case last looked at, ready to accept the first treatment code for this patient. To find another case open the Find list box at the top of the form.

Since *HandyWorks* opens the transaction form with a new treatment started, the OK button displays to complete the transaction, and the add button does not display. As an added convenience, there is a SALT (Same As Last Time) button that enters the same treatments (excluding payments) as the patient's last visit. The right side of the form has the buttons to go to

the Patient form, the Case form, the Appointment book, and to exit to the *HandyWorks* main menu. There are buttons along the bottom of the form that are described later in this section.

To enter a transaction, click the Add button if necessary. Today's date is automatically entered in the **Transaction Date** text box, but it can be changed if necessary. As with other *HandyWorks* date fields, the mm/dd format (12/13), mm/dd/yy format (12/13/08) or the medium date format (13-Dec-08) is acceptable. The transaction number is the center text box. Unless you have chosen Custom Numbering in Preferences, it is a number assigned by *HandyWorks* that can not be changed. If you have not set the fee class in the Case Data form, you can change the fee schedule in the **Case Fee Class** combo box.

The transaction section of the form is presented in a datasheet, where each row represents a procedure. The columns represent the individual details about the procedure (amount charged, which practitioner performed it, etc.). This is presented in a spreadsheet-like format with rows and columns. Where a row meets a column is a cell, where individual items are entered.

Enter the code for the treatment in the **Code** cell. This cell works like a combo box; when the insertion point is in the Code cell, an arrow appears at the right side of the cell to allow selection from the list, or the code can be typed directly in the code cell. The **Amount** is automatically entered from the fee schedule. You may change it if necessary. *HandyWorks* then calculates fees and the patient's portion, and assigns the correct amount of the patient's balance.

Enter the quantity of treatments in the **Units** cell if it is greater than one. While it is not usual to have multiple units of service, the growing imposition of insurance standards on medical practices may require that you enter multiple units of service. If you have a patient massaged for one hour, for example, the insurance may not cover 1 unit at \$100; it may be necessary to charge 4 units of massage at \$25 per unit. Change the practitioner, where appropriate, in the **Doc** cell.

The diagnosis is set to all by default; if this treatment does not apply to all diagnoses, type the numbers of the diagnoses to which it applies in the **Dx** cell. You are limited to choosing 4 number, even though there can be 8 diagnosis sent electronically. To view the diagnoses for the visit, click on the Diagnosis button, as explained later in this section. Note: If you see a patient several times before a diagnosis has been saved in the case, those visits will remain "undiagnosed," even after a diagnosis has been subsequently entered for the case. In this case, if you want a diagnosis to print on the HCFA form for these visits, you will need to return to the undiagnosed visits and enter the diagnosis. While this is an easy process (described later in this section), it is easier to enter the diagnosis initially rather than having to return and correct the omission.

*HandyWorks* will attempt to calculate the correct **Patient Owes** for each service line entered. If the calculated amount is incorrect, simply change the amount. Continue entering procedure codes

as needed. When all the procedures have been added, enter any patient payments. Patient payments are discussed in greater detail later in this section.

## Deleting

After a visit has been entered, you can click the OK button to update the display of the ledger in the bottom half of the screen. To delete the entire visit, you can click the Del button. To delete a specific line item, highlight that line by clicking on the gray button to the far left of the entry. Then press the delete key on your keyboard. In both cases, you will be asked to confirm your action.

Note that you will not be able to delete visits or details that have funds applied to them. You must unapply the funds first, after which you will be able to delete.

## Billing

*HandyWorks* provides several ways to produce insurance bills, also known as HCFA's. You can easily produce a bill for a single patient when the OK button has been clicked and you can see the Reports Icon. To print a white paper receipt or HCFA walk-out bill, click the Reports Icon (<Alt>+R) on the top of the form. There are two HCFA billing options; Create a new HCFA and Bill This Case. The first option lets you print a HCFA claim form for just this visit. However, if this visit has already appeared on a bill along with other visits, this option changes to Reprint the existing HCFA of that claim. The second option of Bill This Case will produce a HCFA having all unbilled visits for this case. (Note that if there are no unbilled visits or the current visit is unbillable, the appropriate options will be dimmed out)

Report Options

I want to

- ☐ Create a New HCFA that has only THIS VISIT on it
- ☒ Gather all unbilled visits for THIS CASE on a HCFA
- ☐ Print Statements
- ☐ Print a Visit Receipt
- ☐ Daysheets
- ☐ Print Soap Notes
- ☐ Payment Analysis

HCFA Print Options Soap Options

Report Options

I want to

- ☒ REPRINT the existing HCFA that this visit appears
- ☐ Gather all unbilled visits for THIS CASE on a HCFA
- ☐ Print Statements
- ☐ Print a Visit Receipt
- ☐ Daysheets
- ☐ Print Soap Notes
- ☐ Payment Analysis

HCFA Print Options Soap Options

Report Options

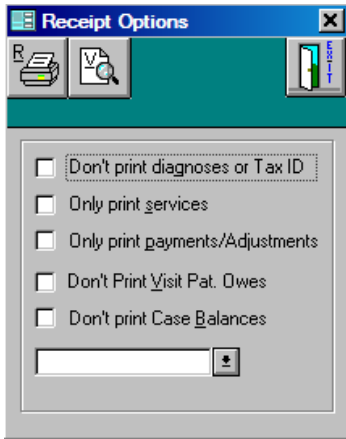
I want to

- ☐ Create a New HCFA that has only THIS VISIT on it
- ☒ Gather all unbilled visits for THIS CASE on a HCFA
- ☐ Print Statements
- ☐ Print a Visit Receipt
- ☐ Daysheets
- ☐ Print Soap Notes
- ☐ Payment Analysis

HCFA Print Options Soap Options

## Visit Receipts

You can also print a visit receipt, which is designed for plain paper rather than the pre-printed HCFA form. The visit receipt can be tailored to suit your output needs.



Set the desired options by selecting the check boxes. As many check boxes as are desired may be selected. Choose the close button when complete.

Choose Daysheets option to quickly go to the Day Stats module. See page 124

Choose Print Soap Notes to print the soap narrative. Upon choosing Print Soap Notes, date range combo boxes will appear. *HandyWorks* enters the dates so that all soap notes for this patient will print, select different dates if desired. See page 114

## Billing Control

The gray band between the transaction detail and the transaction history sections is used to monitor or change the insurance and attorney billing. For the primary insurance, secondary insurance, and attorney, there is a check box and a combo box.

Primary PRUD-FLA-2	Secondary: None	Attorney: None
<input checked="" type="checkbox"/> [dropdown]	<input type="checkbox"/> [dropdown]	<input type="checkbox"/> [dropdown]

If a visit has no check mark, then this visit will not appear on any bills. Sometimes, this absence of a check mark is inadvertent, because the visit was entered prior to any insurance carrier being entered into the Case Data Screen. You can correct this after the fact by going to that visit and marking the appropriate box.

If there is insurance or an attorney, *HandyWorks* will automatically mark an “X” in the correct box, indicating that the visit is to be billed. If, for some reason, you do not want a particular visit to be billed, uncheck the appropriate check box in the insurance area. If *HandyWorks* has already billed this visit, the bill date and number appears in the combo box to the right of the check box.

## Medicare Secondary Bills

There is a special case for patients that have Medicare as their primary carrier and a crossover carrier as their secondary. In this case, the second box will remain unmarked because the crossover information will be automatically printed on the HCFA and handled directly by Medicare without the need to produce a secondary claim.

## Moving Visits to Different Bills

You can move visits to different bills by clicking the combo box down arrow that shows the bill date and number and assigning the visit to other bills. You can also assign an unbilled visit to a particular bill by opening the combo box and choosing the bill to enter it on. Note that you would then reprint the bill by using the Print this Visit option from the Reports Icon, the Billing History Reprint feature or the Billing Wizard reprint selection described on page 115.

The lower, transaction history portion of the form recaps the transactions entered into *HandyWorks*. The figures are totals of the detail sections entered in the top portion of the form. These numbers can not be changed directly. To change a transaction, select that transaction in the bottom window. The top window will then display the details of that section, where changes can be made. The case total on the bottom right represents the amount owed by the patient. This should always be the sum of Patient Owes + Insurance Owes. It should also equal the sum of services minus the sum of payments and adjustments.

## Payments

Payments are entered in the Transactions form, in a manner similar to treatments. For payments made at the time of visit, create a new entry in the transaction detail section. **Important: The transaction date for a payment must be the date the payment was received or posted, not the date of service that the payment applies to.** You associate the payment with the particular visit in the Payment Helper screen.

Payment codes entered in *HandyWorks* as shipped include CA for a cash payment, CK for a check payment, and CR for a credit card payment. The code for an insurance payment is IN. When a patient pays an amount less than or equal to the Patient Owes portion of that visit, it is automatically applied to that visit. For payments received later, such as remittance from the patient

for billing or payment of an insurance claim, create a new transaction for the payment. If the amount paid exceeds what is owed for that visit, a Payment Helper form appears to aid your distribution of the payment to the appropriate visits. This is discussed in more detail below.

Charges and Adjustments to the Case

To make adjustments to a patient’s case balance, a new transaction is created. If, for example, the practice decides to reduce a patient’s balance, create a new transaction for that reason. While you could easily return to the original transaction and reduce the charge, this is not advisable because it makes it almost impossible to track activity for accounting and practice reporting purposes.

BUTTONS ON THE TRANSACTIONS FORM



The Transactions button displays the main Transactions form. The Transactions is not normally displayed unless you are off of the main Transactions form.



Use the Diagnosis button to open a pop up form that shows the diagnoses codes for the currently selected visit. This form may be left open while working on the Transactions screen to assist with entering codes. It may also be used to modify the diagnoses if needed. It appears as follows:

Diagnosis for Aatest, Child Of Diane AATE5838 - Case 1

Get from Case

Save to Case

Onset6/1/2014

1stTmt6/13/2014

1A	AbdPain	789.03	R10.9	Unspecified Abc	7G	ColloObj-D	E815	X47.02XD	
2B	BackCont	922.3	S30.0XXA	Contusion of low	8H	OA1	715.09	M15.0	Primary general
3C	C0Dis	839.00	S13.111A	Dislocation of Cl	9I	Palp	785.1	R00.02	Palpitations
4D	KaschB	716.03	M12.139	Kaschin-Beck di	10J	RA	714.0	M06.9	Rheumatoid artf
5E	LBP	724.2	M54.5	Low Back Pain	11K	RAD-C	722.4	M50.30	Radiculopathy, l
6F	MaxSinus	454.9	J01.00	Acute maxillary :	12L	SacCocD	839.41	S33.2XXA	Dislocation of se

Diagnosis sort orderBy: Your CodeICD9ICD10Description



When opened, the Visit Diagnosis form displays the diagnoses for the current visit. Use it to view the diagnoses for any older visits by selecting that visit in the Transaction window. The diagnoses can be changed, if necessary. Open the combo box for the diagnosis desired, then select from the list the appropriate diagnosis. Change the Onset Date and 1st Treatment, if necessary. When done, use the Exit button to close the Visit Diagnosis form.

It is not uncommon for practices to see a patient for one or more visits before arriving at a diagnosis. To correct this omission and bring the current diagnosis into these undiagnosed visits is quite easy. Assuming that the correct diagnosis currently exists in Case Data, select each undiagnosed visit and click Get from Case. Leaving this window up as you click on other undiagnosed visits lets you easily correct your omissions.

You may also want to add a new diagnosis for this patient and make it part of the patient's case. To make a new diagnosis appear in all future visits, enter it first, then choose Save to Case. Any visits you enter in the future for this patient will have the new diagnosis included.



Enter notes about particular transactions by choosing the Notes button. The form displays a Notes box:

Visit Notes

Next Appt  
Find Aatest, Father

Dates	Charges	Payment	Adjusted	Pat Owes	Insur Bal	Balance
6/1/2010	\$18.50	\$0.00	\$0.00	\$18.50	\$0.00	
CaseTotals						
	\$18.50	\$0.00	\$0.00	\$18.50	\$0.00	\$18.50

Notes

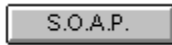
6/1/2010 Accident Details

On 09/06/86 I saw and examined Father Aatest at my office after sand saw Morris Barenbaum sustaining injury in an automobile accident. The patient states that as a passenger in the rear seat the car struck a vehicle directly in front causing her body to be thrown to the front seat hitting the center console. The patient immediately felt a 'sharp and deep' pain in the neck and also reported pain in her right leg. The police came and an ambulance took her to the hospital where she was treated for her injuries and released the next day.

On 09/06/86 I saw and examined the above named patient at my office after sustaining injury in an automobile

Diagnosis Bulk Notes S.O.A.P.

Notes may be added as needed. Text formatting is limited, but use the [ENTER] key to move to a new line in the notes page. When complete, click the Transactions button to redisplay the transaction history form. Notes pages are provided in many sections of *HandyWorks* for Windows, use the transaction notes to record items appropriate for the visit or payment.



Soap notes are provided to assist in keeping notes about the patient's condition and treatment progress. Soap notes are intended to be complementary to the free form notes. Practitioners will realize, of course, that soap is an acronym for Subjective, Objective, Assessment, and Plan:

Subjective	The patient's complaint(s).
Objective	The signs and symptoms observed by the doctor.
Assessment	The doctor's interpretation of the complaints, signs, and symptoms.
Plan	The course of treatment for the patient.

Most practitioners will find themselves with a "list" of descriptions that they include in their soap notes, which *HandyWorks* can store as paragraphs. The objective of the soap notes feature of *HandyWorks* is that for most patients, the doctor can select paragraphs that describe this patient's condition without actually typing the same description that may have been used for other patients. Assemble these paragraphs as needed to document the patient's condition at each visit.

The soap form is a pop up form. It "floats" freely around the Windows screen. You can not work in the main *HandyWorks* window while the Soap Notes form is open. The form appears as follows:

Soap Notes

Find Aiken, Bill

Ng notes

With notes

Heading	1	2	3	4

5/6/96

The severe muscle spasms and cramping presented by Only Attorney is optimally handled through acupuncture. Therefore, I have referred this patient to Dumisani Kambi-Shamba for a series of treatments necessary to resolve the problem to a point of medical benefit.

Assemble a soap narrative by choosing a heading and paragraphs in the top section. If a heading is desired, click in the Heading cell. The heading cell will then display an arrow, click the arrow to select the heading. Then click in the first cell (or use the [TAB] key) and select a paragraph. Continue across the same row to add paragraphs as desired. To create another heading, click in the next row Heading cell, and continue selecting headings and paragraphs until the soap notes are finished.

Placeholders are used in the soap notes to substitute for items that *HandyWorks* will insert in the notes. &name, for example, is changed when inserted in the soap screen to the patient’s name.

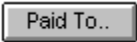
Creating paragraphs is discussed in “Practice Setup and Maintenance,” page 43. While it will take some time and effort to set up the paragraphs and learn how to use them, the time savings built into this feature are well worth the effort.

Billing Wizard



Use the Billing Wizard to create and print bills and reports. See “Billing Wizards,” page 115, for discussion of the billing wizard.

Paid To



The Paid To button is only available when the item selected in the transaction window is a payment. It displays the distribution of payments so you can see how a particular payment was applied. The payment form is read-only. See Payments later in this section.

**Paid From**



The Paid From button appears when you click on a service that has money applied to it. It will show you where the payment originated. It is a read-only form that appears as follows:

How and When Payment was applied				
Paid by		Paid	Adjusted	Moved
▶ Ins Payment on 2/11/00		\$20.08	\$0.00	\$0.00

Choose the Exit button at the upper right corner of the when complete.

Billing History



The Billing History changes the Transactions form to display the bills created in the top part of the window, and the details of that bill in the bottom window. The form appears as follows:

Transaction Billing History

Next Appt

Find

Aatest, Child1

1

2

3

4

Bill # - Date	Carrier	Amount	Ins Owes	Pat Owes
1004790 - 3/14/2012	ACCORD	\$2.00	\$0.00	\$2.00
▶ 1004789 - 3/14/2012	1199	\$2.00	\$0.00	\$2.00

PrimaryCommercial

void claim

1199

E-Bill Status

Doctor

Claim Type

Assigned☒

Billed3/14/2012

Paid

Claim#12345

Date	Procedure and Description	Doctor	Amount	Ins Owes	Pat Owes
▶ 1/16/2012	98941-A-Spinal Adjustment	SBS-Stev	\$1.00	\$0.00	\$1.00
1/16/2012	97124-M-Therapeutic massage	SBS-Stev	\$1.00	\$0.00	\$1.00

Transactions

Diagnosis

Notes

S.O.A.P.

Tracer

Reprint

ReprintUnpai

Select the bill (comprised of visits in the bottom window) you wish to view or reprint from the top part of the window. In the center of the window are any notes made regarding that bill, and some controls that will be described in the next paragraph. The bottom part of the window displays the visits that were included on that bill. Both the top grid, which displays bills sent, and the bottom grid, which enumerates the data on those bills, are read only. Note that several of the command buttons at the bottom of the form are different; these command buttons are described later in this section.

The controls that can be changed on this form are the notes and the controls to the right of the notes text box. In the **Notes** text box, you can add or change notes. Notice that in the illustration, the user has typed in some history for this bill. The suggested use of this Notes box is to track collection efforts or claim status for this bill. The **Carrier** combo box is used if the insurance carrier is to be changed. The **E-Bill Status** check box is set according to practice setup options; change this box if necessary. The **Doctor** combo box may be changed if a different practitioner sees this patient, which will not affect existing visits. Check the **Assigned** check box if the patient has a valid assignment form on file for this claim. The **Billed** text box is filled in when this claim or bill is sent and may be changed if necessary.

Command buttons on the Billing History form are as follows:



Use the **Tracer** button to print a follow-up letter for the insurance company. After choosing tracer, *HandyWorks* will present a dialog box asking if you want to print a warning that you will file a complaint with the state insurance commissioner. Choose **Reprint** to print this bill again. Choose **Print Unpaid** to print all the unpaid bills for this patient.

## PAYMENTS

We have stressed throughout this guide that the fee classes are a great time saving feature built into *HandyWorks*. If you have entered the fee classes for the patient, here you will see the benefits built into *HandyWorks*. While *HandyWorks* bills all of each visit to the insurance company, the fee classes enable it to calculate what the insurance will actually pay for each procedure. This enables you to collect the proper amount from the patient. The Payment Helper shows the distribution of what insurance payment is expected, and what the patient will be responsible for.

Entering a payment is performed as any other transaction. Use the code CA for a cash payment, CR for a credit card payment, and CK for a check payment. For an insurance payment, use the code IN. After an amount is entered and the <TAB> key is pressed, *HandyWorks* will present a dialog box to apply the payment. *HandyWorks* tracks the payments on individual services to present the aged balances information. It is, therefore, necessary to apply the payment collected towards specific services. The *HandyWorks* Payment Helper screen appears as follows:

**HandyWorks Payment Helper**

**1/7/01 Patient Payment of \$880.00  
to: Parks, Alfred**

1. Choose an item to pay — 2. Change Amount to Pay?  3. Click to Apply

	Date	Amount	Pat Owes	Ins Owes	Applied
▶	1/16/00	\$65.00	\$0.00	\$55.00	\$10.00
	1/17/00	\$40.00	\$0.00	\$30.00	\$10.00
	1/20/00	\$40.00	\$0.00	\$30.00	\$10.00
	1/24/00	\$40.00	\$0.00	\$30.00	\$10.00
	1/27/00	\$40.00	\$0.00	\$30.00	\$10.00
	1/29/00	\$40.00	\$0.00	\$30.00	\$10.00
	1/31/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/3/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/4/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/6/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/10/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/12/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/14/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/18/00	\$40.00	\$0.00	\$30.00	\$10.00
	2/22/00	\$40.00	(\$10.00)	\$30.00	\$20.00
	2/24/00	\$40.00	\$0.00	\$30.00	\$10.00

3. Click to Apply

- Pay Oldest Items, excess to the Patient's Balance.
- Pay the Item only.
- Move Ins Owes to Patient Owes.
- Move Patient Owes to Ins Owes.
- Write-Off Unpaid Insurance Owes.
- Write-Off Unpaid Patient Owes.
- Pay This Item, excess to Patient

**Bills** **Visits** **Details**

This screen is used to assign the remittance being posted to the proper service. If the payment is an insurance payment, only the insurance owes column will be reduced. If the payment is a patient payment, only the patient's balance will be reduced. Today's date and the total remittance are displayed in the top of the form. The center part of the form displays the patient's visits; select the row to apply payment. The text box at the top of the section is Change Amount to Pay?, where the amount being paid on that bill is entered. When complete, all the payments applied are totaled and re-appear on the transaction form. At the right side of the form are command buttons to perform actions within the form. In the lower part of the form are three command buttons that allow viewing of the patient's Bills, Visits, or Details. There is also a Notes text box to record notes about this payment.

If the patient or insurance is paying the entire amount the patient or insurance owes, simply click the top button, Pay Oldest Items. If this is a patient payment, the Pay Oldest Items will also work, as the patient's payment would be directed toward their longest outstanding debt.

To direct payment to a specific visit or bill, click in that row to select it. If the remaining amount of the payment is greater than the amount owed, and this item is paid in full, choose Pay the Item only. To pay a partial amount of the bill or visit, change the Change Amount to Pay? text box to the desired amount, then choose Pay the Item only.

Balances owed to the practice can be changed either from the insurance owes to the patient owes or patient owes to insurance owes. This would be used, for example, where an insurance payment is being posted, and the insurance payment is less than expected. Enter the amount of the payment toward that bill in the Change Amount to Pay? text box, then click Pay this Item Only. This will leave a balance in the Ins Owes cell, with that row selected choose Move Ins Owes to Patient Owes. The reverse can be done as well, where there is a patient balance that is owed by insurance.

Balances can also be written off from this form. Use the appropriate button of the two bottom buttons, Write Off Unpaid Insurance Owes or Write Off Unpaid Patient Owes.

The bottom button allows you to pay only a specific line item and then credit the remaining amount to the patient owes. Use this feature to credit the account when there is an excess insurance payment that you do not want to apply to truly unpaid services.

After the payment has been associated with the service(s), choose the Exit button to return to the Transactions form. The payment, while automatically saved, will not be reflected in the balances due until you click the OK button.



## Appointments

The appointment book allows scheduling of up to ten doctors and rooms. As shipped, *HandyWorks* will have ten rooms named room 1 through room 10. These may be changed as discussed later in this chapter. The appointment book form appears as follows:

**Appointment Book**

Find: Aiken, Bill  
Next Appt:

6/24/00	Dr. Steve	Dr. Steve	Massage	Rus:
8:00 AM				
8:15 AM				
8:30 AM				
8:45 AM				
9:00 AM				
9:15 AM				
9:30 AM				
9:45 AM				
10:00 AM				
10:15 AM				
10:30 AM				
10:45 AM				
11:00 AM				
11:15 AM				
11:30 AM				
11:45 AM				
12:00 PM				
12:15 PM				
12:30 PM				
Totals	0	0	0	0

Day at a Glance Week at a Glance Month at a Glance Multiple Appts Preferences

**Calendar**

June 2000

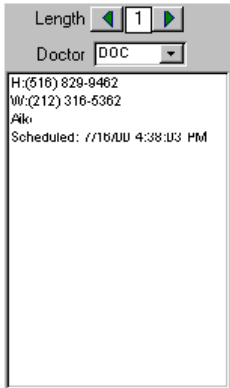
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Close Today

In this illustration, the calendar has been moved to the side of the appointment book. The calendar is a pop-up form, meaning it “floats” on top of the appointment form in the *HandyWorks* window. You can move the calendar to the side so that the appointment book is visible. To move the calendar, point to the blue title bar at the top of the calendar, then click and drag the calendar to a convenient position.

As the appointment book is opened, the patient previously displayed is selected to schedule an appointment. If an appointment is to be made for a different patient, find that patient using the find combo box as described in the patient module. When the correct patient is displayed, display the date when the appointment is desired by clicking on the desired date in the pop up calendar. With the correct patient and desired day displayed, click in the desired time cell under the desired room or doctor, then click the Add button. The patient’s name is entered in the cell. The patient’s phone number and the time that the appointment was entered are automatically added to the Notes text box. You can type any additional notes in the text box.

The new items that display at the right side of the calendar after an appointment is made appear as follows:



The screenshot shows a form with the following elements:

- A "Length" field with a numeric input set to "1" and arrows for adjustment.
- A "Doctor" dropdown menu with "DOC" selected.
- A large text box containing the following information:
  - H:(516) 829-9462
  - W:(212) 316-5362
  - Alt:
  - Scheduled: 7/16/00 4:38:03 PM

The patient's home and work phone display in the text box, as well as the date and time the appointment was scheduled. Enter any notes as needed. After typing text in the notes text box, be sure to click in another area of the screen (otherwise, the note you typed will "follow" you to the next date you work on).

The length text box is used to set the number of appointment periods for this appointment. As *HandyWorks* is shipped, the appointments are set at 15 minute intervals. To change the interval, see the discussion of Preferences later in this section. The arrow to the right of the box will increase the appointment one period; the arrow to the left of the text box decreases the number of appointment periods. Choose the practitioner in the Doctor combo box if it is different from the patient's usual doctor.

To enter information in the appointment book which is not a patient appointment (lunch time, or a day off, for example). Click in the desired time and room/doctor cell, and type in the entry. Use the length arrows to extend it as necessary; notes can also be added in the notes box.

Although it is not recommended, patient appointments can be entered manually. This is advantageous when you want to schedule a new patient who is not yet entered in *HandyWorks*, or if you schedule something other than an appointment (a staff meeting or haircut, for example). This is not advised for existing patients, because you lose the ability to track missed appointments. If you manually enter an appointment, *be sure to click in a different cell in the appointment book before going to another date!* If you move to another date without clicking outside the appointment being created, *HandyWorks* will move that appointment to the new date with you.

To create an appointment manually, type the patient name in the desired time cell for the correct room or facility. Upon typing in a cell, complete the additional fields *HandyWorks* displays on the right side of the appointment grid. The patient's phone number(s) will not be automatically entered, and *HandyWorks* can not search for appointments set in this manner.

## Working with the Appointment Book and Calendar

The appointment book has titles across the top of the cells, and scroll bars at the bottom and right edge of the cells. The titles can be changed from "Room 1" to a more descriptive name as described in Preferences later in this chapter. Use the bottom scroll bar to view more rooms (practitioners). Use the scroll bar at the right to move down to later times in the day.

To change dates, use the calendar. The calendar is a secondary window, or "pop up" window. It appears as follows:



Click on the desired date to view. To change months, click the left or right arrow near the month name. Similarly change years using the arrows near the year. Click on the Today button to display the current date.

The calendar can be moved to a different position, or even closed. To move the window, click and drag the calendar title bar. Moving this window may be desired when an appointment is set, as a text box appears which is partially covered by the calendar. Clicking on the close button will also close it. With the calendar closed, however, the appointment dates can not be changed. To redisplay the calendar, click on the calendar command button in the upper left corner of the screen.

## APPOINTMENT BOOK BUTTONS

### Add an Appointment



The Add button enters an appointment for the currently selected patient in the selected time slot for the selected doctor on the displayed date. See the discussion at the beginning of this section for entering an appointment. When an appointment is being entered or changed, the Delete button appears.

## Delete an Appointment



Use the Delete button to remove the selected appointment. The Delete button does not appear until an appointment is selected. To select an appointment, click in the desired cell; *HandyWorks* will then display the patient in the pick list and show the Delete button. Click it to remove the appointment.

## Reports



Choose the Reports command button to print the six reports available in the *HandyWorks* appointment book. Printing is discussed in “Reports and Printing” starting on page 11.

## Find

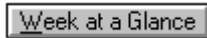


Use the Find button to find appointments for the currently displayed patient. To find the patient's next appointment, click on the binocular button. To find an appointment prior to the displayed date, hold the <SHIFT> key while clicking on the find button. To display a different patient, use the Find text box as described in the Patient Module.

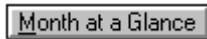
## View Buttons



Use the Day at a Glance button to return to the daily appointment book. This displays individual appointments.



The Week at a Glance button to display activity by practitioners or rooms. This button will display a grid with the total number of appointments per day by doctor for the selected week.

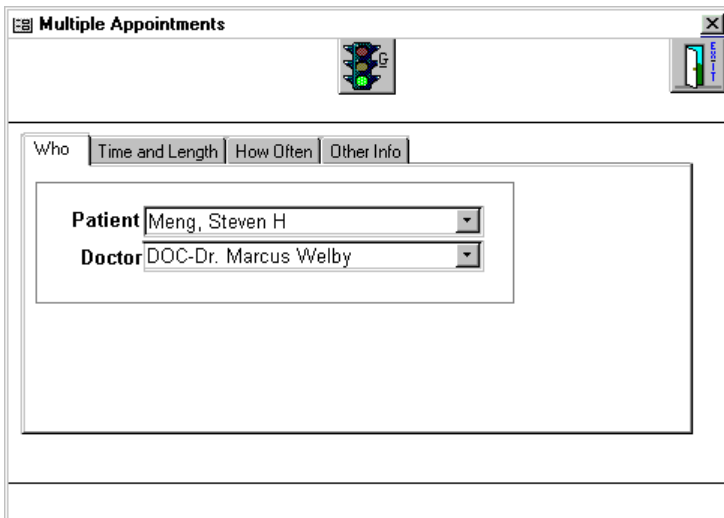


The Month at a Glance button displays the month's activity. Up to four patients per day display on a month calendar. Use this view to see the practice activity.

## **MULTIPLE APPOINTMENTS**



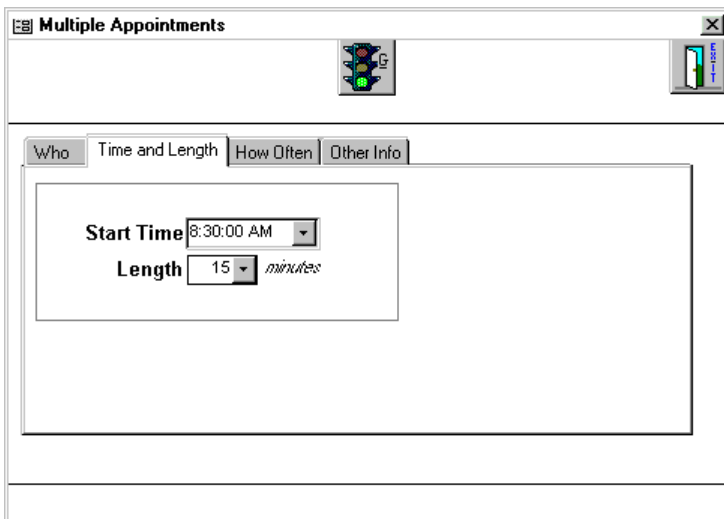
Use the Multiple Appointments button to make recurring appointments for a patient. First, display the desired patient if necessary. Click the Multiple Appointments button to activate the tabbed dialog box used for making repeating appointments. The first tab asks for the patient and the practitioner:



The screenshot shows a window titled "Multiple Appointments" with a traffic light icon and a "Go" button. The "Who" tab is selected, showing dropdown menus for "Patient" (Meng, Steven H) and "Doctor" (DOC-Dr. Marcus Welby). The "Time and Length", "How Often", and "Other Info" tabs are also visible.

If the patient or practitioner is different than the one displayed, choose the correct patient or doctor from the combo box. Note: At this point, the multiple appointment wizard does not have enough information to create appointments; do not use the Go button.

Choose the Time and Length tab to present the page for appointment specifics:



The screenshot shows the same "Multiple Appointments" window, but with the "Time and Length" tab selected. The "Start Time" is set to 8:30:00 AM and the "Length" is set to 15 minutes. The "Who", "How Often", and "Other Info" tabs are also visible.

In this tab, choose a starting time and length of appointment. When these are correct, choose the How Often tab. The third tab appears as follows:

The screenshot shows a dialog box titled "Multiple Appointments". It has four tabs: "Who", "Time and Length", "How Often", and "Other Info". The "How Often" tab is selected. Inside this tab, there is a "Frequency:" dropdown menu set to "Every Week". Below this, there are checkboxes for the days of the week: Monday, Tuesday, Wednesday (checked), Thursday, Friday, Saturday, and Sunday. At the bottom, there are two text boxes: "Starting Week:" with the date "7/16/00" and "Ending Week:" with the date "8/13/00".

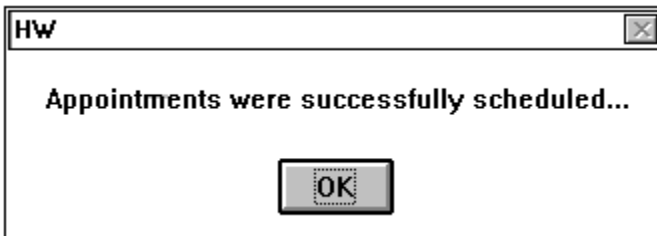
Choose the time interval in the Frequency combo box. The choices allowed are Every Week, Every Other Week, first through fourth week of the month, and Last Week of the Month. Choose the day desired for the appointment. Set the Starting Week and Ending Week to the desired dates. Note that the appointment is scheduled during the last week selected; the dialog box as set above will schedule an appointment for the week of August 13, 2000.

When the desired selections are complete, the Other Info tab:



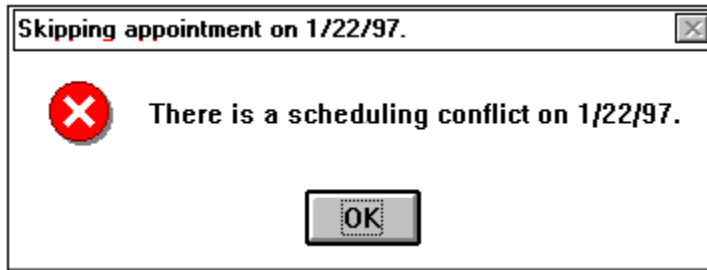
Choose the room and procedure from the appropriate combo boxes. Enter any notes desired in the text box provided.

When the desired entries have been made, choose Go (the green light) to proceed with scheduling the appointments. *HandyWorks* creates appointments according to the selections made in the dialog boxes and presents a message box:



If there is a scheduling conflict (the room or practitioner already has an appointment for that time), *HandyWorks* does not schedule that appointment, but presents a message box to alert users to the conflict. *HandyWorks* schedules the appointments for which there are no conflicts. The message box appears as follows:



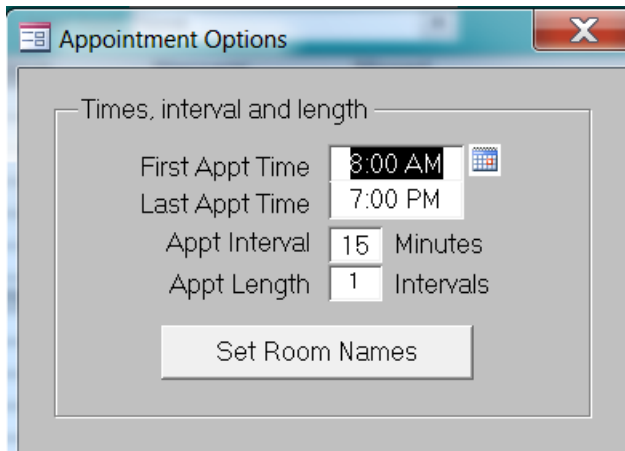


After acknowledging the warning, move to the desired day and manually schedule the appointment at a different time.

## APPOINTMENT PREFERENCES



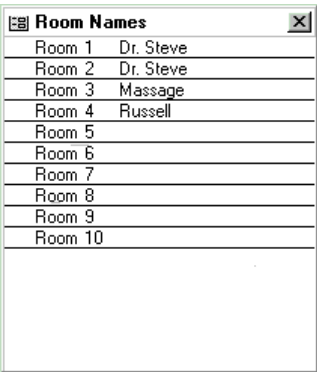
Use the Preferences button to change appointment defaults. The preferences screen appears as follows:



Set the first desired appointment time in the **First Appt Time** text box, and the last desired appointment time in the **Last Appt Time** text box. Type the times in hh:mm AM format (8 : 00 AM). If a message appears about the data being inappropriate, press <ESC> to clear the error message, then <ESC> again to undo the time entered. Then type the time again. Type the desired

appointment length in minutes in the **Appt Interval** text box. Appointment Length is the number of time intervals used for an appointment, usually 1.

To change the names for rooms, or enter practitioners instead of room names, choose **Room Names**. The room names dialog box appears:

A screenshot of a dialog box titled "Room Names" with a close button (X) in the top right corner. The dialog box contains a table with 10 rows, each representing a room. The first four rows have names: "Room 1 Dr. Steve", "Room 2 Dr. Steve", "Room 3 Massage", and "Room 4 Russell". The remaining six rows are labeled "Room 5" through "Room 10" and are currently empty. Below the table is a large empty text area for additional input.

Room Names	
Room 1	Dr. Steve
Room 2	Dr. Steve
Room 3	Massage
Room 4	Russell
Room 5	
Room 6	
Room 7	
Room 8	
Room 9	
Room 10	

To change room names, simply type over the room name to be replaced. Use the <TAB> key to move to the desired room name, or click in the row of the room name to be changed. When complete, choose Exit to return to the Preferences dialog box.

After the appointment data and room names have been changed as desired, click on the Appointments command button (which has replaced the Preferences command button) to return to the appointment book.



## PRINTING APPOINTMENTS

Appointments, analysis reports, and missed appointment reports can be printed. Choose the Reports button to print appointment reports. The reports form appears as follows:

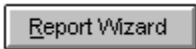
Select the desired option button in the Report Type group. If desired, change the from and to dates, or the from and to room number. Select Compress Unused Time to suppress blank pages. Choose Report to print your selections, or View to view the report on screen.

# HandyWorks Wizards

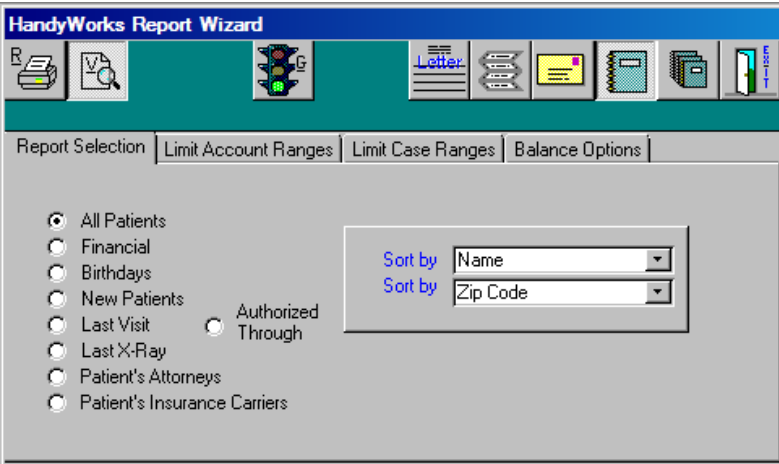
The following guide to reports is presented by where the menu item is to start the particular report. Many reports are available from several areas of *HandyWorks* for Windows. The index lists all the reports and their page numbers.

The following section discusses the reports available in *HandyWorks* for Windows. The reports with command button illustrations are available in the lower center section of the Main Switchboard. The other reports in this section are available from the menu bar; choose Reports to display the choices.

## REPORT WIZARD



To print patient reports, click on the print button from the Patient form, or choose Reports | Patient Reports (Reports Menu). To create new letters, see the Letters section in “Practice Setup,” page 39. After choosing the menu selection or command button for patient reports, the first Patient Reports wizard dialog box appears:



When first displayed, the Report What tab is selected, where you choose the type of report. The remaining tabs are described below; you need only choose the appropriate tabs. At any time that the desired report specifications have been entered, choose the Go button (the green light) at the

top center of the form. If, for example, you wanted a report listing all patients, simply choose the Go button immediately.



A special case occurs when you come to the Report Wizard directly from Patient or Case Data. In this situation, the patient you were looking at is singled out and the envelope option with send to printer is selected. Green to Go prints a single envelope for this patient. Exiting takes you back to the Patient or Case Data screen, exactly where you left off.

Select the desired type of report by clicking in the appropriate toggle button in the upper left corner of the dialog box. Choose from the Letter button, the Label button, the Envelope button, the Short list button, or the Long list button. See the section “Printing” earlier in this chapter for a description of the buttons. If the Letter option is chosen, a combo box appears in the lower right corner of the Report Wizard to select the letter:



Open the combo box and select the desired letter. Creating letters is discussed in Practice Setup on page 39.

Next, select the kind of patient report to print. Choose the desired option button in the center of the form. Depending on the report selected, date range selection boxes may appear at the right side of the Report Wizard dialog box. Enter the starting date in the top text box with the white background and the ending date in the lower text box with the yellow background. If Birthdays is selected, the date range box becomes visible with next month's dates entered by default. If New Patients is selected, the previous month is entered by default. For Last Visit and Last X-Ray, the past three months and the past six months are entered, respectively. Enter any dates needed either in short format (6/6/00) or medium date format (6-Jun-00).

The Report Wizard also produced special files. They are HWemail.csv, HWPalm.csv, and hwlabels.txt. The HWemail file is an data set containing patients that have email addresses. You can import this file directly into outlook. The HWPalm file can be imported into your palm pilot from the hotsync manager. And finally, the HWlabels file is a list of address data only that can be given to your printer, if they need it for your next mass mailing.

## Limit Account Ranges

Choose the Limit Account Ranges to display options for limiting groups of accounts:

The screenshot shows the 'HandyWorks Report Wizard' dialog box with the 'Limit Account Ranges' tab selected. The dialog has a title bar and a toolbar with icons for Report, Find, Print, Letter, and various report types. Below the toolbar are five tabs: 'Report What', 'Limit Account Ranges' (selected), 'Limit Case Ranges', 'Sort Order', and 'Balance Selection'. The main area contains two columns of selection options. The left column has 'Range' set to 'All' and 'From/To' set to 'From/To'. It includes checkboxes for 'Account', 'Name', and 'Zip Code', each followed by a dropdown menu. The 'Account' dropdown shows 'AIKE94179' as the starting value and a yellow-shaded dropdown as the ending value. The right column has 'Category' and 'Type' checkboxes, each followed by a dropdown menu. At the bottom, there is a 'Mailing List Only' checkbox (checked) and 'Active' (checked) and 'Inactive' (unchecked) checkboxes.

This form is initially set to print all records. There are five categories you can use to select account ranges. Each one has a beginning box, an end box, and the All check box. Consider the Account section:

This close-up shows the 'Account' section. It features a checkbox (checked) to the left of the 'Account' label. To the right is a dropdown menu with 'AIKE94179' selected. Below this dropdown is a yellow-shaded dropdown menu, also containing 'AIKE94179'.

The check box immediately to the right of the criterion name (Account in this case) effectively disables that selection criterion. To select by account number, you must clear the check box, then select the beginning account number and ending account number from the combo boxes. The top combo box is the starting value; the lower, yellow shaded combo box is for the ending value.

For each of the categories where accounts are to be limited, clear the check box. For **Account Number**, **Name**, **Category**, or **Type**, open the top combo box to select the starting value, and select the ending value in the lower combo box. Effective use of the Category box requires prior planning and is discussed on page 56. For selections by **Zip Code**, type the lowest Zip Code to be included in the upper text box, then the highest value to include in the lower text box.

If you want to print to all patients, not just the ones on your mailing list, clear the **Mailing List Only** check box. Leave the check box selected to print for only those on your mailing list. Select the **Active** check box to print to or for the Active patients in your practice. Select the **Inactive** check box to include inactive patients in the report.

## Limit Case Ranges

Choose the Limit Case Ranges tab to display the following form:

**HandyWorks Report Wizard**

Report What | Limit Account Ranges | **Limit Case Ranges** | Sort Order | Balance Selection


Range - All	From/To	Range - All	From/To
<input checked="" type="checkbox"/> 1st Carrier		<input checked="" type="checkbox"/> Ins. Type	
<input checked="" type="checkbox"/> Attorney		<input checked="" type="checkbox"/> Fee Schedule	Default
<input checked="" type="checkbox"/> Doctor		<input checked="" type="checkbox"/> Service	
<input checked="" type="checkbox"/> Diagnosis			


As with the Limit Account Ranges tab, each category has an All check box. If the all check box is checked, *HandyWorks* includes all for that category. To limit case ranges, first clear the check boxes in front of the categories where a criterion is to be added. For the Insurance (currently labeled **1<sup>st</sup> Carrier**), **Attorney**, **Doctor**, **Diagnosis**, or **Service** categories, clear the check box then select the starting and ending values in the Combo boxes. To select by and insurance type, clear the All check box then select the type in the **Ins. Type** combo box. To Select by **Fee Schedule**, first clear the All check box, then choose the fee schedule to filter by.


To select by the second insurance carrier, choose the button marked **1<sup>st</sup> Carrier**. The button changes to read second carrier, and allows you to select by that field.


The Balance Selection tab is only appropriate for financial reports. While the tab itself is not disabled for other reports, the combo boxes on it are. If desired, choose the Balance Selection tab to display the Report Wizard form as follows:


HandyWorks Report Wizard























Report What

Limit Account Ranges

Limit Case Ranges

Sort Order

Balance Selection

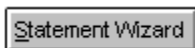
	Amount Owed		Amount Owed
Case Owes	Anything but Zero	Current Balance	Don't Care
Insurance Owes	Don't Care	30 day Balance	Don't Care
Patient Owes	Don't Care	60 day Balance	Don't Care
YTD Payments	Don't Care	90 day Balance	Don't Care
Lifetime Payments	Don't Care	120 day Balance	Don't Care

In each of the ten combo boxes, choose from the selections for the amount owed. The choices are Anything but Zero, More than Zero, Less than Zero, Zero, and Don't Care. Choose Don't Care for each category that is not significant for the desired report.

When all the necessary amount owed boxes have been set, choose the green light Go button. Depending on the options selected at the top of the form, *HandyWorks* creates the report.



## STATEMENT WIZARD



Choosing Statement Wizard from the Main Switchboard (or from the Transaction Reports dialog box) opens a tabbed form to print statements, which appears as follows:



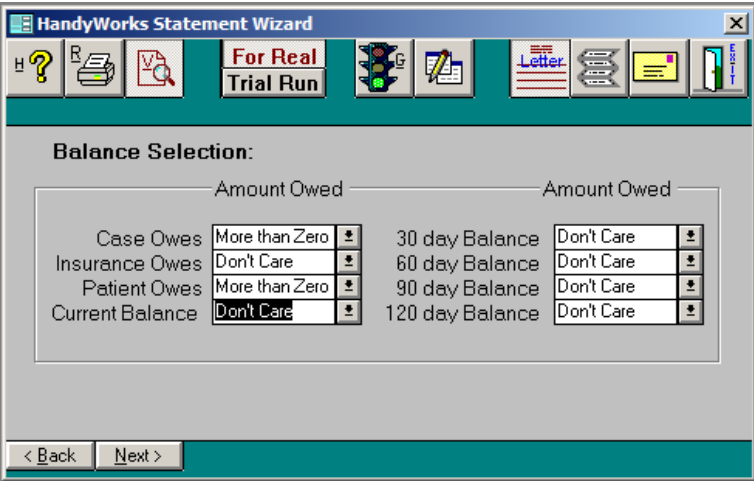
The Statement Wizard's default setting is to print a statement for all patients who owe you money.

The right side offers various printing options. Some options exclude other options in this dialog box. Select **Don't print messages** and **Don't print diagnoses** as desired. Choose either **Only print services** or **Only print payments** if desired; notice that only one of these two options can be selected, and neither can be selected if Only print balances is selected. Choose **Don't print balances** to suppress balances from the bills, or choose **Only print balances** to suppress services and procedures.

Choose the report type from the option buttons at the left side of the form. The clean statement is special in that it does not report patient or insurance owes, but only lists services, payments and adjustments, along with their totals.

Once the report is selected, and any data entered on the Print What Data tab, either choose the green light Go button, or one of the subsequent tabs.

The next form to appear allows the selection of accounts by balances:

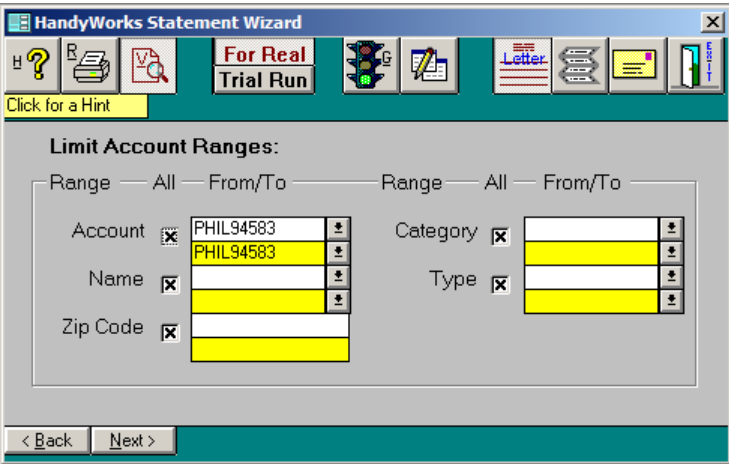


The screenshot shows the 'HandyWorks Statement Wizard' window. The title bar includes a 'Click for a Hint' button. The toolbar contains icons for Help, Print, Find, For Real Trial Run, a traffic light, a document, a Letter icon, a double arrow, a mail icon, and a printer. The main area is titled 'Balance Selection:' and contains two columns of combo boxes. The first column is labeled 'Amount Owed' and the second is labeled 'Amount Owed'. The first column has four rows: 'Case Owes', 'Insurance Owes', 'Patient Owes', and 'Current Balance'. The second column has four rows: '30 day Balance', '60 day Balance', '90 day Balance', and '120 day Balance'. The 'Current Balance' and '30 day Balance' rows are highlighted. The bottom of the window has '< Back' and 'Next >' buttons.

	Amount Owed	Amount Owed
Case Owes	More than Zero	30 day Balance
Insurance Owes	Don't Care	60 day Balance
Patient Owes	More than Zero	90 day Balance
Current Balance	Don't Care	120 day Balance

Select the account balances as illustrated above. The illustration shows what selections would be needed to print statements for all patients that have a balance. Change the combo boxes as desired for the statements to be printed. When complete, choose Next, or select the Limit Account Ranges tab.

The Limit Account Ranges tab appears as follows:



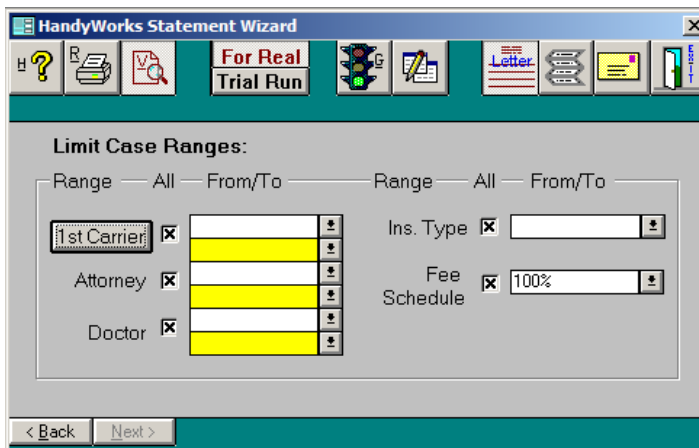
The screenshot shows the 'HandyWorks Statement Wizard' window with the 'Limit Account Ranges:' tab selected. The title bar includes a 'Click for a Hint' button. The toolbar contains icons for Help, Print, Find, For Real Trial Run, a traffic light, a document, a Letter icon, a double arrow, a mail icon, and a printer. The main area is titled 'Limit Account Ranges:' and contains two columns of combo boxes. The first column is labeled 'Range' and the second is labeled 'Range'. The first column has four rows: 'Account', 'Name', 'Zip Code', and 'All'. The second column has four rows: 'Category', 'Type', 'All', and 'From/To'. The 'Account' and 'Category' rows are highlighted. The bottom of the window has '< Back' and 'Next >' buttons.

Range	Range
Account	Category
Name	Type
Zip Code	All
All	From/To

The second Print Statements dialog box allows selection by account number, name, zip code, category, and type. Each of the selection criteria has an All check box in front of them, and each has a beginning and ending box. To print all statements for a particular category, select the All check box for that category. To limit printing by **Account**, **Name**, **Category**, and **Type**, first clear the All check box for the desired category. Next, select the beginning value from the upper of the two combo boxes, and select the last value from the lower combo box. To select by **Zip Code**, clear the All check box, then type the starting and ending zip codes in the text boxes.

**Note:** To print a statement for one patient, select *either* the patient name *or* the account number, do not select by both.

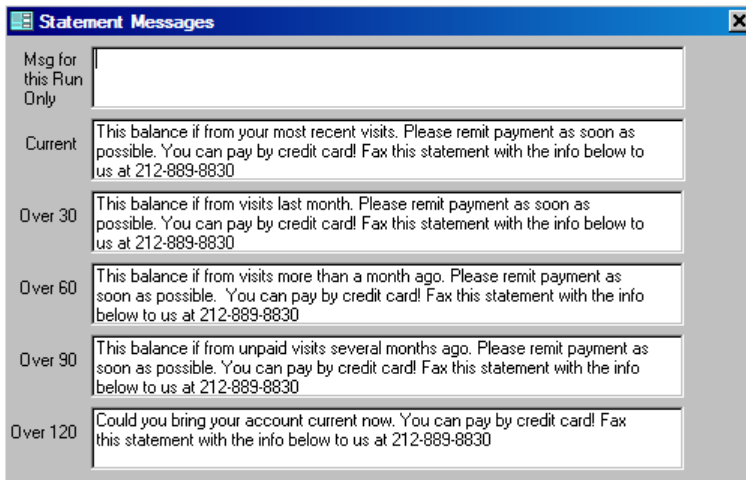
When the desired selections have been made from this tab of the Billing Wizard, either choose the green light Go button, or choose the Limit Case Ranges tab. The Limit Case Ranges tab appears as follows:



To choose by insurance carriers, clear the All check box then choose beginning and ending values in the **1st Carrier** combo boxes. To select by the second carrier, click on the 1st carrier button, which will change it to **2nd Carrier**. Select **Attorney** or **Doctor** beginning and ending values to limit statements to a particular attorney or doctor. Print only bills for a particular insurance type by selecting the desired type from the **Ins. Type** combo box. If bills are only to be prepared for a particular fee class, choose that class in the **Fee Schedule** combo box.

Enter the annual interest rate in the **Finance Charge** text box. Enter the interest rate as a decimal (0.18, for example) or follow the percentage with the percent (%) key (18%, for example).

Messages can be placed on the statements if desired. To create statement messages for these statements only, *right* click on the Go button (the green light) or click the Statement Message button. The Statement Messages dialog box appears:



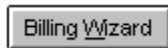
Statement Messages	
Msg for this Run Only	
Current	This balance if from your most recent visits. Please remit payment as soon as possible. You can pay by credit card! Fax this statement with the info below to us at 212-889-8830
Over 30	This balance if from visits last month. Please remit payment as soon as possible. You can pay by credit card! Fax this statement with the info below to us at 212-889-8830
Over 60	This balance if from visits more than a month ago. Please remit payment as soon as possible. You can pay by credit card! Fax this statement with the info below to us at 212-889-8830
Over 90	This balance if from unpaid visits several months ago. Please remit payment as soon as possible. You can pay by credit card! Fax this statement with the info below to us at 212-889-8830
Over 120	Could you bring your account current now. You can pay by credit card! Fax this statement with the info below to us at 212-889-8830

Type the desired message for the statements in the appropriate text box. **The Msg for this Run Only** is special because it overrides all the other entries for this specific statement run. It is also not saved when you close the wizard. If text is entered in the Msg for This Run Only box, that message and any specific message from Patient Data is all that will print. If the Msg for This Run Only is blank, the remaining messages will be printed on bills with specific balances due. The **Current**, **Over 30**, **Over 60**, **Over 90**, and **Over 120** messages are retained by *HandyWorks* for future billing runs until they are changed. When the desired messages have been entered, choose Exit.

After selecting the statements to print in the four Patient Statement dialog boxes, use the buttons at the top of the form to prepare the statements. These buttons are described in the section “Printing” earlier in this chapter.

## BILLING WIZARD

The Billing Wizard is available from the Main Switchboard or the Transactions form. Electronic Bills can be prepared from the Main Switchboard.



A bill is a grouping of one or more office visits. This group of visits has a common bill number. The actual bill record contains the bill number, date, carrier, and doctor. Thus, when reprinting a bill, any changes to the patient data or visit details are reflected in the newly printed bill. The HCFA form will be refreshed with the updates to the patient or visit details.

To start the Billing Wizard, choose Billing Wizard from the Main Switchboard or Transactions Form. Note that bills involving only one patient, the billing history or transaction billing report is easier to use. The Billing Wizard is designed to create bills in bulk, for all or part of your outstanding visits.

The billing wizard allows creation of bills and printing, reprinting of bills, and viewing billing reports. The Billing Wizard presents four screens with choices to print exactly what is desired. A tabbed form appears when the billing wizard is selected:

A screenshot of the "HandyWorks Billing Wizard" software window. The window has a blue title bar with the text "HandyWorks Billing Wizard" and a close button. Below the title bar is a teal-colored toolbar with icons for a printer, a magnifying glass, a traffic light, and a document. The main area of the window is divided into two sections. The top section has a tabbed interface with four tabs: "I Want to:", "Limit Insurance Types", "Creation Threshold / Split", and "Specific Limits". The "I Want to:" tab is selected. Below the tabs, there are three radio buttons: "Do a PreBilling Report" (selected), "Create & Print New Bills", and "Reprint Bills or Tracers". Below these are two more radio buttons: "List a specific Group of Bills" and "List Unpaid Bills". To the right of these radio buttons is a large rectangular area containing several checkboxes and dropdown menus. The checkboxes are: "Full Search", "Print Dx desc", "Unpaid Only", "For Carriers", and "For Patients". The dropdown menus are: "Print the Doctor's Name in Box 32", "Print the Doctor's Name in Box 33", and "WC Therapy Chiropractic, Attendant modalities". The "For Carriers" checkbox is checked. At the bottom of the window, there is a row of five buttons: "Insurances", "Referrals", "Narrative/Soap", "Clinic A/R", and "Preferences".

You will notice that Do a PreBilling Report is selected when this form is opened. *It is strongly recommended that you create a pre-billing report so that you know exactly what will be billed. Consider the following:*

**Caution:** Once you use the green light **Go** button, the bills will be generated according to the criteria you have specified. Billing is a two step process, where the bills are first internally created, then presented for printing. Whether you print the bills, view the bills on screen, or abandon the printing process, *HandyWorks* considers the visits as having been billed. The visits and services performed will no longer be available to the billing wizard. You can reprint the bills individually or for the batch (specify the batch date or the bill number range). Reprinted bills will reflect any changes in the patient or visit details. They can also be changed and individually reprinted, but can not be grouped as part of the wizard and printed in one operation.

Use the first tab of the Billing Wizard form to select the desired action. **Create & Print New Bills** examines the accounts according to the choices made in the other tabs of the billing wizard. **Reprint Bills or Tracers** reprints bills or letters for bills previously generated. List a specific Group of Bills allows viewing or listing bills by insurance type. List Unpaid Bills creates a listing of unpaid bills. **Do a PreBilling Report** creates a report listing outstanding amounts that have not been billed.

If either of these options is chosen, the form changes to accept more information:

**HandyWorks Billing Wizard**

I Want to: **Limit Insurance Types** | **Creation Threshold / Split** | **Specific Limits**

☐ Do a PreBilling Report

☒ Create & Print New Bills

☐ Reprint Bills or Tracers

☐ List a specific Group of Bills

☐ List Unpaid Bills

Full Search ☐

Print Dx desc ☐

Print the Doctor's Name in Box 32

Print the Doctor's Name in Box 33

WC Therapy Chiropractic, Attendant modalities.

Unpaid Only ☐

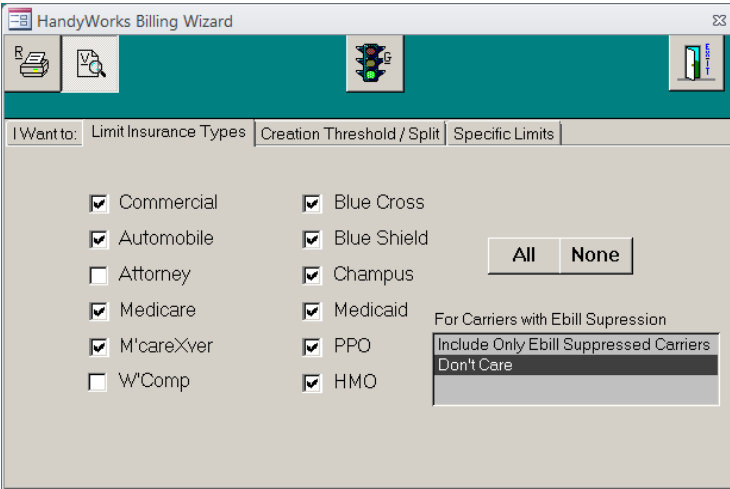
For Carriers ☒

For Patients ☐

Insurances Referrals Narrative/Soap Clinic A/R Preferences

In the Print the... name Box 32 or 33, choose what your carrier wants. Choose the Print DX description on Bills check box to have the diagnosis description printed. Only NY has the WC therapy section available.

Choose the next tab in the dialog box to choose insurance types:



Choose the various types of insurance to create bills for, if needed. Use the All command button to select all check boxes, use None to clear all check boxes. When the desired selections have been made, choose the Creation Threshold/Split tab:

The screenshot shows the 'HandyWorks Billing Wizard' window with the 'Specific Limits' tab selected. The window has a title bar and a toolbar with icons for a printer, a magnifying glass, a traffic light, and a mobile device. Below the toolbar is a tab bar with three tabs: 'Limit Insurance Types', 'Creation Threshold / Split', and 'Specific Limits'. The 'Specific Limits' tab is active, displaying a form with the following fields:

Create new bills on if the...	Assigned	UnAssigned	
<input type="radio"/> Patient has more than	<input type="text" value="1"/>	<input type="text" value="1"/>	unbilled visits
	<input type="text" value="\$1.00"/>	<input type="text" value="\$1.00"/>	unbilled \$'s
<input type="radio"/> Patient has not been Seen since		<input type="text" value="11/29/2012"/>	
<input checked="" type="checkbox"/> Split bills when it has A new doctor			
Max visits / bill	<input type="text" value="25"/>		
Max \$ Amount / bill	<input type="text" value="9000"/>		
Max Lines / bill	<input type="text" value="6"/>		

This tab of the billing wizard is used to set minimums for billing amounts, and maximums for each bill. Some practices may have a minimum level at which a bill would be created, it may be entered here. To cause all bills to print, select Patient has more than, and enter one in either unbilled visits box or \$1 for the unbilled \$ boxes.

Use the Patient has not been Seen since to force bills for patients that have not been in the office for a given period. This is useful to force the preparation of bills that might otherwise remain unprepared. For example, presume that you see a patient only once, and that visit falls below your creation criteria. The visit would indefinitely be omitted from the billing process. Periodically using the Patient has not been Seen since option will force all of these type of bills to print.

The final tab of the billing wizard allows selection of cases by range:



HandyWorks Billing Wizard

I Want to: Limit Insurance Types Creation Threshold / Split Specific Limits

**A checked Check box means ALL. Modify limits as desired.**

Name <input checked="" type="checkbox"/>	From		OV Date <input checked="" type="checkbox"/>	From	1/1/1980
	To			To	12/13/2012
Doctor <input checked="" type="checkbox"/>	From		Category <input checked="" type="checkbox"/>	From	
	To			To	
Carrier <input checked="" type="checkbox"/>	From		Type <input checked="" type="checkbox"/>	From	
	To			To	

Select by the desired category of Name, Doctor, Carrier, Category, and Type. To view all bills, leave all the check boxes selected. To select a range, open the upper combo box and choose a starting value, then open the ending box and choose an ending value. Choosing a value in the combo box clears the check box selecting all for that category, and likewise choosing the all check box clears the selections from that category's combo boxes.

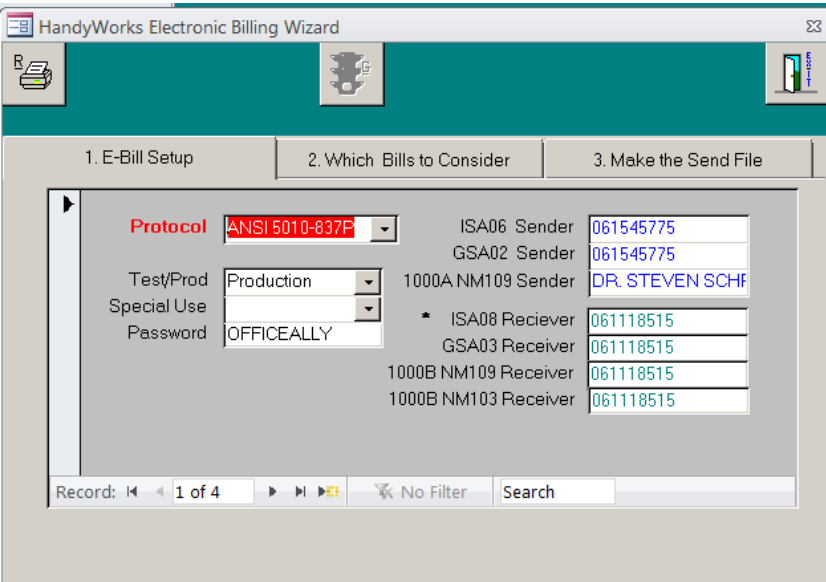
The OV Date box works similarly, but dates must be typed in the text box. Enter the dates either in mm/dd/yy format (12/13/01) or medium date format (13-Dec-01). The OV Date option allows billing on a monthly basis without having to actually create the bills on the last day of the month. On July 15, for example, you could set the office visit range for June 1 to June 30. Users are advised, however, to set an earlier start date to print any visits that for some reason weren't printed the previous month.

When all choices have been made, choose Report to send the bills directly to the printer or View to preview the bills on screen. Click the green light Go button to execute the command. Note that to set printing options, such as choose a printer, you must select print preview.

ELECTRONIC BILLS

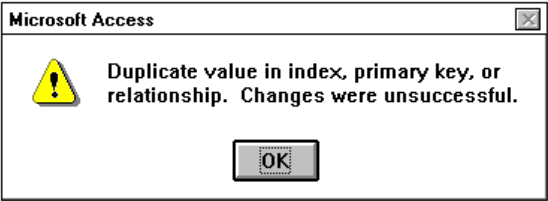


Start the electronic bill preparation and transmission by choosing Electronic Bills from the Main Switchboard. Electronic Bills takes any group of bills that have already been created with the Billing Wizard, and submits the group of bills electronically. The Electronic Billing Wizard is a tabbed form; the first tab allows you to choose a billing service and protocol:



If the service desired is already established, use the navigation buttons at the bottom of the form to find that service.

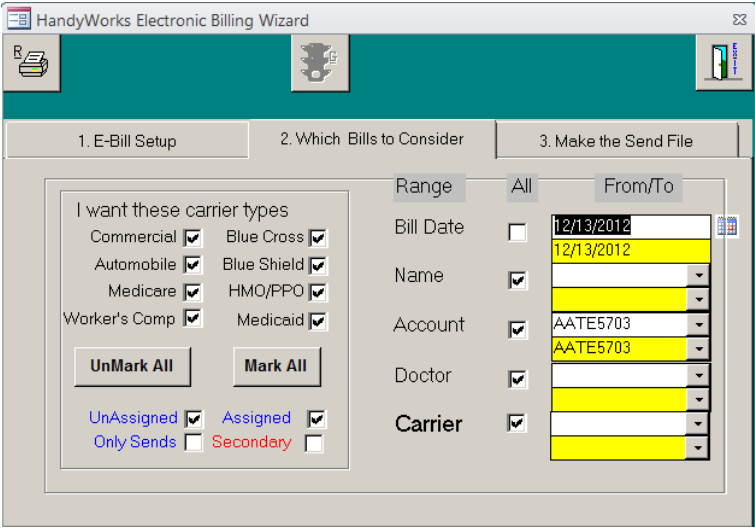
To enter a new service, click the right arrow with a line to move to the last entered record. In the illustration, you would be at the last record when the page indicator reads “Record 2 of 2.” Then click the right arrow to move to the new record, which will read Record 3 of 3 in this illustration. The Billing Service in the new record displays “**Receiver**”; replace this with the information provided by the billing service provider. This is a required entry, and it must be unique. If the entry in the **Receiver** text box is not unique, the following warning will appear when you try to move to another record or proceed with the Billing Wizard:



If this warning appears, either change the **Receiver** entry or press <ESC> to cancel the changes to this record. This warning can occur due to duplicate temporary records. To correct this problem, exit the wizard and return to the Main Switchboard. From the Main Switchboard menu bar, choose Security | Utility | Clear Temp Files.

Select the billing protocol in the combo box. *HandyWorks* currently provides billing in the ANSI4010 (837), NSF2, and print image. Note that exact filling out the data fields for the ANSI protocol varies from state to state and is best handled through the HandyWorks tech support service line.

After you have selected the billing service, choose the Consider Sending These Bills tab. The form appears with selection boxes as follows:



As the second dialog box appears, all outstanding bills will be generated. Make changes to the form to select only certain bills for preparation.

Select the bills by using the check boxes on the left side of the form and the check box and combo boxes on the right side of the form. Clear any check boxes to skip preparation of **Commercial**, **Automobile**, **Medicare**, **Worker's Comp**, **Medicare/Xover**, **Blue Cross**, **Blue Shield**, **Champus**, and **Medicaid** claims. Use the UnMark button to clear all check boxes, and the Mark All button to select all categories. Check the **UnAssigned** check box to send bills for which you do not have an assignment; choose the **Assigned** check box to send bills for which you have an assignment. Select **Already Marked** to include bills previously selected for submission in any transmittal, but not yet sent. Choose **Errors** to include bills that previously encountered errors in any transmittal.

The Bill Date, Name, Account, Doctor, and Carrier are all used in the same manner. If the All check box for a category is selected, *HandyWorks* disregards that selection criterion. To select only certain bills, enter a first and last value to select by in the two boxes. Most often you will select by **Bill Date**. Enter the first date in the white text box, and enter the last date in the yellow text box. Double click the yellow box to duplicate the white box entry. Dates may be entered in mm/dd/yy format or medium date format (10/23/09 or 23-Oct-09, respectively). As with other dates entered in *HandyWorks*, the year may be omitted if it is the current year. To select by the **Name**, **Account**, **Doctor**, or **Carrier**, choose a starting value in the white combo box and an ending value in the yellow combo box. For all the selection criteria on the right side of the form, selecting the check box automatically clears any entries in the white and yellow boxes, and making an entry in the white and yellow boxes automatically clears the check box.

When the selection criteria have been entered, choose Next to proceed with preparing the bills. This process will take some time as all accounts are reviewed for outstanding insurance balances.

The third Electronic Billing Wizard tab displays the bills that have been prepared:

The screenshot shows the 'HandyWorks Electronic Billing Wizard' window. It has three tabs: '1. E-Bill Setup', '2. Which Bills to Consider' (which is active), and '3. Make the Send File'. The active tab contains a table with columns: Patient Name, Date-Bill #, Doc, Services, Carrier, and Status. Above the table are buttons for 'Mark All' and 'Unmark All'. The table lists several bills, including ones for 'Aatest Child', 'Aatest Father', and 'Abadsantos, Laura'. At the bottom, there is a summary row showing a total of 1532 bills, a total amount of \$209,000.27, 0 carriers, and a total status of \$0.00.

Patient Name	Date-Bill #	Doc	Services	Carrier	Status
Aatest Child	4/8/2012-1004789-SBS		\$1.50	1199	Don't Send
Aatest Father	4/8/2012-1003197-SBS		\$18.50	MEDICARE	Send
Abadsantos, Laura	12/16/2011-1003986-SBS		\$65.00	GHI	Send
Abadsantos, Laura	2/1/2012-1004383-SBS		\$65.00	GHI	Suppress
Abadsantos, Laura	6/4/2012-1005554-SBS		\$65.00	GHI	Send
Ahmed, Mohamed	4/18/2012-1005227-SBS		\$125.00	nitHealth-74080	Send
Ahmed, Mohamed	5/7/2012-1005356-SBS		\$130.00	nitHealth-74080	Send
1532			\$209,000.27	0	\$0.00

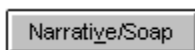
The third Electronic Billing Wizard dialog box displays the bills selected for processing. The only choices in this screen are which bills to submit. By default, all current bills are marked to send. Keep *HandyWorks* from submitting any bill by changing the combo box on the desired row to No Send. Choose **Mark All** to change all unbilled claims to Send, choose **Unmark All** to change all unbilled claims to No Send.

At this point, *HandyWorks* is ready to submit the bills. Choose the green light, which causes *HandyWorks* to create the billing file according to the specifications of the billing software. Once that has been completed, the bills are ready for submission.

*HandyWorks* will produce three different files, usually located in C:\HWW, depending upon the protocol.


HWEBILL.DAT – NSF2  
 HWHCFA.TXT – Print Image  
 HWANSI.TXT – ANSI 837

## NARRATIVE/SOAP



The S.-O.-A.-P. and Narrative Printing Options dialog box appears:

**S.O.A.P. and Narrative Printing Options**

**Narrative Builder** **S.O.A.P. System** 

SOAP or Narratives start with —

<input type="checkbox"/> Patient <u>N</u> ame	<input type="checkbox"/> Patient <u>D</u> OB
<input type="checkbox"/> Patient <u>A</u> ddress	<input type="checkbox"/> Patient <u>A</u> ccount #
<input type="checkbox"/> Right <u>H</u> and Date	<input type="checkbox"/> <u>G</u> roup ID #
<input type="checkbox"/> <u>S</u> ocial Security #	<input type="checkbox"/> Accident Date
<input type="checkbox"/> First Treatment Date	<input type="checkbox"/> Accident Description

How many...

<input type="text" value="0"/>	Lines Before a Heading
<input type="text" value="0"/>	Lines Between Paragraph String
<input type="text" value="0"/>	Top/Lead Spaces

2nd page header includes

<input type="checkbox"/> Doctor's <u>n</u> ame
<input type="checkbox"/> Date
<input type="checkbox"/> Patient name

Addressee

<input checked="" type="radio"/> Primary Carrier	<input type="radio"/> None
<input type="radio"/> Secondary Carrier	
<input type="radio"/> Attorney	
<input type="radio"/> Referral Source	

Dear —

<input checked="" type="radio"/> Carrier/Attorney Attention
<input type="radio"/> To <u>w</u> hom it may concern
<input type="radio"/> No one

Most of the options in this dialog box are self-explanatory. Choose the desired check boxes from the SOAP or Narratives start with for the beginning of the SOAP notes. Paragraph spacing options are set in the text boxes in the How Many... section of the form. Pages of soap notes after the first page can be given headers that include the Doctor's name, Date, or Patient Name. Select the Addressee from the choices in the Addressee section. Choose a salutation in the Dear section, or choose No one for no salutation. When complete, choose Exit to return to the Report Options dialog box.

# Practice Statistics

## DAILY STATISTICS

Day Stats

Day Stats

Month Stats

Year Stats

Clinic A/R

Choose Day Stats to review the daily performance of the clinic. The daily statistics form appears as follows:

Daily Statistics

Date

Entry Date

Entry Order

From

To

1/25/2012

2/1/2012

1

2

3

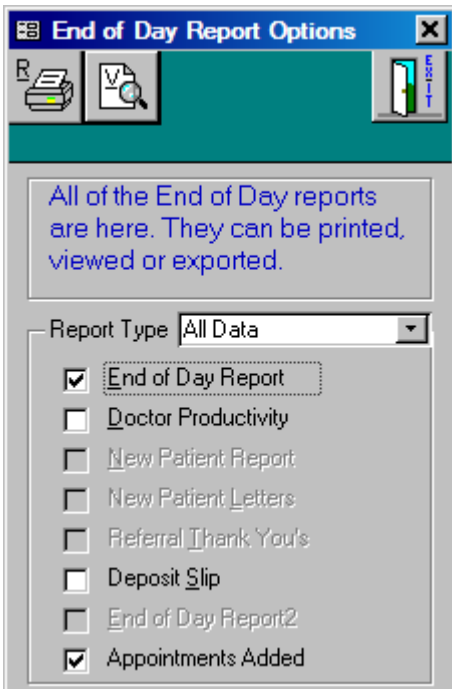
4

Patient - Case	Doc	Date	Service	Paid	Adjusted		
Boxhoorn, Susan - BOXH3755 - C Acu	1/31/2012		\$85.00	\$105.00	\$0.00		
Ghadamian, Sima - GHAD5117 - Acu	1/27/2012		\$85.00	\$85.00	\$0.00		
Abadsantos, Laura - ABAD9804 - SBS	2/1/2012		\$65.00	\$60.00	\$5.00		
Alexander, Leslie - ALEX4374 - C SBS	1/31/2012		\$65.00	\$65.00	\$0.00		
Amato, Jack - AMAT4108 - Case SBS	1/31/2012		\$0.00	\$23.50	\$0.00		
Andrews, Michelle - ANDR6214 - SBS	1/30/2012		\$150.00	\$150.00	\$0.00		
Anzuelo-Martinez, David - MAAR SBS	1/25/2012		\$85.00	\$85.00	\$0.00		
Approbato, Justin M - APPR6322 SBS	1/27/2012		\$150.00	\$150.00	\$0.00		
Attea, Lisa - ATTE6142 - Case 1 SBS	1/31/2012		\$70.00	\$70.00	\$0.00		
Office Visit Count	137	IN	\$7,698.49	CA	\$2,302.00	WO	(\$2.50)
New Patients	9	NI	\$3,026.00	CK	\$1,945.00		
Collection ratio	102.83%			CR	\$5,094.00	ER	\$135.00
Assignment ratio	0.00%	RE	\$0.00	IN	\$1,554.12	OA	\$0.00
Average \$\$ Per Visit	78			OP	\$0.00		
		Tot	\$10724.49	Tot	\$10895.12	Tot	\$132.50

Choose today's date (which is entered by default), a previous date, or any range of dates such as a week or a month. To change the report period, enter the desired starting date in the From text box, the desired ending date in the To text box, and click the green light. Dates may be entered in MM/DD/YY format (1/15/08) or medium date format (15-Jan-08). The year may be omitted if the year is the same as the system date.

The Day Stats form displays the transactions for the chosen date ranges. This form is read only; none of the data can be modified. If a correction is needed, double click on the row with the error or use one of the quick link buttons on the top of the form.

A number of day reports are available from the reports screen.



Options, such as new patient and referral reports are blanked out if nothing is available to print. Choose the desired report(s), then click Report to print the report or View to view the selected reports on screen or set printing options.

The End of Day report prints a summary of the services performed, patients encountered, fees due and collections. The Doctor Productivity report enumerates the services and corresponding revenue performed by each practitioner. New patients are listed on the New Patient Report, and you can prepare letters for the new patients by selecting the New Patient Letters check box. Select Referral Thank You's to print thank you notes for referred patients. The Deposit Slip option will print a listing of the cash and checks to be deposited. The End of Day Report 2 prints the daily summary in a different format. List the appointments made during the report period with the Appointments Added check box.



## MONTHLY STATISTICS



Choose Monthly Statistics to view a monthly report on production and collections:

Monthly Statistics									
<div> <div> </div> <div> <b>This Clinic</b>  All Clinics </div> </div>		From 2/1/2006 To 2/1/2006							
Month	OV-Count	Services	Payments	Adjustments	Collect %	New Pat	PVA	\$/V	\$/NP
10/2005	3	\$265.00	\$83.58	\$0.00	31.54%	0	0	88	0
9/2005	215	\$10,863.26	\$7,357.39	\$1,096.14	67.73%	6	36	51	1811
8/2005	237	\$11,797.42	\$8,187.22	\$2,413.85	69.40%	8	30	50	1475
7/2005	207	\$10,826.54	\$8,328.09	\$2,071.49	76.92%	8	26	52	1353
6/2005	205	\$9,512.40	\$8,040.50	\$1,610.40	84.53%	5	41	46	1902
5/2005	226	\$10,534.26	\$7,793.68	\$2,059.27	73.98%	4	57	47	2634
4/2005	234	\$11,476.72	\$10,735.45	\$2,446.87	93.54%	5	47	49	2295
3/2005	221	\$11,390.31	\$9,510.12	\$1,837.98	83.49%	7	32	52	1627
2/2005	199	\$9,561.65	\$8,164.76	\$1,853.94	85.39%	12	17	48	797
1/2005	224	\$11,636.53	\$7,002.64	\$1,732.36	60.18%	8	28	52	1455
12/2004	215	\$9,803.28	\$8,561.57	\$1,895.33	87.33%	3	72	46	3268
11/2004	225	\$10,441.25	\$8,221.35	\$1,695.79	78.74%	6	38	46	1740
YTD	1971	\$97,864.09	\$75,203.43	\$17,122.30	76.84%	63	31	50	1553
Totals	31721	\$1,361,080.16	\$1,192,165.43	\$156,786.17	87.59%	908	35	43	1499

This form lets you view clinic performance for the desired period. To change the report period, enter the desired starting date in the From text box, the desired ending date in the To text box, and click the green light. When the date range is set, choose the Report command button to present the Vital Statistics Report Option dialog box:

Range

Starting Date

01/01/2000

Ending Date

6/27/00

Summary Level

☐ Daily

☐ Weekly

☒ Monthly

☐ Quarterly

☐ Yearly

Enter the **Starting Date** and **Ending Date** in the respective text boxes. Enter in mm/dd/yy format (1/1/08) or medium date format (1-Jan-08). In either case the year may be omitted unless it is different than the system year (12/15, for example). Choose the desired period in **Summary Level** from **Daily**, **Weekly**, **Monthly**, **Quarterly**, or **Yearly**. When the date range and summary level have been set, choose the **Report** button to print, or the **View** button to view the report on screen. As discussed earlier in this chapter, choose **View** for printing options such as selecting the printer. Printing options are described in “Reports and Printing,” page 11.



Choosing **Clinic A/R** displays the aged balances as of the desired date.

The screenshot shows a software window titled "Clinic Accounts Receivable". At the top, there is a label "I want the A/R as of" followed by a date input field containing "1/30/97". To the right of the date field is a traffic light icon with the green light illuminated. Below this is a table with columns for "Date", "Current", "30", "60", "90", "120", and "TotalDue". The table contains three rows of data. Below the table is a large empty rectangular area, and at the very bottom is a horizontal scroll bar.

	Date	Current	30	60	90	120	TotalDue
▶	05/01/97	\$787.00	\$460.00	\$408.70	\$467.32	\$67.00	\$2,190.02
	04/26/97	\$887.00	\$420.00	\$546.40	\$269.62	\$67.00	\$2,190.02
	01/30/97	\$0.00	\$0.00	\$150.00	\$0.00	\$0.00	\$150.00

*HandyWorks* opens the report with the current date as the report date, change it if desired. When the new date is entered, click on the green light to display the report as of the desired date.

This form has more columns than can be displayed on the form; use the horizontal scroll bar to view columns to the left or right.

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