

# *ACCESS ANAESTHETICS*

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Professional practice manager for anaesthetists



USER  
MANUAL

HealthBase Pty Ltd  
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**Professional practice manager for anaesthetists**

## **USER MANUAL**

# Access Anaesthetics Practice Management System

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**Publisher**

*HealthBase Pty Ltd*

**Author**

*Owen Jenkins*

**Mailing Address**

*PO Box 714*

*Randwick NSW 2031*

**Web Address**

*[www.healthbase.com.au](http://www.healthbase.com.au)*

**Email**

*[info@healthbase.com.au](mailto:info@healthbase.com.au)*

**Telephone**

*02 9341 7792*



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## CHAPTER

## 1

# Introduction

*This chapter will get you started using Access Anaesthetics especially if you don't have time to read the entire manual. It explains the main screens and how to get context sensitive help. The Practice Management Guide provides useful instructions for new graduates on day-to-day issues in setting up your practice.*

## 1.1 What is Access Anaesthetics?

Access Anaesthetics is a practice management package for Australian anaesthetists. It is designed with an emphasis on comprehensive features and ease of use. It is written in the popular Microsoft Access relational database system and communicates with other Office applications such as Word and Excel.

### What does it do?

- Creates accounts to send to private patients, health funds or third parties
- Incorporates fee schedules for Medicare, ASA RVG and most health funds
- Manages Veterans' Affairs time-based methods of billing
- Records payment of accounts by cheque, credit card or EFT
- Prints receipts which include all item information for obtaining rebates
- Tracks overdue accounts and prints increasing levels of payment encouragement messages
- Sends standard or custom letters
- Provides clinical activity statistics
- Provides financial analysis statistics
- Keeps records of anaesthetic procedures performed

### Features

- Billing for MBS, RVG and free text formats
- Manages DVA, Workers Compensation and Third Party accounts
- Incorporates fee schedules for all the major health funds
- Allows the creation of a patient co-payment account for health fund no-gap accounts

- Handles GST fees and payments, and provides GST reporting functions
- Built-in letter writing functions with the ability to store unlimited form letters
- Incorporates easy discounting system
- Print lists of accounts or payments matching user-defined criteria
- Prints on any printer with standard A4 paper
- Prints bank deposit slips
- Intuitive Windows interface with lookup lists, buttons, handy data entry shortcuts and many customisable options
- Easy browse and search functions in MBS and RVG books
- Handy To-Do list allows you to create messages for yourself
- Optionally saves 'read-only' copies (snapshots) of all accounts, receipts and letters for reliable auditing
- Easy backup system to hard disk, floppy disk, zip disk or CD
- Supports multiple providers on one PC or a network of PCs

## 1.2 If you don't have time to read the manual...

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Firstly, you probably don't have time to do your accounts either, so get your secretary or spouse to manage the system for you.

Secondly, you can run the system without help, provided you understand why some things happen in a particular way. If you get into trouble in a particular area, click the Help button or press F1 for context sensitive help. We can't guarantee that your accounts are going to be exactly as you expect, unless you have a good working knowledge of what is in the help file or manual.

You should read the Getting started section<sup>[12]</sup> before doing anything else as this will give you an overview of how the system works. Then read up on specific areas as you need to. The Quick start instructions<sup>[11]</sup> will give you a 5 minute guide if you just want to start creating accounts straight away.

If you're new to sending accounts for your anaesthetic services, you should also read the Practice management guide<sup>[20]</sup>. This will give you valuable information on the everyday aspects of operating the business side of your anaesthetic practice.

You can customise the way that Access Anaesthetics works. Do this by modifying the System Options<sup>[163]</sup>. These affect how various events are handled, which details are printed on your accounts, the management of lists of accounts and payments and so on. You can start out with the default settings and experiment with them when you get to know the system better. There are also a number of lookup tables which store lists of items you will commonly use such as surgeon's names, hospitals you work from, preferred messages on accounts and so on. Initially some of these will be empty and you will need to add your own preferences. It's all described in the relevant sections in the manual or on-line help.

## 1.3 Quick start instructions

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To get you started, this is a basic overview of how to create an account, print it, enter payments, and print a bank deposit slip.

### Enter your provider details

- From the Main Menu, click *Edit system options*.
- On the Provider details page, enter your name and billing address details.
- Click the *Preview the account header* button to see the layout.
- After you are happy with the format, click the *Save and Close* button.

### Create an account

- From the Main Menu, click *Create a new account*.
- Starting with the *Patient Addr* page, enter the relevant information. Not all fields are required.
- Move to the different pages from left to right, entering data as you go.
- Add items to the *Items* page. Select a health fund fee or *My Own* fee if you like.
- Check or adjust the fee on the *Fee* page. The account is now ready to send.

### Print the account

- Press the *Print now* button on the lower toolbar to print the current account.
- The account date will be inserted and the status will be set to *Awaiting payment*.
- The *Documents* page will record when the account was printed. If the option is installed, a snapshot of the account will be created.
- **We recommend you always examine the printed account before sending it.**
- The account will fit into a standard DL window face envelope for mailing.
- You can create multiple accounts then print them all at once from the *List of accounts* screen.

### When a payment arrives

- Click *Find an existing account*, and enter the account number or name.
- Click the *Payments* page and enter the details of the payment(s) in the lower section, taking care to specify the *Payment type* correctly (as this will determine whether the payment appears on the bank deposit slip).
- If the account is fully paid, the date will be entered in the *Date account closed* field, effectively closing the account.
- If an amount is still owing, or if you wish to send a receipt, press the *Print now* button to print a receipt or reminder.

### To close an account

- On the *Payments* page, the existence of a *Date account closed* determines

whether the account is closed or open. Enter a date here to close the account, or remove the date to re-open the account.

- When a payment is entered which fully pays the fee, the current date will be inserted automatically as the date closed.
- To write off an amount still owing, simply enter a date into the *Date account closed* field. Or, more simply, select *Part payment accepted* from the Status drop-down list.

### Do the banking

When a standard payment is entered, the date received is recorded, but not the date banked. Payments without a banking date will be printed on the next bank deposit slip. When the bank deposit slip is printed (on a printer), the banking date will be stored with each payment printed.

- Press the *Print bank deposit slip* button on the *Main Menu* or *List of Payments* screen. Specify the banking date and press the *Print* or *Preview* button.
- Take the bank deposit slip (2 copies) to the bank with the payments. The bank officer will stamp and return one copy and keep the other copy.

**Note**      *Some payments will not appear on the bank deposit slip (e-credit cards, EFT, other).*

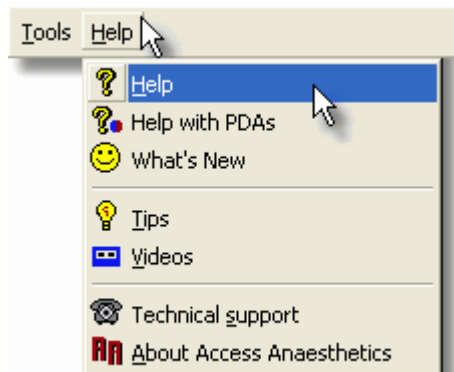
## 1.4 Getting Started

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### 1.4.1 Built-in help

There are 3 methods to view the on-line help in Access Anaesthetics:

- Choose Help from the Help menu on any form



- Click the Help button on any form.



In most cases, the Help is context sensitive, that is, it opens at the topic which is relevant to the task you are currently performing.

- Press the F1 key when viewing a form. Help is available by pressing the F1 key even if the form does not have a specific help button or help menu.

Move or resize the Help window to best suit your needs by dragging the title bar to a new location, or dragging the borders in or out when the mouse turns to a double edged arrow. You can also click the maximise, restore or minimise buttons in the top right corner of the Help screen.

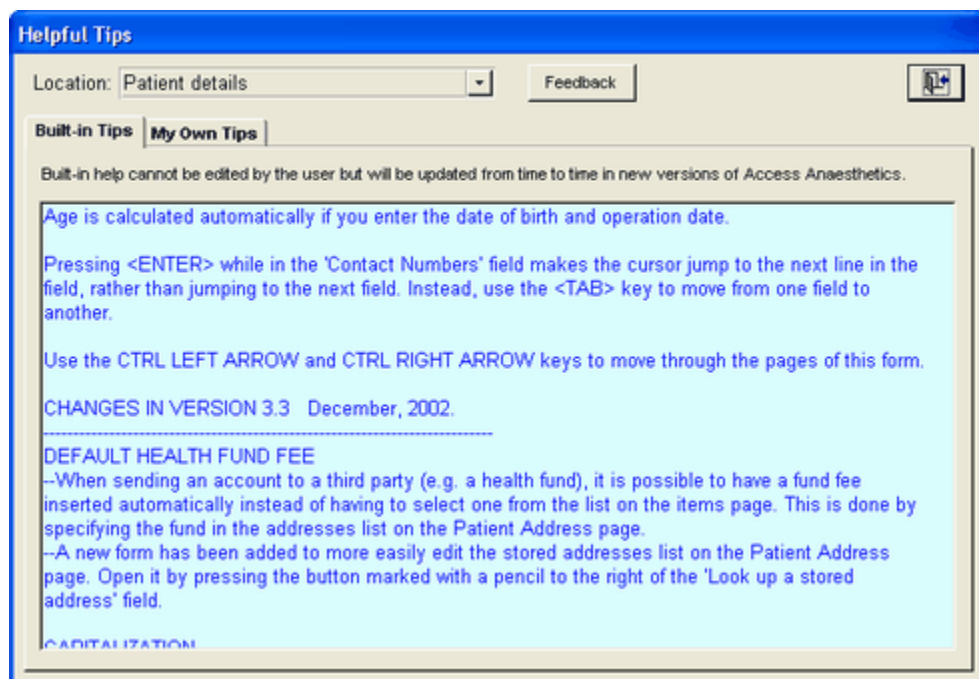
The Help with PDAs file gives comprehensive assistance with configuring and using the Palm or Pocket PC add ons to Access Anaesthetics, and the What's New file explains what has changed in the program from one version to another. This file will usually have the latest information.

Click the Technical support button to view information about the resources available.

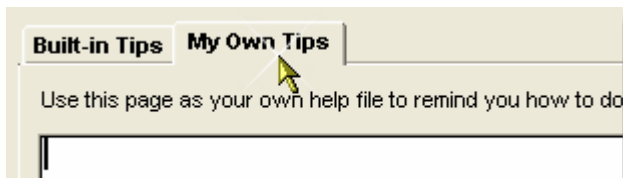
## 1.4.2 Tips



As well as the built-in help, Access Anaesthetics has a system of helpful Tips. Open the Tips form by clicking the Tips button or menu option in the same way you would open the Windows-style help. The Tips form is designed to give you hints, late breaking news, new features, answers to curly questions etc.



You can add your own tips to remind you how to do things by clicking the *My Own Tips* tab on the Tips form.

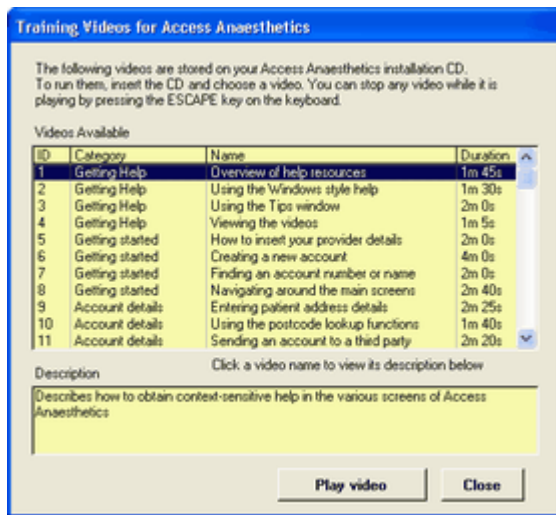


Each page of Access Anaesthetics has a separate form for your own personal tips file, so use it to enter your own context-sensitive personal help. You can even use it to leave notes for your secretary. As well as opening the relevant context-sensitive form automatically, you can also select any of the tips forms from the drop down list on the top of the form. This will allow you to jump to other tips topics or to go through the tips systematically.

### 1.4.3 Videos

The installation CD contains a set of training videos. These are videos of the Access Anaesthetics screen recorded while particular activities are being carried out and are accompanied by a commentary.

Choose Videos from the Help menu to display a list of the videos available and a description of what each demonstrates. The installation CD must be inserted in your computer to view the videos.



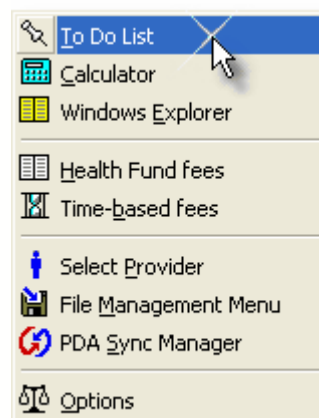


## 1.4.4 Tools

The Tools menu provides access to a number of handy utilities, and some methods to configure the more intricate functions of Access Anaesthetics.

The To-Do List<sup>[203]</sup> is a handy utility where you can enter a list of tasks you want to keep track of. For example, you can note accounts you need to review, surgeons you need to contact, phone calls you need to make - even a reminder of your spouse's birthday!

*Calculator* opens the Windows calculator.



Windows Explorer<sup>[213]</sup> opens this handy file management utility.

The Select Provider tool is only available with multi-provider systems. This, and the other items will be discussed later.

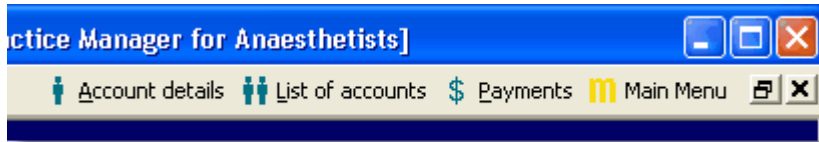
## 1.4.5 The four main screens

There are 4 main screens in Access Anaesthetics dealing with patient data:

- The Main Menu<sup>[16]</sup>. This provides a launching pad for all the functions of Access Anaesthetics.
- The Account details<sup>[29]</sup> screen shows all the details of an anaesthetic service for one patient on one occasion. This is where you add all details on the patient, operation, surgical and anaesthetic items, set the fee, print the account, enter payments, send a form letter and so on. Everything related to an occasion of service.
- The List of accounts<sup>[123]</sup> screen show a list of accounts (patients) in a table format. You can select which accounts to display according to various criteria. This is where you look for overdue accounts, where you specify which accounts to print if you want to print a batch of accounts at once, and where you get practice activity reports.
- The Payments<sup>[137]</sup> screen shows a list of all the payments you have entered into the system. From here you can print lists of payments matching certain criteria, print bank deposit slips, and create various financial summary reports.

On the top right of the 4 main screens there are 4 buttons which will quickly jump to the Account details, List of accounts, Payments and Main Menu screens. These will maintain the link to a patient if required. For example, if you position the cursor in a

particular row of the *List of accounts* and click the *Account details* button, the specified patient in the list will be located in the details screen.



**Tip** *From the Main Menu, click the Account details button to quickly go to the last account in the database. This saves having to enter an account number or name if you just want to quickly open the editing form.*

## 1.4.6 What is an Account?

Each occasion of anaesthetic service is treated as one *Account*. Each account is given a unique *Account number* to identify it. These start from 1001 and are incremented by one for each account added. Where one patient has multiple anaesthetic services, there is simply a new record for each occasion of service, and each of these will have a unique account number. There are methods to simplify locating all accounts for a given patient and these are described in the Copying from another account<sup>[42]</sup> section.

**Note** *There will be parts of the system which will not operate until you create at least one account.*

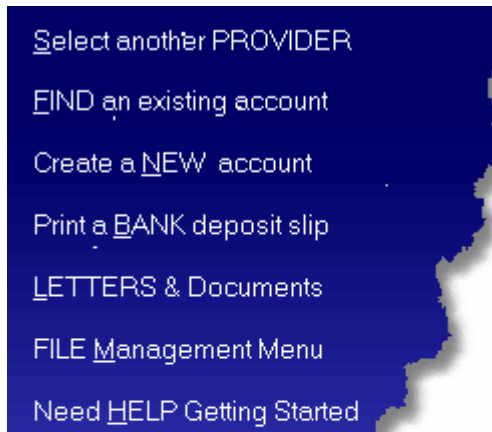
## 1.4.7 Enter provider details

Before you start adding accounts, enter your personal provider information into the system by clicking the Edit System OPTIONS<sup>[19]</sup> button on the Main Menu. The details you enter here will appear on all your printed documents. You will find more information in the System Options<sup>[163]</sup> chapter.


## 1.5 Main Menu functions

The opening screen is referred to as the Main Menu. Move the mouse over the list of options to highlight the one you want, then click to activate it.

You can also jump to one of the other 3 main forms by clicking the buttons on the top right of the page. These buttons appear on each of the main forms and you can jump



### 1.5.1 Select another provider

This will allow you to switch between different doctor's data files. It also allows you to create, rename and delete data files. You can also access this feature by selecting this option from the Tools menu on any of the main screens, or from the File Management Menu .


**Note**      *This option is only available in multi-provider versions of Access Anaesthetics.*

### 1.5.2 Find an existing account


Click the *Find an existing account* button and enter an account number or a patient's name. If there is only one matching patient in the data file, the *Account details* form will open at the selected account.

You may enter a first name or surname or any part of either or both. If more than one matching account is found, all will be shown in a dialog box and you can simply click the one you want.

If you have a multiple provider version, enter a slash (/) after the name or account number to search all the provider files at once.

More information on finding patients is given in the Finding accounts  section.

### 1.5.3 Create a new account

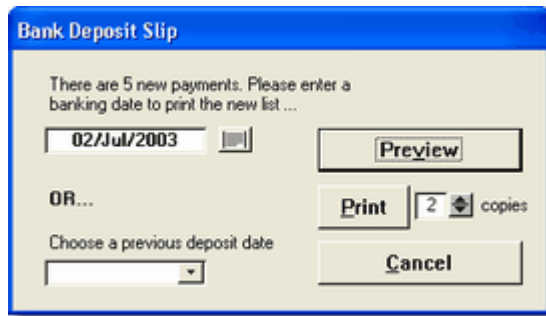
Click the Create a New Account  button to create a new account. You will be taken to a blank *Account details* screen which has been assigned the next available account number. If this is your first account, you will be prompted for the account number to start with. The recommended starting number is 1001. Account numbers in the entire database are limited to 32,000. One account equates to one occasion of anaesthetic service. One patient can have several accounts, one for each occasion of service, and each of these will have a unique account number.

### 1.5.4 Bank deposit slip

The *Print a Bank Deposit Slip* button allows you to print any newly entered and as yet un-deposited payments in a format suitable for a bank deposit slip. Copies of deposit slips printed on previous occasions can also be printed. Once a deposit slip is printed, the date of printing is inserted into each payment as a record of the date banked. This banking date can then be used for financial reporting.

Specify the number of copies required in the print dialog box (default is 2).

If printed from the preview screen, press the printer icon button on the toolbar once for each copy required.



Cheques, credit card payments, money orders and cash are listed in separate categories on the banking slip. Within these groupings, payments can be sorted in different ways according to what is selected in the Options form on the Banking page<sup>[174]</sup>. You can also customise whether or not to print the patient's name and account number on the list.

**Note** *Payments will remain in the unbanked payments list until they are printed on a deposit slip, thus inserting the banking date into the payment record. Thereafter they will not appear on the unbanked payments list. It is recommended therefore that banking slips be printed at appropriate times even if they are not used for depositing the payments at the bank.*

## 1.5.5 Send a letter

Click the *Send a Letter* button to open the letter writing window. If you open the letter window from the Main Menu, you can send a letter to any person (whether or not they are stored in the database) and this will not be linked to any of the patients in the system.

There is a separate *Letter* button on the *Account details* screen and this should be used for sending letters to or about particular patients. Usually you would open the letter window from within a patient's individual account since you would normally be sending a letter to a patient, or to a doctor or fund about a patient. See the Sending letters<sup>[155]</sup> section for more details.

## 1.5.6 File management menu

The File Management Menu<sup>[179]</sup> provides access to functions such as backing up data, adding a password, selecting an Items file and various housekeeping activities.

**Note** *We strongly recommend you do regular backups of your data file, and that you keep at least one copy outside your office.*

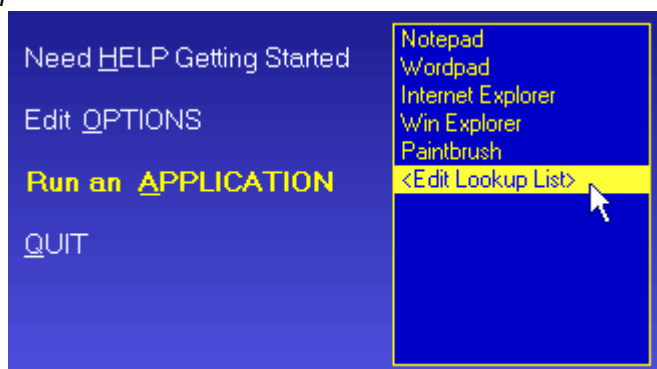
## 1.5.7 Edit options

The Options form<sup>163</sup> allows you to modify your provider information, modify item details such as the MBS and RVG unit values, specify account format options and other personal preferences. The *Options* button is also available on the bottom of the *Account details* and *List of accounts* screens for easy access while working on accounts. The Options should be thought of as dynamic preferences which can be changed at any time, rather than items which are set once and then forgotten.

## 1.5.8 Run an application

Click the *Run an application* button to display a list of applications you can run from within Access Anaesthetics.

Double click an application to launch it, or double click the <Edit Lookup List> to add your own selection of applications.



## 1.5.9 Getting help and tips

Open the built-in Help<sup>12</sup> by clicking the Help button on any form, by choosing Help from the Help menu or by pressing the F1 key when viewing a form. The Tips form<sup>13</sup> is opened by clicking the Tips button or menu option in the same way you would open the Windows-style Help. The Tips form is designed to give you hints, late breaking news, new features, answers to curly questions etc, and to record your own notes.

## 1.5.10 Quit

The Quit button will close Access Anaesthetics and return you to Windows. It is the only way to exit the system. Clicking the close button (x) on the top right of the screen will not close the system.

Always quit Access Anaesthetics before turning the computer off. Otherwise you could lose data, or even cause corruption of your data file.

## 1.6 Practice management guide

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Sooner or later, whether you are a staff specialist, VMO or entirely in private practice, you will need to send accounts to your patients. This guide will help you get started managing the financial aspects of your anaesthetic business.

### **Who should do the billing?**

The simplest option is to do it yourself. Other options are to have a family member, friend or secretary do it, to use a billing service, share a secretary with another anaesthetist, or use the services of your anaesthetic group. A busy anaesthetist may only need 1-2 half days of secretarial work per week, less for staff specialists and part-time workers. It is advisable to initially perform the billing yourself so that you can fully understand and advise others on using whichever system you have chosen. It is important to train the secretary and check his/her work until you have confidence in them. Even if your anaesthetic group provides billing services, you should familiarise yourself with how the secretaries prepare and manage your accounts since these will reflect your own professionalism.

### **Using a billing service**

There are now several companies which provide billing services to anaesthetists. Some people use these exclusively for their entire practice, while others use them for short periods while just starting out or to cover other temporary requirements. Usually a billing service will send the account, collect and bank payments, follow up overdue accounts, answer enquiries and provide regular reports. They may charge a fee per account or a percentage of the fees invoiced.

### **Choose a computer system**

A dedicated computer is essential for your anaesthetic practice, not only for accounting, but for all kinds of educational and communication activities. Most computers bought today will have adequate features to manage your affairs, so choose on the basis of value for money and reliability of backup services. Essentials include a modem for Internet access and a backup device such as a zip drive or CD writer. Many people are now choosing a broadband cable or ADSL Internet connection for speed and convenience. Desktop computers offer more features for the price, while notebook computers offer portability and can perform most tasks equally well. Handheld computers (Palm & Pocket PC) cannot yet replace desktop or notebook systems.

### **Billing without dedicated computer software**

It is possible to manage accounts without dedicated computer software using only the MBS book, the RVG book, and a computer with basic word processing software.

Using Microsoft Word, for example, you could create simple templates for your accounts and receipts. Create a new document based upon the template for each

new patient and enter the relevant information into the document. You could automate this further by creating a mail-merge document and entering the patient, item and fee details into a table which is then merged with the account or receipt template.

This method is really only an option if you do a very small number of private cases since it becomes too unwieldy with many accounts.

### Using specialised anaesthetic software

Anaesthetic billing is quite complicated and generic accounting software such as MYOB or Quicken is unlikely to satisfy. There are several dedicated software packages for anaesthetists in the marketplace. **Access Anaesthetics** provides all the functions required to streamline your billing, receipting, banking and reminder systems to keep a comprehensive record of your business activity. This will increase your practice efficiency and provide a professional look to your correspondence.

### Types of accounts

Medicare. The MBS 'schedule fee' has been the fundamental fee for accounts for many years because this is the total amount that the patient will be rebated from Medicare and their health fund in most circumstances. Prior to November 2001, the rebates for anaesthesia were set with reference to the activity of the surgeon, not the anaesthetist. The RVG was subsequently incorporated into the MBS system to provide an anaesthesia-based fee system.

The RVG system specifies a basic unit value for standard operative procedures according to the difficulty of the case. A number of time units are added according to the time the procedure took. Additional 'modifier' units are added according to the degree of difficulty, out of hours work and so on. The total number of units is multiplied by a dollar value per unit.

The schedule fee is determined using the unit value applicable at the time. In Nov 2001 this was \$17.15. MBS rebates (both pre and post Nov 2001) lag well behind what is considered appropriate remuneration for anaesthetic services. Consequently, it has been usual to add a percentage to the schedule fee, or since Nov 2001, to bill at a specific unit value which may be substantially higher than the MBS rebate level.

Health Fund Schedules. Legislation now allows health funds to rebate patients for amounts above the MBS fee. An anaesthetist may elect to provide services at a private hospital for which (s)he bills the health fund or hospital directly rather than the patient. The funds agree to pay a fixed fee to the anaesthetist which provides the patient with a 'no-gap' service. Each fund publishes a schedule of fees which are usually around 40% higher than the MBS fee.

Funds may also allow a 'known-gap' service where the fund will pay a fee above the MBS fee, but where the patient also makes a co-payment. Such accounts may be sent to the patient or, one to the patient and one to the fund.

It is usually required that the doctor register with each fund that they wish to use. The doctor still has the option, for any account, to use or not use the health fund product.

Using these methods may add significantly to the paperwork involved in sending accounts, but may speed up the receipt of payments. Each fund has its own requirements, which may or may not include written 'informed financial consent'.

For the doctor, the main advantages of using the health fund schedules are that the payments are made quickly, usually directly into the doctor's bank account, and that there is no need to follow up patients for delays in payment.

Health fund rebate methods are still controversial and you are advised to consult your colleagues or the ASA for the latest guidelines.

ASA RVG. Over many years, the Australian Society of Anaesthetists lobbied the government to incorporate its RVG (Relative Value Guide) into the MBS schedule and this was finally introduced in Nov 2001. Prior to that time, many anaesthetists used the ASA's RVG schedule to determine their fees even though it was not recognised by the Health Insurance Commission. It was considered a more appropriate system of determining fees. The ASA's RVG schedule has its own item numbers which are different to the MBS item numbers. Not all items match between the two systems and the ASA schedule has a number of additional modifier items.

The ASA's RVG schedule can be used to bill patients. However, where the patient is eligible for a rebate from Medicare, the account should show the item numbers used in the MBS schedule. Medicare assessors will only pay rebates for items they can identify and problems at this stage mean lower rebates for patients and more follow up work for you or your secretary.

Third Party and Workers' Compensation. Where an operation is performed in relation to a motor vehicle or occupational accident, the account is usually sent to an insurance company or solicitor rather than the patient. In NSW, most third party and workers' compensation insurers prefer to receive anaesthetic accounts generated using the ASA's RVG schedule, rather than the Medicare schedule. They will then provide payment for fees up to the maximum unit value recommended by the AMA. It is advisable to obtain relevant insurance company or solicitor details during the preoperative consultation. Some states have different arrangements. For example, the Victorian and Queensland Workcover authorities have a separate schedule of fees or time based payments.

Department of Veterans' Affairs. When sending patient accounts to the DVA, anaesthetists may elect to be paid according to the MBS or according to the time-based schedule developed by the DVA. In the former case, standard MBS accounts should be generated. For time-based accounts, you need to provide the specific times for the anaesthetic procedure and details of any additional procedures performed. You will be remunerated according to a standard formula with a rate for the first 30 minutes, then for each 5 minutes thereafter. The DVA have their own set of 6 item numbers for time-based accounts, and these should be used on accounts instead of the MBS anaesthesia item numbers.

### **Determining what to charge**

In setting your fees, consider practice costs, what you're worth, your experience, the



difficulty of the procedure and the patient type (emergency, overseas patient, ability of patient to pay, pensioner etc). Practice costs may include rent, wages, medical defence premiums, computer hardware and software, postage, continuing education, the cost of living in different cities and anticipated delays in payment. If using the RVG, you may settle on a specific unit value or, for MBS accounts, a specific percentage above the schedule fee.

### **Inform your patients about your fees**

Because of the low level of MBS rebates, many of your private patients will be expected to pay a gap especially if you use RVG billing. You should discuss your estimated fees with your patients prior to surgery explaining the reasons for and likely amount of the gap. Patients may legitimately complain about large gap payments if not informed previously. The ASA has developed an 'Informed financial consent' brochure which may be helpful in your discussions with patients. Or you may wish to provide the patient with a written estimate or quote. This can be personalised for each patient, or a standard quotation could be produced for procedures you perform commonly. It may also be useful to inform your surgeon of your estimated fees.

Other useful brochures are also available from the ASA including 'Anaesthesia and you', 'Epidural anaesthesia and you' and 'Pain relief'.

### **GST**

GST does not generally apply to private anaesthetic procedures, third party, workers compensation or Veterans' Affairs accounts. Nor does it apply to any procedure where an MBS number applies. It does, however, apply to anaesthetics given for elective cosmetic surgery and to some other procedures. It also applies to sessional payments from hospitals to VMOs. Consult the ASA for the latest details.

### **Discounts**

Some anaesthetists find that offering a small discount to patients helps to improve the practice cash flow and reduce the need to follow up overdue accounts. Generally discounts are offered to patients for timely payment of accounts and if the payment is not received within a specified period, the patient is liable to pay the undiscounted fee. This seems to work particularly well where the period the discount is available is short enough to require that the patient pay the fee directly, rather than to apply and wait for Medicare and fund rebates.

Very large discounts are inappropriate as it may appear that the un-discounted fee has been artificially inflated.

### **Important note on fees**

Each anaesthetist must set his/her fees individually after considering all factors which are relevant to his/her own practice. The ACCC takes a dim view of making agreements with those who would be considered your competitors. Note also that the ASA does not recommend specific fees; its advice regarding the RVG constitutes a standard method of comparing the relative value of different anaesthetic services.

## **What to put on the account**

Essential items include your full name, provider number, qualifications, correspondence address, telephone number for enquiries, patient's name/address, date of each anaesthetic service, description of service, total fee, surgeon, date the account was sent and a unique account number. Additional items may include any of the following; your company name and ABN or ACN, MBS or RVG item numbers, times/duration of procedure, hospital, claim number for Veterans' Affairs or insurance claim, patient's date of birth, date of injury, discount offered, GST if applicable, message regarding the derivation of the fee, message regarding the overdue status of the account and payment instructions.

Private health fund billing may require additional paperwork and this is different for each fund. Some require that account details be recorded on their own stationery; others require a summary form (batch header) to be included with a group of accounts. The details will be included with a provider's pack when you register with each fund.

## **When to send accounts and reminders**

Accounts should be sent as soon as practical after an anaesthetic service. You may wish to give consideration to individual patient circumstances such as a prolonged hospital stay. For major surgery you may wish to wait until after a patient has returned home while for minor procedures, sending an account the same day may be appropriate. This delay will depend on each individual anaesthetist or on the preferences of a group.

Where payments are not received within a specified time a reminder should be sent which includes a copy of the original account. Again, the delay before reminders are sent should be determined by the individual anaesthetist. Additional reminders with appropriate messages may be sent thereafter at specified intervals. Discounts may be helpful in encouraging prompt payment of accounts.

In some cases it may be beneficial to telephone patients to enquire about non-payment of accounts. You may prefer a spouse or secretary to do this rather than do it yourself. The emphasis should be on assisting the patient to pay the account, rather than making demands.

In considering the time within which to offer discounts, send reminders and make telephone calls, it is worth noting that Medicare estimates the following times for processing accounts: 18 days for unpaid accounts presented to Medicare for payment to the provider, and 10 days for paid accounts presented to Medicare for reimbursement to the patient.

For accounts where payment is not forthcoming after reasonable efforts, it may be wise to use a collection agency. Generally they will send 2 or 3 letters to a debtor with increasing levels of 'encouragement' to pay. Some charge a percent of fees recovered while others charge a fixed cost per account. Consult your colleagues to decide which agency to use or look up the Yellow pages under 'Debt collection services'.

## Receiving payments and handling enquiries

Most payments are made by cheque received through the mail and only few anaesthetists (usually those belonging to groups) can accept cash payments at their rooms. Since most consultations occur at hospitals, anaesthetists rarely require rooms. A post office box may be all that is required.

Apply to your bank for a merchant facility so that you can accept credit card payments from your patients by mail or phone. This is easy to set up even for a single anaesthetist. It is convenient for patients and can be very useful when telephoning late payers since payments can be taken immediately by phone. These days everyone has a credit card.

Health funds usually pay their no-gap accounts directly into the doctor's specified bank account and send a statement with the details.

Some consideration needs to be given to how to provide a phone answering service during business hours. It's a good idea to set up a second line into your house with a separate number and an appropriate answering machine message. If required, calls can be diverted to a mobile phone or to an instant messaging facility.

It is not uncommon for patients to experience difficulties in their dealings with Medicare and health funds and it is a good idea to create standard letters for managing recurring problems. A set of standard letters to deal with patient enquiries regarding fees may also be helpful.

## Use a logbook

Start up a physical logbook to record all your private cases. There is no substitute for a simple paper record of all the anaesthetics you have ever given, especially if your practice has any electronic problems in the future. A paper record gives you a reliable time-referenced gold standard of the work you have done. Some examples of logbooks are:

An annual diary. Use one such as a Collins A4 sized diary with one day per page. For each anaesthetic you give, place a patient label on the page and write down the details of the procedure. You may find that the page sizes are insufficient for some days and too big for others. You can instead ignore the days and just stick the labels and details in a chronological sequence. Then label the books in the same way you would label an old cheque book, e.g. Jan-Mar 1999. If you do this you won't need a diary as such but the A4 ones are a handy size.

A card system. Buy some 5 x 3 or 6 x 4 inch blank index cards from a newsagent or stationer and keep a bundle with you when you are working. Put a patient sticker on each one and record the procedure details, one anaesthetic to a card. If you want to be really organised, print a template onto the card with blanks and boxes to prompt you for relevant information.

A loose leaf folder. For the ultimate in record-keeping, use your word processor to print a template onto an A4 page containing detailed prompts for information to enter,

and ample space for waxing lyrical about the procedure. Keep your pages in a set of ring binders. This may be a bit excessive for your average anaesthetist.

Always keep the diary or cards with you when you are working so you can use the quiet times to enter the details of your anaesthetics. Create a new entry every time you give an anaesthetic, or if appropriate, when you see the patient during a pre-anaesthetic consultation.

### **What about entering data directly into a computer without the paper record?**

There is a certain amount of duplication involved in completing a paper record and then entering it into a computer. If you like, take a notebook or pocket computer with you to work and enter the data directly. This will eliminate the duplication, do away with the paper record and save you some time later. However, there are a few disadvantages to this system as follows:

- You won't have the advantage of a reliable gold standard paper record which is immune to electronic problems.
- You need a portable computer.
- You must take your computer to work and avoid losing it.
- You may not have time to do the data entry.
- Doing the data entry may distract you from your anaesthetic duties.
- Privacy of your accounts may be compromised.
- It may be unwise to be seen dealing with accounts while involved in clinical activities.

### **Handheld computers**

Palm and Pocket PC devices are being used more commonly in the operating theatre environment. This evolving technology offers much to the anaesthetist. As well as being able to enter details for private accounts, these can be used for clinical logbooks, a diary, address book, journal reference manager, drug information index, infusion calculator and many other uses.

### **What to put in the logbook or cards**

- The patient address sticker. If you can't find one, transcribe the patient name and address from the notes and also the date of birth.
- The date of the anaesthetic – don't omit it, especially if using a card system.
- The surgeon, operation and hospital and their relevant contact numbers.
- The MBS item numbers for the procedures.
- Whether or not a pre-anaesthetic consultation was done.
- Details of pressure monitoring, transfusion or any other extras.
- The start and stop times for the anaesthetic and any RVG modifying factors such as patient age, emergency status, and whether it was done out of hours.
- Contact details including home, work and mobile numbers. These may be invaluable for following up unpaid accounts.
- Patient's insurance status and health fund details including membership number.

- For Veterans' Affairs patients – the DVA number.
- For Worker's compensation or third party patients – the insurance company, employer and/or solicitor and any relevant claim number.
- Any relevant clinical notes.
- Details of the account type and fee to be charged e.g. SF, RVG@30.
- Details of any discussion of fees including any estimated gap.

### **Enter the procedure details into Access Anaesthetics**

Whenever it is convenient, enter the relevant data from your logbook or cards into Access Anaesthetics. Or, 'Hotsync' your Palm or Pocket PC to transfer the accounts directly. When a new account is created, it will automatically be assigned a unique Account Number. You should record this number in your logbook or on each card for easy reference.

### **If you have a secretary**

If you have a spouse or secretary doing this job for you, simply hand them the logbook or completed cards or, if your secretary works elsewhere, post or fax the cards. (A logbook is not the best option in this case.) You could even use a post office box as an intermediate point between your secretary and you; you pick up your mail and leave your cards while your secretary collects your cards (and cheques for banking) from the same box. You don't even have to see each other!

### **Manage printing, receipting, banking and sending reminders**

After an appropriate time has elapsed from the anaesthetic procedure, print the accounts which are *Ready to send*. When payments arrive record the details in the computer. At the end of a computing session, print receipts for any accounts which need them, print any new accounts which are *Ready to send* and print any reminders which are due for outstanding accounts. Prior to your next trip to the bank, print a bank deposit slip for the payments received since the last deposit.

### **Letterheads**

The letterhead formats built in to Access Anaesthetics can be customised sufficiently for most people and look professional. If you want to design your own, go ahead, and have it printed by a professional printer. You may, for example, like to print in colour, add a logo or create a particular look. Then put the letterhead paper in your printer and print your accounts and letters onto it (you can turn off the built-in letterhead in the system Options). Be sure that your own letterhead doesn't conflict with the page locations that Access Anaesthetics uses to print data.

### **Postage and design issues**

The printed account and letters produced by Access Anaesthetics were designed so the address details would appear in the appropriate position for a standard DL window envelope. Buy a batch of these and a roll of stamps and you're ready to mail your accounts. With this system, you don't need to hand write addresses or print sticky

labels.

To personalise your correspondence, have the local instant printer print a batch of envelopes with your name and return address or have some small address labels made up which you can stick onto your envelopes. The latter are very inexpensive and look fairly professional. A more fiddly option is to print your details onto the envelopes using your word processor. But be careful with window envelopes in laser printers. The heat generated may damage the plastic window or even the printer.

Rent a post office box for your business correspondence. Small ones are only about \$40 per year.

### **Further information**

We recommend you visit our website at [www.healthbase.com.au](http://www.healthbase.com.au). As well as information on **Access Anaesthetics** software, you will find links to professional societies, journals, health funds, government bodies, computing issues and many other useful anaesthesia resources.

*Disclaimer: This beginner's guide was produced as a service to participants of the NSW ASA "Going into Practice" seminar on October 12, 2002. The opinions expressed here are those of HealthBase Pty Ltd and do not necessarily reflect the opinions of the ASA or any other organisation.*

## CHAPTER

## 2

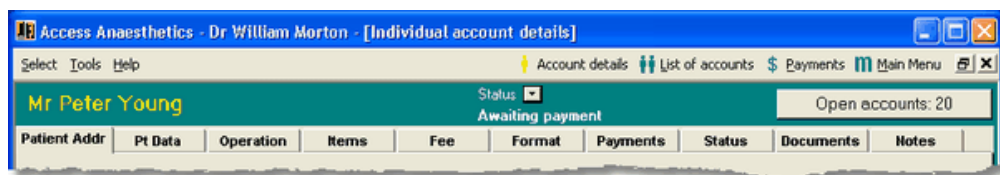
## Accounts - General

*The Account Details screen contains all the information for an individual account. The data is divided up on a number of tabbed pages to make entering and locating the data easy. This is where all data entry is performed, where the fee is determined and where all payments are recorded. This chapter describes how to enter the patient and operation details. Subsequent chapters look at entering items, fees and payments.*

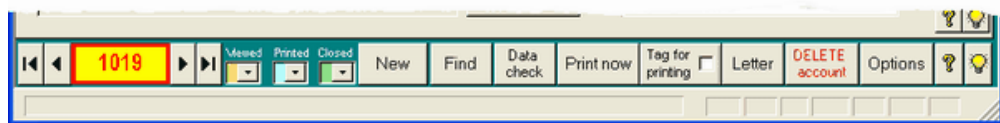
## 2.1 Main window functions

This section provides information on those functions of the *Account details* form which are activated by buttons located around the outside of the grey tabbed area. Subsequent sections in this chapter provide details on individual pages of the *Account details* form.

The top of the Account details form



The bottom of the Account details form



### Navigation

Scroll from one account (patient) to the next using the buttons at the bottom left. This

will scroll through the group of accounts currently selected, usually the 'open' accounts. It is possible to have a group of just one account, or a group of many hundreds depending on what you have chosen from the Select menu<sup>[33]</sup>.

Each account has a number of pages of data which can be opened by clicking on the labelled tabs. Additionally, the keyboard shortcuts <CTRL> <LEFT ARROW> and <CTRL> <RIGHT ARROW> will move the focus to the previous and next pages of the same account. Note that these shortcuts move the focus to different pages of the same account.

Additional keyboard shortcuts will open specific pages. The key combination is <CTRL> plus a number from 1 to 9, with 0 to substitute for 10. This opens to the respective page number starting at 1 on the left, through 2, 3 ... 9 with 0 as page 10. For example, CTRL 5 takes you to the Fee page.

Jump to the List of accounts<sup>[123]</sup>, List of Payments<sup>[137]</sup> or Main Menu<sup>[16]</sup> using the buttons on the top right of the screen. If appropriate, the account you have jumped from will be located in the list.

### **Sending letters**

Click *Letter* to send a form letter to this patient or to a third party payee. Or you can use this function to write an individual letter to the patient or to a third party about the patient. If you wish to send a letter to someone who is not a patient or third party payee, click the *Letter* button on the Main Menu. Letters written from the Main Menu will not be associated with any particular account.

### **Deleting an account**

Click *DELETE account* to delete the current patient from the database. This function will delete all traces of the patient from the system including all financial details and all snapshot files if they exist. It is expected that you would NOT do this very often and that it would usually only be used to correct incorrectly-entered accounts. Once an account is deleted, it CANNOT be recovered unless you restore an earlier backup data file.

### **Changing system options**

Click the *Options* button to open the Options form and modify your provider information, item details such as the MBS and RVG item unit values, specify account format options and other setup variables.

When you change an Option, it is changed for the entire system, not just the current account. This button is also available on the Main Menu and the List of Accounts forms, and on the Tools menu.

Options can be changed and reset at any time. For example you may wish to print an account without showing the built-in letterhead even though you might usually show this on your accounts. Simply change the option, print the account, then change the option back again. It is very simple when you get used to what options are where.



## Adjusting font size

The font of the Account details screen is initially set to MS Sans Serif point size 8. As computers have developed and higher resolution screens have become more common, the entire window size may need to be adjusted. We are currently working on a method to do this. In the meantime, click Tools > Resize fonts to switch between 8 point and 10 point font sizes. This will provide some relief to users with screen resolutions which render the Access Anaesthetics window quite small.

It is also possible to format the List of Accounts<sup>[134]</sup> and List of Payments<sup>[152]</sup> for better readability, and to adjust the size<sup>[176]</sup> of the Access Anaesthetics window.

## 2.1.1 Creating a new account

Click the *New* button to create a new *Account*. An *Account Number* will be inserted which is one greater than the highest account number in the database. If it is the first account, the recommended starting account number will be 1001. You can adjust this if you like keeping in mind that the highest account number that Access Anaesthetics can assign is 32,000. (You can later restart account numbering at a higher number from the Options form - Provider page<sup>[163]</sup>.) After clicking the new button (either from this page or from the Main Menu) the New button will be renamed to *Cancel*. Clicking Cancel will cancel the new account. After a surname is entered into the account, the account is automatically saved and the Cancel button will revert to *New*. Thereafter if you wish to cancel an account, press the Delete button. It is not necessary to manually save any data in Access Anaesthetics; all data saving is done automatically.

Use this form to enter all the data associated with one occasion of anaesthetic service. Start with the *Patient Addr* page, then move on to each page in turn, entering data on the Pt Data, Operation, Items and Fee pages. Normally this is all you would need to enter to create an account. Then press the *Print now* button on the bottom of the page and you have created your first account. You can set additional options on the *Format* page, but this is not required.

When you receive payment for the account, go to the *Payments* page for this patient and enter the details there. The *Status* page will show you the current and previous status of the account, the *Documents* page will show you exactly what paperwork has been sent to the patient and the *Notes* page is for you to record any details you wish to enter about the patient or account status.

### Account number prefix

A prefix can be added to account numbers on printed accounts. This is especially useful for multi-provider systems where otherwise, it may be difficult to identify which provider a particular account number relates to. Three characters are allowed; normally this would be the providers initials. The prefix is only displayed on printed accounts. It has no other significance in Access Anaesthetics and cannot be used for searching. Set this up on the Provider details page<sup>[163]</sup> of the System Options.

## 2.1.2 Finding accounts

Search for a patient by clicking the *Find* button and entering an account number or part of a patient's name. A Find button is also located on the Main Menu and the List of Accounts screens. If found, you will be taken to the Account Details screen for that account.

If more than one matching account is found, a dialog box will appear with all matching accounts. Click on a patient's name to jump to their account. The dialog box also shows the patient's operation date, account date and payment status to assist in locating the required account.

**Patient Name Search**

Enter a name or part of a name:  Click a heading to sort on that column. Click again to reverse the sort order.

Acc. No	Op Date	Acc Date	Patient	Suburb	PaymentStatus
1130	04/Apr/2000	04/Apr/2000	Mrs Barbara Jones	Vaucluse	Paid in Full
1014	16/Jul/1999	20/Jul/1999	Ms Celia Jones	Bondi Junction	Paid in Full
1037	25/Aug/1999	29/Aug/1999	Mr Jack Jones	Port Macquarie	not eligible at time of se
1032	24/Aug/1999	29/Aug/1999	Mrs Margot Jones	Cherrybrook	Paid in Full
1027	18/Aug/1999	29/Aug/1999	Mrs Patricia Jones	Potts Point	Paid in Full

5 patients found Click on a patient's name to locate their account

The matching patients can be sorted by clicking the title of each column. The dialog box will show all matching patients in the database whether or not they are included in the current selection (e.g. Open accounts).

### Can't find a patient?

If the patient or account number cannot be found in the current selection (e.g. Open accounts) you will be given a message and asked whether you wish to search through all the accounts in the database. If you click OK, the selection criteria will be reset to show all accounts and the account will be found. (This may also happen if you jump from the Payments form to either the Account details or List of accounts forms. This is because the system tries to locate the account from which you jumped.)

### Multiple provider data file searching

With multi-provider versions it is possible to optionally search all data files at once. To do this, enter a slash (/) after the name or account number you are searching for. So, instead of entering Jones, enter Jones/ (or 1234/). If more than one account is found, the dialog box allows you to go to the selected account by switching data files. If the slash is omitted, only the currently open provider file is searched.

### Recent accounts

Three drop-down lists on the bottom of the screen provide quick access to recently viewed, printed and closed accounts. The most recent account will be at the top of the list. Scroll down to view the rest of the accounts. Jump to an account by clicking on it in the list. Double click on the field without opening it to jump to the most recent account.



### 2.1.3 Account selection

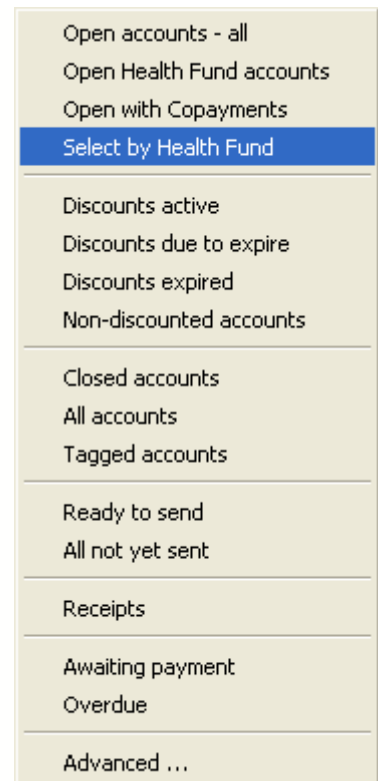
When you first open the Account details form (or the List of accounts), only *Open* accounts are shown. That is, new accounts which have not yet been sent or existing accounts which have not yet been paid. Accounts are either *Open* or *Closed* according to whether they have a *Date account closed* specified on their Payments page<sup>[89]</sup>.

To view a different set of accounts (other than *Open* accounts), choose an option from the *Select* menu. This might be *Closed accounts* to show all paid or all lost-cause accounts, *Overdue* to show accounts unpaid after more than a specified time, and so on. You can also specify Advanced selection criteria<sup>[132]</sup> to be used to view a very specific group of accounts.

The grey button on the top right of the screen just under *Main Menu* shows which group of accounts is currently being viewed and how many of them there are.

Open accounts: 20

Clicking the button will show you the SQL (structured query language) query used to select the records and gives you the option of resetting the current criteria to show all the accounts in the entire database.



If you would prefer the system to show all accounts, rather than just Open accounts when it first starts, you may specify this on the Miscellaneous page<sup>[176]</sup> of the Options form.

**Note** *The accounts selected in this screen will also be selected in the List of accounts screen. In this way, you can select a group of accounts, go to*

*the List of accounts screen and view them in a tabular format.*

## 2.1.4 Entering dates

### Date formats

Entering dates is a personal thing and no two people will agree on the best format. In Access Anaesthetics, you can generally use the method you are familiar with. However, whatever way you enter a date, it will always be displayed in the format DD/MMM/YYYY, for example, 03/Apr/2002.

Dates can be typed directly into date fields. The fields have no input mask. In other words, the dot (.), hyphen (-) or slash (/) that you would normally insert does not appear automatically. This is because people have different habits with entering dates, and we have not imposed our own preference. The simplest way to enter a separator is to use the space bar. So if you enter 9 7 2003, the date will appear as 9/Jul/2003.

The purpose of using the 3 character month format is to avoid problems where some computers still have a US date format. This can lead to people entering 7/4/2003 and finding that the date appears as 04/Jul/2003 instead of 07/Apr/2003. The DD/MMM/YYYY format is unambiguous.

Additional date entry features include the following:

- Enter one digit instead of 2 for days or months less than 10, i.e. enter 2 instead of 02.
- Enter characters for the month if you find it easier, e.g. Apr.
- Enter 2 digits instead of 4 for the year and the display format will alert you if the year is in the wrong century. Normally, numbers of 29 or less are assumed to be in the 21st century, e.g. 29 -> 2029, while numbers above 29 are interpreted as 20th century dates, e.g. 30 -> 1930.
- If the date is in the current year, you don't have to enter the year at all, e.g. enter 3/2 and the date is interpreted as 3/Feb/2003.
- You can use the space bar instead of the slash, so entering 3 4 0 will be interpreted as 3/Apr/2000. Avoid using a full-stop as a date separator.

### System date format

If you occasionally see the date in the US format, you may have your computer's short date format set to the US standard. To change this, modify the date settings in the Windows Control Panel. To do this, click Start > Settings > Control Panel > Regional Settings > Date, and change the short date format to dd/mm/yyyy. The exact steps may vary with different Windows versions.

To assist in clarifying the date formats, the current date is shown on the bottom right of the Access Anaesthetics Main Menu in a long format (e.g. Wednesday February 12, 2003). Alongside this is shown the corresponding Windows Short Date format (e.g. 2/12/03) so that if necessary, you can check that the format for entering dates is

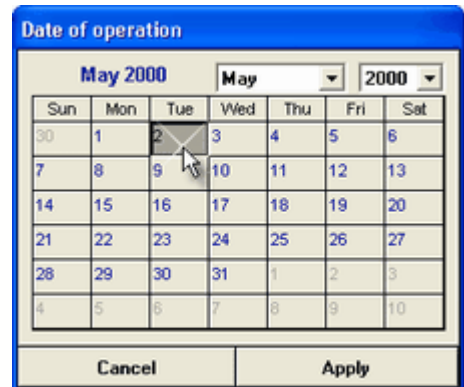
what you expect.

### Date shortcuts

- Increment the date by one day by pressing the + or - keys on the keyboard while the field is highlighted. (Where the '+' character is on the same keyboard key as the '=' character, the shift key is NOT required.)
- Press the t key to enter today's date.
- Other shortcuts are available for the operation date and time as described in the Operation <sup>45</sup> section.

### Using the calendar to enter dates

Most of the date fields can also be entered by using the calendar function. This is activated either by clicking the calendar button immediately to the right of the field (e.g. date of birth) or by double clicking on the date field (e.g. individual item dates). Select a year, month and day with the mouse and click the *Apply* button to insert the chosen date into the field. If there is already a date in the field, the calendar will open at this date, otherwise the current date will appear as the default.



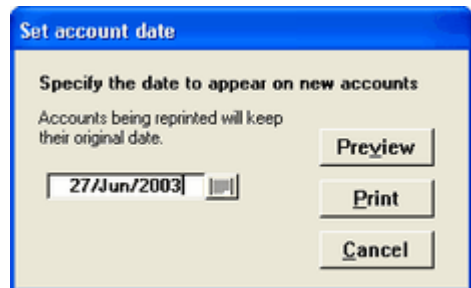
## 2.1.5 Printing accounts

The *Print now* button opens a dialog box allowing you to either preview or print the current account.

When you print an account for the first time, its *Account date* is set to what you specify in the dialog box and the printed document is called an Account.

For future reference, the Account date is shown on the *Status* page.

When you print the account again, for example when printing a receipt or reminder, the original account date will not be altered and the printed document will be designated an *Account*, *Receipt* or *Reminder* depending upon the current status of the account. A dialog box will be shown allowing you to modify the account designation (receipt, reminder etc) and any additional message which is to be inserted onto the account related to it being paid or overdue.



The following account is being re-issued

Specify whether each re-issued account is an account, receipt or reminder, and select a message from the list, edit the existing one, or type your own.

Cancel Continue

Patient	Date	Fee	Rec'd	Owing	Status	# Rem
Mrs Elizabeth Chu	12/May/2001	102.20	100.00	2.20	Overdue - part paid	0

Acc No: 1143 A friendly reminder that your account is overdue. Prompt payment would be appreciated.

Reminder

If the Receipt tag has been checked (see the Payments page<sup>[89]</sup>), the account will be deemed a receipt. If the receipt tag is not checked and an amount is still owing, it will be deemed a reminder and the *Number of reminders* field will be incremented by 1. As stated above, default messages are attached to the accounts when reprinted. These, and the account designation can be modified at the time of printing.

Changes to the status of the account or to the number of reminders are only stored in the database if the account is actually printed on the printer, not if the account is simply previewed without being printed.

### Tag for printing

Tick the *Tag for printing* checkbox if you want to print this account later in a batch process from the List of accounts screen<sup>[123]</sup>.

## 2.1.6 Data check

Click the data check button on the bottom of the form to run a set of tests on the current account to check for missing or inappropriate data. If any errors are found a message will be shown.

Errors are divided into high- and low-priority, depending upon how much of a problem they are.

Data entry check

-----Significant problems found-----

The account type is DVA but the account is being sent to the patient.  
The account type is DVA but no DVA items exist.

-----Low priority problems-----

Patient's suburb is blank.  
There is no pre-anaesthetic consultation item.  
The account type is DVA but the fee chosen is something else.

OK

You can specify whether to have the data check performed automatically when you press the *Print now* button by checking the appropriate box on the Automatic functions page<sup>[173]</sup> of the Options form. If set on, when you press the *Print now* button the data check is performed. If any high-priority errors are found, a message will be displayed and you will have the option of cancelling the printout or ignoring the error to continue printing. You will not be notified of any low-priority errors in the automatic data check unless high-priority errors also exist. This check is not performed if you print an account or batch of accounts from the List of accounts<sup>[123]</sup>.

When a new account is created, the account status is initially set to *Further information required*. After you have entered items into the Items page, the data check is done automatically. If no high-priority errors are found, the status is automatically set to *Ready to send* or *Too early to send* (depending upon the operation date, today's date and the operation-account delay specified on the Automatic functions page of the system Options). The full data check is only done on accounts which have not yet been printed. Consequently, if an *Account date* exists, an automatic check does not occur, and a manual check does not examine all potential errors.

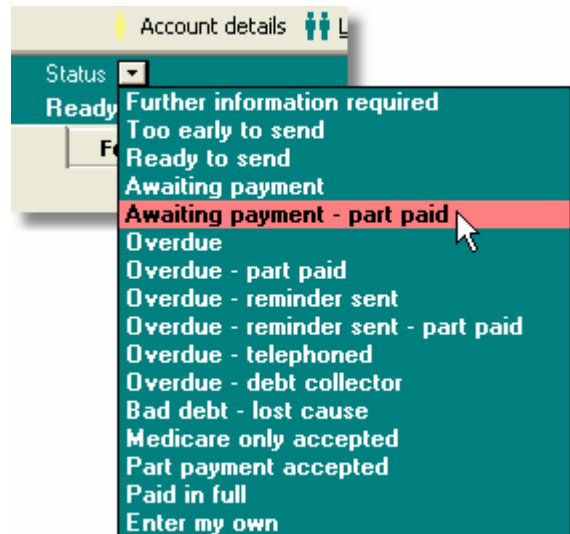
As new features are added to Access Anaesthetics, we try to keep the data check up to date. However, the data check will not find all problems and should be considered a guide for finding major problems only.

### 2.1.7 Status

The current payment status for each account is shown at the top of the screen just under the *Account details* menu option. This is set automatically according to various criteria. For example, when an account is first printed, the status is set to *Awaiting payment*. If it is not paid within a specified period (as set in the Options form on the Automatic functions page<sup>[173]</sup>), it is changed to *Overdue*.

Normally it would not be necessary for the user to manually change the status. However, it is possible to do this by selecting a new status phrase from the drop down list. You may also enter your own custom phrase by selecting *Enter my own* from the list and typing any phrase you wish. If you do this, you will need to manually keep track of the account since built-in functions operate according to which of the listed phrases is stored.

Whenever the status is changed, a new entry is added to the status log showing the date and time the status was changed. This is shown on the account's Status page<sup>[99]</sup>.





## 2.2 Patient address

This page stores the patient's name, address and contact details and allows you to check if the patient already exists in the database. You will not be able to move from this page until a surname is entered, or until the account is cancelled.

If the account is to be sent to someone other than the patient, a duplicate set of contact details can be entered using a lookup list for third party addresses <sup>40</sup>.

### Data entry

Enter data by clicking the mouse into a field and typing on the keyboard. Press the *ENTER* or *TAB* key to move to the next field. Depending upon the characteristics of the field, the *ENTER* key may cause the cursor to jump to the next line in the same field rather than to the next field. This happens in the Contact numbers field, for example, so that additional numbers can be listed below each other. Consequently, it is usually better to use the *TAB* key to move from one field to the next.

Move to the next data entry page by clicking the labelled tab at the top of the page. You may also use the `<Ctrl> <Left Arrow>`, `<Ctrl> <Right Arrow>` or `<Ctrl> <tab number>` shortcuts as described above <sup>29</sup>.

### Automatic name and address formatting

Access Anaesthetics automatically capitalises name and address fields by default. For example, 'dr j smith' is set to 'Dr J Smith' when you exit the relevant field. This



removes the need to use the Shift key during data entry. In the address fields, po box and gpo box are capitalised to PO Box and GPO Box respectively.

If you normally type the surname in all capital letters, you can force this to occur by ticking the relevant box in the Automatic functions page <sup>[173]</sup> of the Options form. This avoids having to keep the *Caps Lock* key on.

It is also possible to turn off the automatic capitalization in the Options form. This can be useful if you need to enter a lower case character into the surname such as *van Dieman*. After entering the surname, reset the capitalization checkbox or the *autocaps* function will not work for the rest of your accounts.

If you have automatic capitalization turned off, you can operate it on an individual basis by double clicking on a field to convert all first letters to upper case. In any case, double clicking on the surname field will toggle between *first letter caps* and *all caps*.

Country property names. These are commonly written within inverted commas, for example, "Kalamos". To do this, type the text without inverted commas and add a single inverted comma at the end, e.g. Kalamos'. When you exit the field, this will wrap the text in inverted commas resulting in "Kalamos".

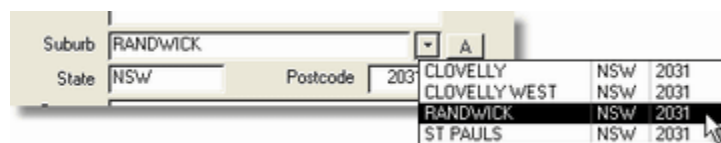
## 2.2.1 Postcodes

Access Anaesthetics contains a list of about 18,000 Australian postcodes. Because a lookup list containing so many records would function very slowly, special procedures have been implemented. Below are several ways of entering postcodes into your accounts.

- Enter the suburb and the matching state and postcode will appear automatically. This is the most efficient option.
- Enter 2 or more characters of the suburb, then press the F4 key to open the suburb lookup list beginning with the characters you have entered. Enter additional characters or select a suburb from the list.
- Enter the postcode and the matching suburb and state will appear automatically.

### Which postcode is selected

Since there may be more than one suburb with the same postcode, when entering a suburb or postcode, the one which is inserted may not be the one you want. The lookup list shows the items which match the suburb and postcode entered. If the suburb and postcode fields are blank, the lookup list will be empty. For example, if the postcode 2031 is entered, the lookup list will contain Clovelly NSW 2031, Clovelly West NSW 2031, Randwick NSW 2031 and St Pauls NSW 2031.



If 2134 is entered, the lookup list will contain the following:

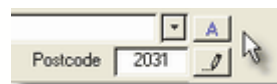
BURWOOD	NSW	1805
BURWOOD	NSW	2134
BURWOOD NORTH	NSW	2134
BURWOOD	VIC	3125

If an incorrect entry is made, simply select the correct entry from the list. Where there are several postcodes for the same suburb, the system will select the last one in the list, to avoid selecting the newer PO box postcodes such as 1805.

You can specify the first state to be used for postcode searching so that, in the above example, entering Burwood would select the Victorian postcode rather than the NSW one. Do this on the Miscellaneous page<sup>[176]</sup> of the Options form.

Additionally, you can specify a default postcode to be inserted into new accounts. This is mainly for users in country towns where most patients are from the same postcode area. The postcode is inserted automatically after the surname is entered or changed, but only if there is not already an existing postcode or suburb.

If you wish to view the entire list of postcodes, click the 'A' (All) button next to the lookup list to show the entire list of suburbs and postcodes in the list box.



If there is a state the State field, this function will show all suburbs in that state, otherwise all suburbs in the country will be shown. Click the button again (now labelled M for Matching) to show postcodes matching the postcode currently on the account.

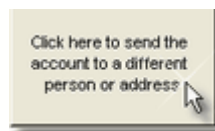
It is also possible to edit the entire list of postcodes by clicking the pencil button. This will allow you to add a new suburb and postcode or edit an existing one. We don't normally recommend this procedure however, since the list is stored in the MBS/RVG items file and will be overwritten the next time you install an items file update. See Using Access datasheets<sup>[209]</sup> for how to edit the data in the lookup table.

**Note** *In accordance with the recommendations of Australia Post, suburbs are usually shown in upper case characters.*

## 2.2.2 Third party address

Normally you would send the account to the patient at their own address. Alternatively, you can enter details for another person who will receive the bill on behalf of the patient. This may be a parent, a health fund, a third party insurance company, the Health Insurance Commission (DVA patients), 'The Estate of ...', and so on.

On the right side of the *Patient Addr* page, click this button to reveal the additional address fields below.



Type in the address details manually, use the copy buttons, or choose a stored address from the drop down list. The usual name, address and postcode shortcuts are available.

If the third party address contains an entry in the *Surname* or *Address* fields, the third party address will be printed on the account, and the patient's name and address will be printed next to the *Patient* label, as show here.

Accounts Department  
Health Insurance Commission  
GPO Box 9869  
Sydney  
NSW 2001

**Patient:** Mr Phillip Nettleton: 97 Military Rd, BURWOOD, NSW 1805  
**Surgeon:** Dr Zachary Smith  
**Hospital:** St Vincent's Clinic, Darlinghurst

After entering or modifying an address, you can save the address in the list of addresses by clicking the *Click here to save ...* button. The new address will then be available in the lookup list to enter into any other account. The entire list of stored addresses can also be edited further by clicking the *pencil* button on the right of the address code (or by selecting Edit Lookup Tables from the Tools menu). This will open the following window.

AddressCode	FundFeeToUse
AHSA	AHSA_NSW
CAFAT	None
DVA	None
Estate	None
HCF	HCF
MBF	MBF_NSW
MP	MP
NIB	NIB
NRMA	AHSA_NSW

Address Code:  (up to 10 char)

Title:  First Name:

Surname:

Address:

Suburb:

State:  Postcode:

Contact numbers:

If you want a health fund fee inserted automatically when this address is used, specify the fund here. Otherwise leave blank.

Fund Fee To Use:

When sending an account to a health fund, the *Fund Fee To Use* field allows you to specify that a particular health fund fee schedule should be used to determine the fee. This avoids having to select a health fund from the list on the Items page.

The *Batch header* tab is use for printing a cover page for a group of accounts. This is described <sup>(129)</sup> in the List of Accounts section.

**Note** *If you don't use a window envelope to mail your accounts, there is no need to use the third party address. For example, if you are sending a batch of accounts to a health fund in an already addressed bulk envelope, you might as well leave the third party address blank. In this case, there is no advantage in entering the health fund address.*

### 2.2.3 Copying from another account

Access Anaesthetics is designed so that one anaesthetic service is described on one account and each new anaesthetic service requires creation of a new account, even if the patient has already been entered into your system on a previous occasion. If you regularly anaesthetise the same patient, you can copy their details from a previous account by selecting from the list on the bottom of the Patient Addr page.

The screenshot shows a patient address form with fields for Title, First Name, Surname, Address, Suburb, State, Postcode, and Contact numbers. Below the form is a table titled "Accounts for patients with a similar name:". The table has columns for Account Number, Date of Birth, Name, and Address. Two rows are visible: 1112 (17/03/2000, Smith, Graham, 27 Amarna Pde., Double Bay) and 1026 (29/08/1999, Smith, Leonard, 34/43A St Marks Rd., Gungahlin). To the right of the table are buttons: "Copy -->", "Copy -->", "Clear", "Select a row then click a button", "<--- Go to", and "<-- Copy from". Two callouts point to the table: one to the first row saying "Click here to go to this account" and another to the second row saying "Click here to copy the name and address details".

Account Number	Date of Birth	Name	Address
1112	17/03/2000	Smith, Graham	27 Amarna Pde., Double Bay
1026	29/08/1999	Smith, Leonard	34/43A St Marks Rd., Gungahlin

The list shows all accounts where the first name and surname match those entered into the current account. For example, if you create a new account and enter the name Mr Bill Smith, the lookup list will show all accounts for anyone called Bill Smith. If you can't find the appropriate patient, delete 'Bill' from the first name field and the list will show all patients with the surname Smith. Maybe then you will find an account for a Mr William Smith, who is the correct patient. You can do the same with the first name. That is, enter Bill into the first name field, leave the surname blank, and the list will show all people whose first name is Bill.

To assist in finding the correct patient, highlighting a row in the list displays that account's address, surgeon, operation and status in the status bar at the bottom of the page. When you find the appropriate patient, click the *Copy from* button and the address details will be inserted into the current account. This will also insert the third party address if it exists in the source account.

Note that the list may contain patients with identical names who are not the same person. Also, if the spelling of a name has been changed (e.g. Lesley vs Leslie) or an alias used (e.g. Bill vs William) you may fail to locate a patient who has in fact appeared on a previous account. The separate *Find* button may help to locate a patient with a slightly different name, as it will find all patients whose name contains a specified set of characters. For example, entering *Lesl* into the *Find* dialog box, will find patients called Lesley or Leslie.

Once an account has been printed, this copying function is disabled to safeguard against inadvertent or accidental modifications of name and address data.

## 2.3 Patient data

The Pt Data page records additional information on the patient, his fund membership numbers and so on. All the entries on this page are optional, although some will be required for specific account types.

It is possible to record data on this page without having it appear on the account by unticking the checkbox next to the relevant item. Defaults for these checkboxes can be set up in the system Options on the Account Format page [166](#).

**Mr Phillip Nettleton** Status: Overdue - part paid Open accounts: 21

Patient Addr	Pt Data	Operation	Items	Fee	Format	Payments	Status	Documents	Notes
<p>Gender: <span>Male</span></p> <p>Date of birth: <span>24/Feb/1964</span> <input checked="" type="checkbox"/> Show on account</p> <p>Age: <input type="text"/></p> <p>Medical record number (MRN): <span>12345</span> <input checked="" type="checkbox"/> Show on account</p> <p>Medicare Number: <span>67890</span> <input checked="" type="checkbox"/> Show on account</p> <p>Veterans' Number: <span>Nx12345</span> <input checked="" type="checkbox"/> Show on account</p> <p>Claim Number: <span>67890</span> <input checked="" type="checkbox"/> Show on account</p> <p>Private Health Fund details: <span>NIB</span> <input checked="" type="checkbox"/> Show on account</p> <p>Other patient information: <span>Injury date: 10/10/2000</span> <input checked="" type="checkbox"/> Show on account</p> <p><small>Record data here such as injury date or any other details to put on the account. Appears just above item list.</small></p>									

(N.B. These tick boxes for showing particular items apply to this account only. Defaults for new accounts can be specified in the System Options.)

### Gender

This field is simply for your own record. It is usually completed automatically depending on what you specify in the *Title* field on the Patient Addr page [38](#).

### Date of birth and age

If you enter the date of birth, the patient's age is calculated automatically when you enter the operation date (on the next page). If either is blank, the age will also be left blank. In this case, you can enter a specific age into the Age field (you might do this if the date of birth is unknown). If you do enter a specific age, and you later enter a date of birth, the specific age you entered will be replaced with the age calculated from the date of birth and operation date.

### Patient ID numbers

The Medical record number, Medicare number, Veterans' Affairs number, and an insurance Claim number may be entered in the appropriate fields, and will appear on the account if checked.

### Private health fund details

Details of private health fund membership may be entered. A lookup list is provided to streamline entering health fund information but the field is not restricted to this and any data such as membership number or cover type may be entered. The data recorded in this field does not have any effect on the fee selected and, in particular, will not specify that a particular health fund's fee should be used. The lookup list may be customised by selecting <EDIT LOOKUP LIST> from the list itself.

### Other patient information

This field can be used to enter any patient-related information for which there is no other appropriate field. The details will be printed on the account just below the hospital name. Use this field to record items such as injury date. Since the field is not labelled, you need to say what it is, e.g. Injury date: 10/02/2001.

## 2.4 Operation details

The surgeon, hospital, procedure and date/time details about the operation are shown together on the *Operation* page.

**Mr Phillip Nettleton** Status: ▼ Open accounts: 21  
**Overdue - part paid**

Patient Addr	Pt Data	Operation	Items	Fee	Format	Payments	Status	Documents	Notes
--------------	---------	-----------	-------	-----	--------	----------	--------	-----------	-------

Click here to copy the operation, item and fee details from another account Quick copy

Surgeon: Dr Zachary Smith ▼ ✎

Hospital: St Vincent's Clinic, Darlinghurst ▼ ✎

Operation: Colonoscopy ▼ ✎

Operation date: Tuesday 02/May/2000 ▼ [View shortcuts](#)

Start time: 9:00 Duration: 0h 30m [Check after hours eligibility](#)

Stop time: 9:30

Referral date:  ▼

Show times on the account: ☒ (Please use 24 hr format e.g. 18:30)

This will appear after the surgeon's name

?

### 2.4.1 The surgeon, hospital and operation fields

The *Surgeon*, *Hospital* and *Operation* fields can be completed using a number of different methods which use customisable lookup tables. All three use similar functions which will not be separately described. Each field contains the following components ...



There are several methods of entering data.

- Type the entire name details directly into the field. For example, type *Dr Zachary Smith*.
- Click the drop down arrow to the right of the field and select from the list.
- If you know the abbreviation for the surgeon, hospital or operation, type it in and press *Enter*. For example, enter *zac* to enter Dr Zachary Smith. Once you know an item exists in the lookup table, this is the quickest data entry method.

If you enter a name which is not stored in the database, you will be prompted as to whether you wish to add it to the appropriate lookup table. If you enter a name of 5 characters or less, the system will assume that you have typed an abbreviation code. Otherwise, it assumes the data to be a new surgeon, hospital or operation and opens the appropriate form to allow you to customise the details. To add a new item to the lookup table, type in a new abbreviation and then enter the data requested.

It is possible that if you are often entering new surgeons or operations that you will only use occasionally, you may not wish to add them to your list. If this is so, the tendency for the editing form to pop up may get a bit annoying. You can turn this feature off if you like by unchecking the appropriate box on the Automatic functions page <sup>[173]</sup> of the system Options form. Even if switched off, the following editing functions will still be usable.





Click the edit button on the right of the surgeon, operation or hospital field to view the data currently stored in the lookup table (or double click on the field). If the surgeon, operation or hospital does not already exist in the lookup table, you will be able to edit and store the new entry.

A separate button on the surgeon editing form allows you to open the entire list of surgeons (or hospitals or operations). While lookup tables make data entry easy, this is only so if they are customised to your own practice. Add, edit and delete records in all the lookup tables to suit the cases you regularly perform. See the section on Using Access datasheets <sup>(209)</sup> for assistance on editing data in the lookup tables.

In most cases the labels *Surgeon*, *Hospital* and *Operation* will be appropriate and these will initially be the default labels for new accounts. However, for a colonoscopy, it may be more appropriate to refer to the surgeon as the Gastroenterologist. If the account is for a specialist consultation, a more appropriate label may be *Cardiologist* or even *Referred by*. If this is the case, select the appropriate label from the drop-down list on the left of the field.

Drop-down lists allow you to change the descriptive label for the surgeon, hospital and operation fields.

For any individual surgeon, hospital or operation, a specific designation may be stored. So Dr Smith may be a *Psychiatrist*, St Elsewhere's may be a *Clinic* and ECT treatment may be a *Procedure*.

Surgeon

- Cardiologist
- Consultant
- Gastroenterologist
- Obstetrician
- Physician
- Proceduralist
- Psychiatrist
- Radiologist
- Referred by
- Specialist
- Surgeon
- <EDIT LOOKUP LIST>

Hospital

- Clinic
- Hospital
- Rooms
- <EDIT LOOKUP LIST>

Operation

- ICU Management
- Operation
- Procedure
- <EDIT LOOKUP LIST>

To edit the list of surgeon, hospital or operation labels, select the <Edit Lookup Table> option at the bottom of the list. This will open the lookup table editing form.

The ability to modify the surgeon, hospital and operation labels allows these fields to be used for any type of data. If you do this however, be aware that the data will always be stored in the Surgeon, Operation and Hospital fields, and will be displayed as such in lists and summary reports.

### Additional details stored

You can optionally store the surgeon's and/or hospital's provider number. If you wish this to be printed on the patient's account, click the relevant check box in the lookup form before pressing OK. If you add the surgeon or hospital to the account by entering his abbreviation or by selecting from the list, the provider number is automatically

inserted if the check box is ticked.

You may also optionally store the surgeon's or hospital's contact details in the lookup table to make it easy for you or your secretary to contact them regarding queries about the account.

### Why have an Operation field?

Even though the account will eventually have a detailed list of descriptive items, the operation field is included here to provide a general title of the procedure that was performed. This will assist in recognising the overall procedure and will be helpful if the patient cannot understand the detailed list of items.

### Hiding items from the account

If you don't wish to use the surgeon, hospital or operation fields on the account, simply leave them blank.

## 2.4.2 Operation date and time

The operation date and times should be entered for all accounts. The times are essential to calculate fees using the RVG or DVA system. If you prefer, you can avoid showing the date and times on the account by clearing the associated checkbox.

Tuesday

Operation date: 03/Jun/2003 [View shortcuts](#)

Start time: 10:45 Duration: 0h 10m [Check after hours eligibility](#)

Stop time: 10:55

Show times on the account: ☒ (Please use 24 hr format e.g. 18.30)

The operation date will be used as the default date of service when entering individual items. Times should be entered in 24 hour format. When you enter an operation date, if the date of birth was previously entered, the patient's age will be calculated automatically.

If the operation date is changed from a previous date, you will be asked whether to also update all the item dates to the new operation date (if items already exist in the account). If a pre-anaesthetic consultation exists with a different date to the other items, the difference in dates will be applied to the new date. That is, if the operation date is changed from Jan 10 to Jan 20 and there was a pre-anaesthetic consult done on Jan 9, the latter will be changed to Jan 19 and the other items to Jan 20. You will be alerted to this change when it happens.

### Referral date

The optional *Referral date* will appear on the right hand side of the account above the operation date and time details. If the *Show times ...* checkbox is cleared, the referral date will still appear on the account. If you don't want the referral date to appear, leave

it blank.

### Date and time shortcuts

The following shortcuts are available when entering the operation date and times. A *View shortcuts* button is provided on the Operation screen for quick reference. In addition, a button is provided to guide the user as to whether the times entered would be eligible for the after hours emergency modifier.

#### Date field

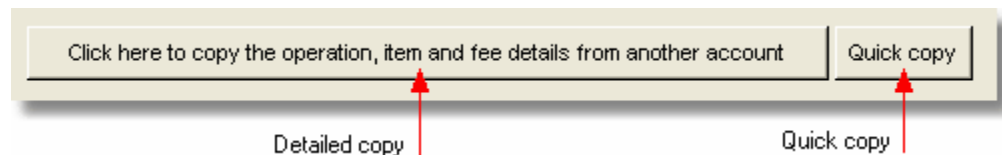
- t** Inserts today's date.
- p** Inserts operation date from **p**revious patient.
- +** Increments the date by one day.
- Returns the date to the previous day.

#### Time fields

- p** Inserts the stop time from the **p**revious patient into the start time. This is intended to be used when one procedure starts at the end of the previous one.
- +** Adds 5 minutes. If the stop time is blank, the **+** key will insert the start time into the stop time field to allow for rapid incrementing of the stop time without directly entering any numbers.
- Subtracts 5 minutes.

## 2.4.3 Copying from another account

Two buttons are provided on the top of the Operation page to copy details from a previous operation. This function is designed to streamline the data entry process for standard anaesthetic procedures. The function is only available before the account is sent, that is, while it's *Account date* is still blank. This is to prevent inadvertent overwriting of existing data.



### The Quick Copy function

Click the *Quick copy* button on the top of the Operation page to perform this function. This will copy the surgeon, hospital, operation and operation date from the previous account. These fields will be copied, irrespective of which checkboxes are ticked in the Options form (see below). No item or fee details will be copied.

### The Detailed Copy function

Click the larger button to open the following copying window.

**Copy operation details from another account**

**Copy the operation, item and fee details from:**

Previous patient:  Sort this list box by:

having operation:

Choose from the list or enter an account number here:

**Copy to: Mr Phillip Nettleton**

(Note that you can customise this function to copy or not copy the surgeon, hospital and operation date. Go to the system Options, Miscellaneous page.)

The first account displayed is that with the account number immediately before the current one. This allows easy entry of multiple accounts when several similar procedures are done in a list. Simply click the Copy button and go back to the account to check to see whether any minor alterations are necessary.

If you want to copy details from an account other than the previously-entered account, select another account from the list in the *Previous patient* field. These are displayed in reverse order of their account numbers. If you wish you may reorder the list according to the patient's surname, the operation performed or the account type by clicking the small *Name*, *Oper* or *Type* buttons. The latter function enables you to find a particular type of operation easily.

You can also specify a particular account number to copy from by entering it into the appropriate field.

### What will be copied?

The function will copy the operation, all the MBS, RVG and/or DVA items, account and fee type, actual fee and discount details. It will insert an RVG time item and age modifier if appropriate and will also automatically perform a check for multiple items. The final fee will not necessarily be the same as the account copied from if it is a time-based fee.

The surgeon, hospital and operation date will also be copied if these are specified in the system Options as fields which should be copied. Go to the Automatic functions page <sup>(173)</sup> in the Options form to set these preferences.

RVG modifiers are *not* copied. This is to avoid inadvertently putting modifiers on accounts which should not have them.

**Note on copying the operation date**

You should set this function to copy the operation date when you are entering a list of procedures which were all done on the same day e.g. a list of colonoscopies. If you normally use the copy function to copy a procedure which was probably done on another day e.g. Mitral valve replacement, set the function to not copy the date, and just insert the date manually after you have copied the rest of the details.

If you have set the copy operation function so that the operation date is also copied, all the item dates are also copied and no message about the dates is given. If you do not copy the operation date, any operation date already entered into the current patient's account is copied to the items. If no operation date exists in the current account, all item dates will be blank. They can then all be easily updated at once by entering an operation date. Messages are only given if the operation date itself is directly changed.

**Important note on modified items and values**

Since the MBS and RVG schedules are regularly updated, the item descriptions and their unit values and fees in particular will change over time. If you copy the details from a patient whose account was created with a certain version of the MBS or RVG books or when the item value was different to the current one, the details will not necessarily be correct according to the current book version and item value. To ensure accuracy with the current MBS or RVG version, go to each item in the account which has been copied from another patient, and click the *Update item from book* button. This will find the up-to-date details from the relevant book and correct the fee to be in line with the current unit value. This is only necessary if you believe the copied account was created using a previous version of the items book or the health fund fees table.

**Hint!**

*You may like to create a few fictitious accounts with standard operation details. These could then be called up any time you wanted to insert the details of standard operations. You will locate them more easily if you name them carefully, for example, set their surname to 'A1-Standard Caesar' or 'A2-Long Radical Prostate' and they will appear at the top of the list when you sort by Name. This may be easier than looking down the list of operations and choosing one you think has the correct details. (BUT, remember not to send the fictitious patients any reminders! And consider their implications in any summary reports you may create.)*



## CHAPTER

## 3

## Accounts - Entering Items

*The item details screen is used to enter all procedural information and is the most complex part of the system. There are three tabs to identify the separate sections.*

- *The blue MBS section is used for all Medicare type accounts, including the new RVG items, and for health fund accounts. Most accounts will use this section.*
- *The green ASA RVG section uses the ASA's RVG schedule and is used mainly for third party (TP), worker's compensation (WC) or overseas patient accounts. It uses item numbers such as CA010 or CG850.*
- *The purple DVA section is used for the Veterans' Affairs time-based system of billing. It is not used for billing the DVA using the standard MBS methods.*

*Many of the data entry features of the MBS section are common to the RVG and DVA sections. The common features will be included in the MBS section while the differences will be discussed separately in the RVG and DVA sections.*

## 3.1 MBS items (blue)

Items are added one to each row until all required items have been added. The bottom row is always blank; this is where new items are added.

The screenshot shows the MBS (Medicare Benefits Schedule) items screen. The table lists the following items:

#	Date	S. Item	A. Item	Units	Procedure	Premed	Quick items	Modifiers	Quick notes	%	Fee
1	05/Mar/2003		17603		Pre-anaesthetic consultation, separate attendance						34.80
2	05/Mar/2003		20810	4	Anaesthesia for lower intestinal endoscopic procedures						66.00
3	05/Mar/2003		23063	6	Anaesthesia time - 1:26 hours to 1:30 hours						99.00
4	05/Mar/2003		25010	3	Modifier - Physical status - ASA 5 (3 unit)						49.50
	05/Mar/2003				Blank row for new items						

Annotations on the screenshot include:

- Ordering column (pointing to the # column)
- Obsolete surgical item column (pointing to the A. Item column)
- MBS schedule fee (pointing to the Fee column)
- Delete all items shown (pointing to the trash icon)
- Delete current item (pointing to the trash icon)

Buttons at the bottom include: View items book, Update item from book, Save to quick list, Create from MBS, Prolonged anaes rule, Derived fee, Update time item, My Own Fee, Auto order, Delete all items shown, and Delete current item. The TOTAL FEE is 249.30.

### 3.1.1 How to add items

This section will describe how to add items using the blue MBS screen. Entering items into the other sections is essentially the same, as described in the ASA RVG <sup>[67]</sup> or DVA <sup>[69]</sup> sections. It is possible to add items to more than one section. However, depending upon the type of fee you select, only one list of items (either MBS, RVG or DVA) will be shown on the account.

There are 3 methods to add items to the account:

- Type a known item number into the anaesthetic item column and press enter. The details will be inserted from the relevant book. This is the quickest method if you know the numbers.
- Open the MBS or RVG book <sup>[103]</sup> by clicking the appropriate button and click the *Add* button when you have located the correct item. This is ideal if you need to search for a particular item.
- Select an item from the Quick Items <sup>[62]</sup> or Modifiers <sup>[57]</sup> list. You can store commonly used items in the Quick Items list.

In each case, the item number is inserted, with the matching unit value, procedure description and MBS schedule fee. The item date and description can be further edited, but the unit value and fee cannot. When you add the first *Anaesthesia for ...* item, a time item will be inserted automatically, and if appropriate, an age modifier will also be entered. See the RVG anaesthesia <sup>[58]</sup> section for more details.



**Note**      *Only MBS items should be inserted into the MBS or DVA sections and only ASA RVG items should be inserted into the RVG section.*

### Item dates

The default item date is the operation date which is entered on the Operation page<sup>[45]</sup>. If you need to, adjust the date manually or use the popup calendar by double clicking on the date field. Click the + or - buttons in the Date column heading to increment the selected date by a day or use the + and - keys on the keyboard for the same effect when the cursor is in the date field. If the operation date is modified, all the item dates will also be modified, after an appropriate warning is given.

### The surgical item column

Prior to the incorporation of the RVG schedule into the MBS schedule (Nov 2001), it was necessary to include surgical item numbers and their associated anaesthetic value. The S.Item column still exists for backward compatibility but has been disabled when using MBS books of November 2001 or later.

## 3.1.2 Procedure description

The description of each item can be edited directly on the screen. It is wise to edit the descriptions to simplify them as some of the default MBS descriptions are rather wordy. Any such modifications will appear only on the current account and the next time that item is entered into a new account, the original default description will be inserted. Custom descriptions for each item can easily be set up in the MBS or RVG book<sup>[106]</sup> so that your own specific description will appear when an item number is entered.

### Adding item 'Subitems'

It is possible to set up multiple descriptions for a single item number and these can be selected using a *subitem code*. These are described in the MBS/RVG book<sup>[107]</sup> section. Add subitems directly to the account by entering the item number and subitem code into the item number column.

For example, if you have a subitem called CVP for item 22012 (Blood pressure monitoring - central venous), enter 22012CVP into the item number field. The appropriate details will be inserted into the account. If you enter 22012 without the CVP code, the default MBS description (or your default custom description for item 22012) would be added instead.

Note that although you enter the item number and subitem code (22012CVP), only the item number itself (22012) is stored in the database and printed on the account.

### Update item from book

The button *Update item from book* will re-insert the unit, description and fee details for that item as currently stored in the MBS or RVG book. If you have stored a custom

description, this will be inserted rather than the book's own description. If the item was originally added using a subitem, the subitem code will *not* be added and only the details from the original parent item will be inserted. If the version of the items book currently in use is different to that which was in use when the item was originally inserted, the unit values, description and fee may be different.


### 3.1.3 Multiple anaesthetic procedures

Using the RVG system, each account can only include one *Anaesthesia for ...* item which will attract a rebate. Consequently, any other *Anaesthesia for ...* items which you add to the account will have their fee automatically reset to zero. The anaesthesia item with the highest unit value will be used for the fee determination. This differs from the pre-RVG system where the second item was discounted to 20% and subsequent items to 10% of their original value. This *multiple anaesthesia rule* is performed automatically and the account items will appear as follows.

Date	RVG Units	Item Number	Procedure	Fee (\$)
05/Mar/2003		17603	Pre-anaesthetic consultation, separate attendance	51.20
05/Mar/2003	5	20740	Anaesthesia for upper gastrointestinal endoscopic procedures	131.00
05/Mar/2003		20810	Anaesthesia for lower intestinal endoscopic procedures (Multiple item reduced to 0%)	
05/Mar/2003	6	23063	Anaesthesia time - 1:26 hours to 1:30 hours	157.20

There is no *prolonged anaesthesia rule* as there was with the previous rebate system (pre Nov 2001) since the RVG method of time-based items manages this intrinsically.

### 3.1.4 Adding time items

The appropriate RVG time item is added automatically to any account which uses RVG billing when the first RVG item is added. This assumes that the date and times for the operation have been entered on the Operation page. If the operation times are modified, the time item is updated automatically. The time item will not be added to the account if there are no RVG type anaesthesia items on the account which attract a time component. See the RVG anaesthesia  section for more details.

It is possible to add a time item to an account by entering a specific item number in the range 23010 to 24136. This is not necessary however, and could result in accidentally adding multiple or incorrect items to the account. There is a button labelled *Update time item* which may be used to manually insert/update the time item. The button is unlikely to be needed, but is provided in case the item is not updated correctly when the date or time information is modified. This will also remove any multiple or incorrect time items.

#### Perfusion Item

If a perfusion item (22060, CV060, A006, A007) is entered onto the account, the time item is automatically shown as *Perfusion time* instead of *Anaesthesia time* for MBS, RVG and DVA account types. If a perfusion item is added *after* the time item is inserted, *Perfusion time* is not inserted automatically, and you should click the *Update*

*time item* button to update the description appropriately. This feature was inserted since HIC staff sometimes mistakenly believed that both perfusion and anaesthesia services were being claimed on one account.

### 3.1.5 Adding modifiers

Enter modifiers by choosing from the drop down *Modifiers* list located on the items page. We recommend that you do not enter modifiers by typing the item numbers directly into the A.Item column or by adding them from the MBS book. This is because some need to be specifically checked for duplications, or require specific fees to be calculated.

Quick items: <input type="text"/> Modifiers: <input type="text"/> Quick notes: <input type="text"/> % Fee: <input type="text"/>					
ation, separate attendance	ASA	ModifierType	Description	Units	Item
	P3	Physical status	Severe disease - ASA 3 (1 unit)	1	25000
	P4	Physical status	Severe disease - ASA 4 (2 unit)	2	25005
	P5	Physical status	Severe disease - ASA 5 (3 unit)	3	25010
	M1	Other	Age less than 12 months or 70 years or	1	25015
	M2	Other	Emergency surgery	2	25020
	M4	Emergency	ANAESTHESIA after hours emergency	+50%	25025
	M4	Emergency	ASSISTANCE at after hours emergency	+50%	25030
	M4	Emergency	PERFUSION after hours emergency	+50%	25050

The age modifier is usually added to the account automatically where appropriate. It may also be added or removed if the date of birth or operation date is changed. However, in some cases this may not happen and it can also be added manually from the Modifiers list if required.

#### After hours emergency modifier

Add the 50% modifier by selecting it from the Modifiers list on the items page. The fee attached to the item will be calculated as 50% of the total of the fees which are currently on the account. If your account includes this modifier, the fee will be updated appropriately whenever the procedure times are changed or items are added to or deleted from the items list. (Note: The 50% calculation only applies to items which form part of an RVG anaesthesia service<sup>[58]</sup> and will not apply to pre- or post-operative consultations.)

**Note** *This modifier can only be used for after hours emergency procedures, not for elective procedures performed after hours. In contrast, the standard M2 emergency modifier can be used for emergencies at any time.*

*There is a button on the Operation page which will assess whether or not the times specified are eligible for the after hours emergency modifier. This modifier is not added automatically to the system because the requirement for the procedure be of an emergency nature can only be manually specified.*

### 3.1.6 What is an RVG Anaesthesia Service?

The ASA's Relative Value Guide was incorporated into the Medicare schedule in the November 2001 edition. With this came a new set of rules for adding items to accounts. In particular, each account requires:

- an *Anaesthesia for ...* item such as 'Anaesthesia for hip replacement'
- a time item
- optional modifiers such as the age or physical status modifiers

Additional procedures such as a preanaesthetic consultation or intravascular monitoring may be added to the account, although these do not technically form part of the *RVG anaesthesia service*.

The details of exactly what needs to appear on the account are described in detail elsewhere, such as in the documents produced by the ASA and the Health Insurance Commission.

#### Enter an *Anaesthesia for ...* item

Each account for an anaesthetic service must have at least one basic item in the range 20100 to 21997. To enter these items on your accounts, use the standard methods for entering any MBS item. That is, type in an item number (into the A.Item field), choose an item from the MBS book, or select one of the options from the Quick Items list (you may need to set this up with the new RVG items).

Add any other *Anaesthesia for ...* items which are relevant. The fee for all but one of these will be automatically reset to zero since only the anaesthesia item with the highest unit value will be used for the fee determination. This differs from the pre-RVG MBS system where the second item was discounted to 20% and subsequent items to 10% of their original value.

#### Item descriptions

The Health Insurance Commission (HIC) recommends that you abbreviate the item description that you put on your account so that only a brief one line phrase is shown. This can be done by creating your own description<sup>[106]</sup> in the MBS book, or by editing the description directly on the account's *Items* page. If you require more than one description for a single item number, create a *Subitem code*<sup>[107]</sup> in the MBS book.

#### The time item

You must enter the start and stop times of each anaesthetic service. Although the actual times are only required to appear on the account if you are claiming an after hours loading, Access Anaesthetics calculates the anaesthetic time and number of units from the start and stop times. If you don't know the times, enter estimated times which evaluate to the time you spent on the procedure.

When you enter the first *Anaesthesia for..* item on the account, the time item is

entered automatically. If you have not already entered the start and stop times, go back and enter these and a time item will be entered. If you subsequently change the start or stop times, the time item will be updated to reflect the change.

It is possible to create an account without a time item. This would happen if you perform procedures which do not form part of an *RVG anaesthesia service*. However, an account for an *RVG anaesthesia service* must have both an anaesthesia item and a time item, otherwise Medicare will reject the claim.

Because anaesthesia rebates are now calculated using actual, as opposed to estimated times, the prolonged anaesthesia rule no longer applies. The button which operates this function still remains in the system for backward compatibility. However, it will only perform the calculation correctly if a pre-November 2001 items file is attached to the system.

### Entering modifiers

Modifiers can only be added to accounts which include an *RVG anaesthesia service* since they 'modify' the *RVG anaesthesia service*. The following notes should be considered.

- The age modifier (25015) is for patients aged less than 12 months, or 70 years or greater.
- The emergency modifier (25020) can be used for either in-hours or out-of-hours procedures.
- The after hours emergency modifiers (25025, 25030, 25050) can only be used for after hours emergency procedures.
- The emergency modifier and the after hours emergency modifiers cannot both be used on one account.
- The modifiers for prone position, morbid obesity and 3rd trimester of pregnancy exist only in the ASA's RVG schedule and cannot be used on MBS type accounts.

### What constitutes *After hours*?

The after hours period is time spent before 8am, after 8pm and at any time on weekends or public holidays. For an account to attract the 50% after hours modifier, at least half of the time for the procedure must be in the after hours period. Also, the procedure must be an emergency. Elective after hours procedures do not attract the modifier.

After entering the start and stop times on the account, click the eligibility button to assess whether or not the times are eligible for the after hours emergency modifier.

[Check after hours eligibility](#)

This modifier is not added automatically to the system because the requirement for the procedure be of an *emergency* nature can only be manually specified.

**Note**      *The definition of after-hours is different in the ASA RVG - 6pm to 8am.*

### **Anaesthetic 'Extras'**

The MBS schedule has always, and still contains a set of items for monitoring, transfusions, cannulations and similar anaesthetic extras. These are mostly in the group T1 - Miscellaneous Therapeutic Procedures with item numbers between 13020 and 14224. Similar items have been included in the new RVG listing (20000-30000) which duplicate the original items. The latter items should be used only *when performed in association with the administration of anaesthesia*. This means, only in conjunction with an RVG type anaesthetic service. This would apply to most standard anaesthetic procedures. If a procedure is performed not in association with an RVG anaesthetic service, the original item numbers in group T1 should be used for the anaesthetic extras.

### **Ordering items on the account**

The Health Insurance Commission has published their preferences for the order in which items should appear on RVG type accounts. Generally speaking, Access Anaesthetics follows this pattern if you use the *Auto Order* function. Under some circumstances, the order will be slightly different to the HIC recommendations, but the differences are usually cosmetic only, for example, the order of modifiers may be different. The main principle is that all the items related to one instance of an *RVG anaesthesia service* are listed together on the account.

If you would like the Auto Order function to operate automatically when items are entered, you can set this up in the system Options. Go to the Automatic Functions page and tick the checkbox which sets the auto order function to be done after the prolonged anaesthesia rule. Although the latter rule no longer applies, this check box needs to be ticked.

## **3.1.7 The old MBS system**

This worked by having all items defined by a surgical item number. There were no separate items for anaesthesia. Instead, each surgical procedure had a separate anaesthetic unit value which determined the fee for the anaesthetic service. Each anaesthetic unit had a rebateable value. The anaesthetic fee was therefore tied to the surgical procedure and would be determined not by what the anaesthetist did, but by what the surgeon did. Both surgical and anaesthetic item numbers were required on accounts.

Access Anaesthetics operated under this system until it was superseded by the incorporation of the RVG into the Medicare schedule in November 2001. However, the system remains backward compatible, and can be forced to run using the earlier methods by attaching a pre-November 2001 items file. Do this from the File Management Menu<sup>[189]</sup>. The surgical item column still exists on the *Items* page, but it is disabled unless a pre-RVG items file is attached.

The old Multiple Anaesthetic rule deemed that a second surgical procedure was discounted to 20% of its original fee, and the third and subsequent procedures were discounted to 10%. In the new system, the second and later anaesthetic procedures are discounted to 0%, since the time-based system compensates for additional work.

Also, because anaesthesia rebates are now calculated using actual, as opposed to estimated times, the prolonged anaesthesia rule no longer applies. The button which operates this function still remains in the system to allow backward compatibility. However, it will only perform the calculation correctly if a pre-November 2001 items file is attached to the system.

### 3.1.8 Derived fees

There are only a few items of interest to anaesthetists which use a derived fee. These include the after hours epidural and the anaesthesia assistance items.

#### Anaesthesia assistance items

These (25200 & 25205) are considered by the HIC to be derived fees. This appears to be an oversight since, in fact, there is no difference between the anaesthesia assistance items and any other *Anaesthesia for ...* items. All have a base unit value, and are used in conjunction with time and modifier units. However, there have been instances when the HIC has rejected claims where the assistance items have been shown on accounts in the normal way. The health funds also treat these as derived fees, often assigning a percent of MBS method to their calculation, rather than specifying a base fee. To clarify this point, the following are the two methods of displaying the anaesthesia assistance item on accounts.

Standard method:

05/Mar/2003		17603	Pre-anaesthetic consultation, separate attendance	34.80
05/Mar/2003	5	25200	Anaesthesia assistance - emergency	82.50
05/Mar/2003	6	23063	Anaesthesia time - 1:26 hours to 1:30 hours	99.00
05/Mar/2003	1	25000	Modifier - Physical status - ASA 3 (1 unit)	16.50

Derived fee method:

05/Mar/2003		17603	Pre-anaesthetic consultation, separate attendance	34.80
05/Mar/2003	12	25200	Derived Fee:	198.00
			Anaesthesia assistance - emergency	
			+ Item 23063: Anaesthesia time - 1:26 hours to 1:30 hours	
			+ Item 25000; Modifier - Physical status - ASA 3 (1 unit)	

To display the derived fee, first add all relevant RVG items to the account, the base item, time item and any modifiers. Select a health fund or *My Own* fee if you wish. Then click the *Derived fee* button below the item list. Once the derived fee is created, it cannot be reversed except by deleting the derived fee item and re-entering the original base, time and modifier items.

When the RVG was first incorporated into the MBS schedule, there were some other items which were also treated as derived. In particular, item 22060 (whole body

perfusion) was not rebated appropriately unless shown as a derived fee. The HIC has now modified this item to behave in the same way as standard *Anaesthesia for ...* items.

### Epidural Anaesthesia

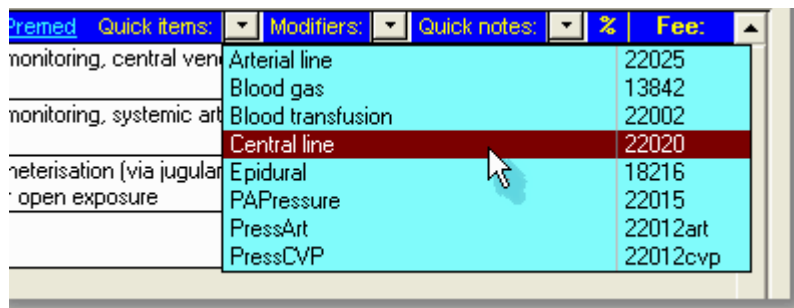
The items for epidural anaesthesia which extends beyond one hour of attendance are treated as derived fees. For example, an epidural which requires attendance of 90 minutes is paid as item 18216 (first 60 min, \$153.95), plus 2 times item 18219 (2 x 15 min, 2 x \$15.45). Rather than showing these as 3 separate items, Access Anaesthetics calculates the appropriate total fee from the start and stop times entered into the account and displays these as a single item 18219. To use this method, simply enter item 18219 onto the account. You should not also include item 18216 on the account and, in fact, it will be removed from the account if it exists. The same process should be used for the after hours epidural items 18226 and 18227. Only one of the following items should appear on any account.

05/Mar/2003	18216	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance	153.95
05/Mar/2003	18219	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance extends beyond the first hour DERIVED FEE: Fee for item 18216 + 2 X fee for item 18219.	184.85
05/Mar/2003	18226	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance, after hours	230.90
05/Mar/2003	18227	Intrathecal or epidural infusion of a therapeutic substance, initial injection or commencement of, where continuous attendance extends beyond the first hour, after hours DERIVED FEE: Fee for item 18226 + 2 X fee for item 18227.	277.20

**Note** These examples use fees from the November 2002 MBS fee schedule.

### 3.1.9 The quick item list

Just above the first item on the *Items* page is a dropdown list labelled *Quick items*. This is a streamlined method of inserting items onto the account without having to open the MBS or RVG book and without having to remember the item number.





Simply click the down arrow to open the list, then click the item you want to add to the account. The Quick Item List is intended to be used for common procedures such as blood transfusions, pressure monitoring, line insertions and other anaesthetic extras. However, any other procedure may be added to the list.

There are 3 methods of adding items to the Quick list:

- Click the *Save to quick list* button when the cursor is in the row for the item you wish to save to the list. You will be asked to enter a brief name to identify the item e.g. Long premed, CVP insertion.
- While using the MBS or RVG book, locate the item you wish to add to the Quick list and press the *Add to quick list* button. As above, you will be asked to supply a brief name for the item.
- You can manually edit the entire list of quick items by selecting <EDIT LOOKUP LIST> from the list itself. This will open the following form.



This lookup table allows you to edit Quick Items and Quick Notes. There are separate lists for the MBS, RVG and DVA tabs of the Items page. Click the appropriate combination of Display and Item Type buttons to show the various lists. The QuickName is what identifies the item in the dropdown list. The ItemNumber is the actual item number from the MBS or RVG book. This can include a subitem number as well.

Although you can add items to the quick list using this form, in practice it will be easier to add items using either of the other 2 methods. This method is best used for making minor adjustments such as adding subitem codes or deleting items you no longer require in the list.

**Note**      *The Save to quick list button on the Items page will not save subitem codes since they are removed after the item is inserted. To save subitem codes, add the item from the MBS or RVG book, or edit the item number directly using the table method above.*

### 3.1.10 Free text and the quick note list

The rows on the Items page can be used to enter free text as well as specific items. You may for example:

- type your own procedure descriptions into any row
- insert blank rows to separate particular items
- enter comments such as *Separate attendance*, above or below a particular item
- enter any comments you wish to give to MBS or DVA staff or to the patient regarding the account

For free text entry, under some circumstances it may be best to switch off the automatic item entry. That is the function which inserts the item description and fee when you enter the item number. You can turn this on or off in the Automatic functions page of the Options form. This can be done dynamically, that is, turn it off, make your changes to the account, then turn it back on again.

**Note**      *The total MBS schedule fee for the account is calculated by adding the individual item fees. These fees cannot be individually modified except as specified here<sup>[66]</sup>. Therefore, entering items as free text may result in an inaccurate total MBS schedule fee.*

The Quick Notes list allows quick entry of notes in the same way as the Quick Items list<sup>[62]</sup>. Select a note from the list to insert it into the account. The list is editable in the same way as the quick items list by selecting <EDIT LOOKUP LIST> from the list itself. Add notes to the list by clicking the *Save to quick list* button on the bottom left. If the cursor is in a row containing an item number, the item will be saved to the *Quick item list*. If it has no item number, it will be saved to the *Quick notes list*.

The Auto Order function<sup>[64]</sup> will place all items without a date at the bottom of the list, including quick notes. You may need to adjust the ordering codes to suit.

### 3.1.11 Ordering of items

Items added to the Items page are automatically ordered in a built-in sequence. Similar rules are used for ordering the MBS, ASA RVG and DVA item lists. All items on one date will be listed prior to any items on a later date. Items with no date will be placed at the bottom. Within each date, items are ordered as follows:

1. Preanaesthetic consultation
2. *Anaesthesia for...* items or *Whole body perfusion* item, in descending order of unit value
3. Time item
4. Physical status modifiers

5. Other modifier items in ascending order of item number (except after hours emergency)
6. Any additional items such as pressure monitoring and line insertions, in ascending order of item number
7. After hours emergency modifier

The ordering function inserts a number into the leftmost ordering column labelled #. You can customise the order by changing the numbers in the ordering column. Simply type in a new number and the list will be reordered. Click the title of this column (#) to remove all the order codes to start afresh. You should add all the items to the account before adjusting the ordering codes since adding a new item later will activate the AutoOrder function and reset the items to the default order.

If you wish, automatic ordering can be turned off in the Options form (Automatic functions <sup>173</sup> page). If you do this, you can still activate the automatic ordering function for a particular account by clicking the *Auto order* button on the Items page.

### 3.1.12 Grouping identical items

This function was designed mainly for the pre-RVG era where it was necessary to include surgical items on anaesthetic accounts. For some procedures many instances of a single surgical item were performed, for example, an item for repair to a finger where 2 fingers were repaired. In extensive cases there may have been 10 or more identical procedures performed. These all needed to be added to the account as separate items so that the multiple/prolonged anaesthetic rule could calculate the appropriate fee. The standard printed account would end up being very long and repetitive for such an operation.

The alternative was to change the formatting of the item list when it was printed. To do this, the checkbox labelled *Don't show duplicated items ...* on the patient's Format page <sup>84</sup> was ticked. This groups the identical items on the printed account so that each item is only listed once, and a note is added indicating that the item was performed x number of times.

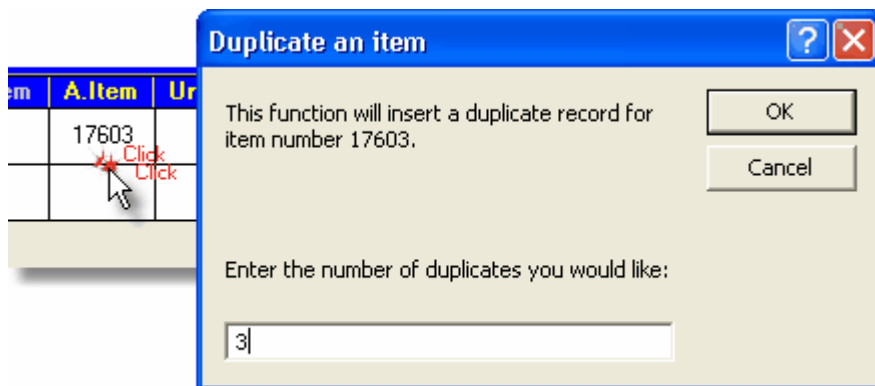
When using the *grouped identical items* format, the ordering of the items is maintained provided that all identical items are given the same ordering code. If for example you have one premed item, 5 finger correction items, 3 toe correction items and 1 blood transfusion item, the order codes should be 1,2,2,2,2,3,3,3,4. If the order codes are entered as 1,2,3,4,5,6,7,8,9,10 they will all be treated as separate items and will not be grouped. It may simply require a bit of trial and error, previewing the account and making changes until the account is formatted according to your preference.

**Note** *Because the grouping function requires a separate reporting format to the standard account, the grouping option is not available when printing in batch mode from the List of Accounts screen. Even if the grouping option is ticked on the account's Format page, printing the account from the List of Accounts screen will ignore the grouping request and print each of the multiple items individually. You must print the account separately from the Account Details screen to implement the grouping*

*function.*

### 3.1.13 Copying items

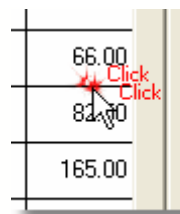
In some cases, particularly in the pre-RVG era, it is necessary to insert several instances of the one item on an account. To do this quickly, there is a hidden function activated by double clicking on the anaesthetic item number. This will ask for the number of duplicates required and then insert them onto the items page.



### 3.1.14 The (hidden) item editing window

In most cases, the only part of an individual item which you need to edit is the description, since the item number, unit value and fee are all fixed as specified within the MBS or RVG book. That said, it is possible to edit all the item details for the rare instance where the unit value or fee of an item needs to be edited directly. For example, when using the RVG item CU999 for an unlisted procedure, a specific unit value and fee can be inserted.

There is no button to activate this function; rather it is opened by double clicking on the Fee column for any existing item. This will open a popup window which displays all the data stored for an individual item. Click the *Edit* button in the window to enable editing.



The editing window provides basic functions only, and caution is advised since there are no data verification or calculation procedures built into this window. Modifying data in this window will not affect the data stored in the MBS or RVG schedule books. Editing data here only affects the current item on the current account.

**Item Edit Window**

Account Number       !! WARNING !! EDIT THESE VALUES AT YOUR OWN RISK !!  
 Item Type       Only edit the data here if you need to make an adjustment that you  
 Order       can't make directly on the Items page. This form does not perform  
 Date       any calculations or data validation, and should be used only rarely.  
 Item Num - Surg       Procedure  
 Item Num - Anaes       Intraarterial cannulation when performed in association with the  
 Base Units       administration of anaesthesia  
 Time Units MBS       Standard Fees      Multiple Item Factor   
 Total Units       Fee       Un-adjusted fees   
 Time Units       H.Fund         
 RVG Extras       My Own      

## 3.2 The ASA RVG schedule (green)

Use this green section of the Items page when you want to generate your account based upon the ASA's RVG schedule. Here you would insert item numbers such as those shown below. In 2003, the main use of this RVG schedule is for sending accounts to Workers Compensation or Third Party insurers, since these groups will recognize the original RVG schedule. Prior to Nov 2001, this schedule was also used by a lot of anaesthetists as their standard method of billing, since the RVG had not yet been incorporated into the MBS schedule.

MBS (includes new RVG)		ASA RVG (w/C/TP etc)		DVA Time - based		Fee select RVG	
Relative Value Guide Items		Time Units		6			
#	Date	A.Item	Units	Procedure	Quick items:	Modifiers:	Quick notes:
1	05/Mar/2003	CA010	2	PRE-ANAESTHESIA CONSULTATION in preparation for the administration of an anaesthetic			60.00
2	05/Mar/2003	CN638	10T	ANAESTHESIA for total shoulder replacement			300.00
3	05/Mar/2003	Time	6	Anaesthesia time = 1 hours, 30 minutes			180.00
4	05/Mar/2003	P6	2	Physical status modifier - BMI greater than 35			60.00
5	05/Mar/2003	M4	10	After hours emergency loading - 50%			300.00
	05/Mar/2003	I					

Add items to this page in the same way as you would for the MBS page<sup>[54]</sup>. That is, enter an item number into the *A.Item* column, select an item from the Quick Items<sup>[62]</sup> list, or open the RVG book<sup>[103]</sup> and add items directly from there. When you first add an *Anaesthesia for ...* item, a time item will also be inserted. Note that there are no individually-specified time items in the RVG schedule and that the item shown on the account is descriptive only.

An age modifier may be added automatically if appropriate. This will only happen if there is a time-attracting item on the account.

Like the time item, the RVG modifiers do not actually exist as items in the RVG schedule. Consequently they cannot be added from the RVG book. Instead, like the MBS page, add modifiers from the drop-down *Modifiers* list just to the right of the *Quick Items* list. The ASA RVG has a number of modifiers which are not recognised by the MBS schedule, but all modifiers can be added in the same way.

The fee calculations for the RVG section are performed differently to those for the MBS. Since all items in the schedule have a unit value (in the MBS, some have a dollar value), the fee is calculated by adding up the total number of units and multiplying by your chosen unit value. The individual item fees shown on this page are calculated as such because the RVG unit value for this example account has been set at \$30. The rate for this account is set on the Fee page<sup>[73]</sup>, and you can set the default for all new accounts on the Unit and Time Values page<sup>[164]</sup> of the Options form.

The total fee is calculated by multiplying the total units by the unit value, not by adding up the individual item fees. For example, the RVG time item is not used in calculating the fee; its use is purely for displaying the details on the account. More details on using the ASA's RVG schedule are given in the Accounts - Fees<sup>[80]</sup> chapter.

For details on the other functions on this page see the relevant sections describing the MBS schedule methods.

### Create RVG items from MBS items

Click this button to create a list of RVG items based upon the MBS items entered on the blue MBS page. This function works by using a list of links between RVG items and MBS items. The links are built into the system as described in the section on the MBS book<sup>[108]</sup>.



This process was designed for the pre - Nov 2001 era when there were no built-in links between the two schedules and the individual anaesthetist had to generate his own list of links. Use this linking process with caution. Because the two schedules don't match exactly, it is important that you check the RVG items added to the account, since they may not always convert in exactly the way you expect.

The MBS to RVG conversion does not support the use of *Subitems*. If you have an MBS item which was inserted as a subitem, when converted, the RVG equivalent of the parent MBS item number will be inserted. This is because the subitems are used only when entering the data, but are not stored in the individual accounts.

When the *Create RVG from MBS* button is pressed, the system looks to see whether each MBS item has an associated RVG item number. If it does, that RVG item is inserted into the account. If it doesn't, you are asked to enter an RVG item number to associate with the MBS item number. This item is then added to the account and the association is saved so that the next time that particular MBS item is used, the system will automatically insert the associated RVG item. However, since the links are stored

in the MBS items file, those which you have specifically added will be lost when upgrading to a new version of the MBS book.

### Fee calculation note in the *Quick Note* list

While on the RVG items page, select *Fee calculation* in the Quick Note list to insert a description of how the total fee was calculated. This will be updated whenever the fee is changed. This is just a descriptive item and does not affect the way the fee is calculated.

Quick notes:	%	F
*Blank line		Inse
*Fee Calculation		Sele
Discount		NO
GA		Ger

The fee note for the above example looks like this.

Fee calculation: 30 units (12 base + 6 time + 12 modifiers) x \$30 per unit = \$900.00.
--

## 3.3 The DVA schedule (purple)

Anaesthetists may elect to be remunerated by the Department of Veterans' Affairs (DVA) using either the MBS method or the DVA *Time-based* method. If using the MBS method, items should be added to the blue MBS page of the *Items* screen, in the same way as any other account. If using the time-based method, items should be added using the purple DVA section as described here.

MBS (includes new RVG)		ASA RVG (W/C/TP etc)		DVA Time - based		Fee selected DVA							
Department of Veterans' Affairs - Time Tiered Account						After Hours Emerg <input checked="" type="checkbox"/>		Public Hol Emerg <input type="checkbox"/>					
#	-	Date	+	S.Item	A.Item	Units	Procedure	Premed	Quick items	Emerg	Quick notes	%	Fee:
1		05/Mar/2003			17603		Pre-anaesthetic consultation, separate attendance						34.80
2		05/Mar/2003			A002		Anaesthesia for surgery (time based) - EMERGENCY AFTER HOURS Anaesthesia time = 1 hours, 30 minutes PLUS 25% Loading						358.80
3		05/Mar/2003			22020	4	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure						66.00
		05/Mar/2003											

### Standard DVA Item Numbers

The DVA has a set of item numbers for their time-based procedures as follows:

- A001 Anaesthesia for surgery (time based)
- A002 Anaesthesia for surgery (time based) - emergency
- A004 Assisting anaesthetists (time based)
- A005 Assisting anaesthetists (time based) - emergency
- A006 Perfusion (time based)
- A007 Perfusion (time based) - emergency

One of these items should be used on all time-based accounts in place of the relevant MBS/RVG item number. This simplifies creating DVA accounts since only one of these items need be added to the account, instead of searching for the appropriate *Anaesthesia for ...* item in the MBS book. To use these items:

- Items A001 (anaesthesia), A004 (assistance), and A006 (perfusion) have been added to the Quick item list on the DVA page. One of these should be used for each DVA account. Add these from the Quick item list, or type the item into the A.Item column as usual (a01 will be recognized as A001 etc). The emergency items (A002, A005, A007) can't be added directly - see point 4 below.
- The calculated time for the procedure will be inserted automatically into the A001, A004 or A006 procedure description.
- The time-based fee will be inserted as the fee for the above item. The fee is actually calculated when the operation times are entered and are independent of the process of adding the A001 item to the account (the item is for descriptive purposes only). The calculation factors can be adjusted in the Unit and Time values <sup>164</sup> section of the Options form.
- If required, the 25% and 50% loadings should be selected from the *Emerg* list box. If selected, an appropriate description will be added to the A001, A004 or A006 item, the item number will be changed to the emergency item number (A002, A005, A007) and the fee will be adjusted to take the loading into account.
- The checkboxes previously used for the after hours loadings have been disabled on the items page since the loadings are now selected from the list. They are left visible however, for backward compatibility if used on previous accounts.
- There is no modifiers list for DVA accounts since these are not recognized by the DVA time-based system.

### Using Other Items

Additional items from the MBS book may be added to the DVA page in the same way as they are added to the MBS page. These include preanaesthetic consultations and extras such as intravascular monitoring. If using the after hours loadings, note that these only apply to the time-based component of the fee, not to the other items.

Note also that the DVA time-based system does not support RVG-type billing. In particular, RVG modifiers are invalid on time-based accounts. In Access Anaesthetics, if items are added to the account which are not supported by the DVA i.e. 20000-22000 (*Anaesthesia for ...*), 22060 (perfusion) and 23000-25205 (Modifiers), they will be allowed to appear, but their fees will be set to zero.

The image above shows a standard list of DVA time-based items using the after hours loading. Note that the checkboxes on the top right of the screen are disabled; they exist for backward compatibility only.



### Create DVA items from MBS Items

Click the *Create from MBS - DVA* button to create a list of DVA items from existing MBS items. This function is useful if you want to first create a set of MBS items (and hence determine the MBS schedule fee), and you can then easily use these to create a set of DVA time-based items.



When using this function, if the 50% after hours modifier is used on the MBS list, the 25% after hours loading will be added to the DVA list. The 50% public holiday loading can be added later if required. It is advisable to check the converted items to make sure they are appropriate for your account.

## 3.4 Other schedules

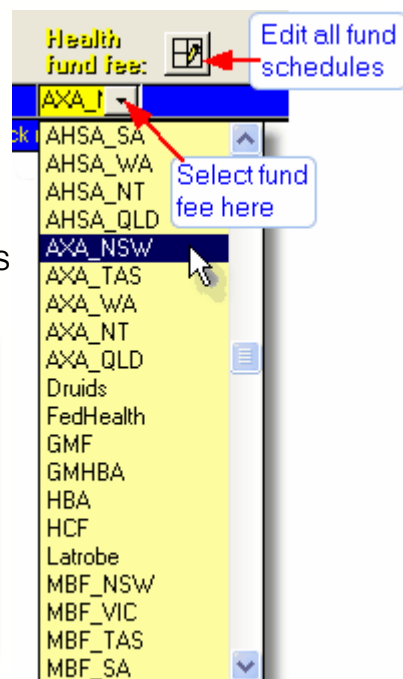
### 3.4.1 Health fund fee schedules

Health fund no-gap fee schedules may be used wherever an account is made up of MBS type items.

To use a health fund schedule:

1. Enter a list of MBS items on the *Items* page as usual.
2. Select a health fund from the yellow drop-down list on the Items page. The default for new accounts is 'None'. The system will search the relevant fund table and insert the fee for each item alongside the standard MBS fee. The fund fee is shown in a yellow box.

Items:	Modifiers:	Quick notes:	%	Fee:
rate attendance			52.90	34.80
osopic procedures			104.25	66.00
30 hours			157.60	99.00



- Finally, go to the Fee page and select the Health Fund No-Gaps fee as described in the Accounts - Fees<sup>[78]</sup> chapter. Depending on how you created the account, this may have been selected automatically. If you wish to set a patient co-payment when using a health fund fee, see the notes in the Health Fund Fee<sup>[78]</sup> section.

## Notes

- Once a fund fee is chosen from the drop-down list, any additional items added to the account (by entering an item number or selecting from the MBS book) will also be allocated the appropriate fund fee.
- You can return to the Items page at any time and choose an alternative fund or choose *None* to revert to the MBS schedule fee.
- When sending an account to a third party (e.g. a health fund), the fund fee will be inserted automatically if the third party address used on the Pt Addr page<sup>[40]</sup> has a specific fund name specified.
- Only a subset of MBS schedule items are included in the funds table (about 700 out of about 4500). The items included should cover all those likely to be used by anaesthetists. In the event that an item number you wish to use does not exist in the table, contact us so it can be added to a future version.

You can edit the list of health fund fees by clicking the edit button next to the health fund drop down box. See the Health Fund Schedules<sup>[109]</sup> section for more details.

**Hint**      *Delete the funds you don't need to make the list box easier to use.*

### 3.4.2 My Own fees

You may prefer to set your own fee for specific items rather than use the MBS schedule fee, the health fund fees, or the ASA RVG or DVA fees. To do this, click the *My Own Fee* button on the *Items* page.



This will open the dialog box shown below. There are a number of functions in this dialog box. The main one is *Apply this dollar value for each unit*. Enter an amount into the field and click the *Go* button. This will multiply the unit value for the item by the amount specified and insert it into a new blue box on the item list as shown below.

You can set a default unit value in the Options form on the Unit and time values page<sup>[164]</sup>.

Time-based fees are described in the next section<sup>[74]</sup>.

**Customise My Own Fee**

Account Type

Manually edit My Own Fee on the account in the blue boxes, or use the functions below:

Reset all My Own Fees to zero ----->

Apply this dollar value for each unit

Insert 'non-unit' fees from my own list ----->

Insert time-based item for

The blue fees column is the *My Own Fee* column. Amounts in these fields can be directly edited by clicking into them and typing your preferred fee.

The fee for the top item (preanaesthetic consultation) shown here is zero. This is because this item (17603) does not have a unit value and therefore a \$ per unit calculation cannot be performed.

My Own Fee		Health fund fee:		Fee
MyOwn		AXA_J		
Modifiers:	Quick notes:	%	Fee:	
attendance	0.00	52.90		34.80
pic procedures	66.00	104.25		66.00
ours	99.00	157.60		99.00

You should type your own specific fee into this field. Defaults for these 'non-unit' fees can be specified in the MBS book <sup>(108)</sup>.

After completing your own list of fees on the items page, go to the Fee page and click the *My Own Fee* option to designate this as the fee to appear on the account.

**Note** *When the MyOwnFee button is clicked on the items page, it will obtain its value per unit first from any existing items in the items list, or if there are none, from the MBS/RVG rate in the Options form, or if this is blank, from the rate for one time unit from the MBS book.*

### 3.4.3 Custom time-based fees

The Department of Veterans' Affairs uses a system of time-based fees<sup>[69]</sup> to remunerate anaesthetists. This allows for a set dollar value per hour for time spent administering anaesthetics and this is independent of the Medicare or other fee schedules. The Victorian Workcover Authority also offers a time-based system (as well as a fee schedule system). Instead of using a specific process for the VicWC method, Access Anaesthetics has a customisable system which will allow the creation of any number of different time-based systems using different rates and time periods.

The *Time-Based Schemes configuration form*<sup>[114]</sup> can be opened from the Tools menu<sup>[13]</sup> or from the *My Own Fee* dialog box<sup>[72]</sup>. This will allow you to create and customise your own time-based schedules. A scheme for the VicWC Time-engaged method has already been set up.

#### Using a time-based scheme on your account

1. On the MBS tab of the Items page, click the *My Own Fee* button.
2. Select the preferred time-based scheme from the list labelled *Insert time-based item for*.

This will perform the fee calculation and insert the appropriate item details onto the account with the calculated fee inserted into the *My Own Fee* column.

4	05/Mar/2003		AnInHrs		VicWC Time-engaged fee - In hours	350.80	0.00		0.00
---	-------------	--	---------	--	-----------------------------------	--------	------	--	------

3. Lastly, select the *My Own Fee* on the Fee page.

**Note** *If the start or stop times of the procedure are changed, the time-based item should be removed from the list and re-inserted, so that the fee is recalculated. (The account does not keep track of how the fee was first calculated and has to do it again from scratch.)*

## CHAPTER

## 4

# Accounts - Fees & Format

*After you have entered one or more items onto your account, the Fee page calculates a number of fees based upon the information you have entered. You can then select a fee from the options given, modify the fee, and optionally add a discount and GST. The Account Type is determined from the fee you choose, and this in turn determines the format of the account. Further customisation is then possible on the Format page.*

## 4.1 Setting the fee

We recommended that you always start your account by inserting MBS items so that a Medicare schedule fee can be calculated and approximate patient rebates determined.

**Mr Phillip Nettleton** Status: Ready to send Open accounts: 20

Patient Addr | Pt Data | Operation | Items | Fee | Format | Payments | Status | Documents | Notes

**MBS TYPE Fees** **MBS Schedule Fee:** 199.80

Sched Fee plus → 0.0 % or \$ 0.00 199.80

My Own Fee: MyOwn 450.00

Health fund 'no-gaps' fee: AXA\_NSW 314.75

Patient co-payment: 0.00

ASA Relative Value Guide RVG TP WC Rate per unit 53.00 = 636.00

Units: Base Time Mod. Total \$ 6 6 0 12 RVG-MBS Gap = 436.20

DVA Time-based Items Time After hrs \$ 34.80 287.05 0.00 321.85

**Basic fee charged** 199.80

**Discount** Apply/remove: Expires: 0.0 % or \$ 0.00 → 199.80

Discount message on account


**Apply GST** 10.0% GST amount 0.00 → 199.80

**Total fee charged:** 199.80

Medicare rebate: 149.85  
Private fund rebate: 49.95  
Patient's Gap payment: 0.00

When items are added to or removed from the list of items on an account, the MBS schedule fee, DVA fee and RVG item calculations are updated to reflect the change.

### The actual fee charged

Select one of the 6 radio buttons  to specify the fee you wish to charge (more information below). If required, set a discount and GST. The large red-on-yellow *Total fee charged* field on the bottom right is the fee which will appear on the account. The expected MBS and standard private health fund rebates will be shown on the screen (not the printed account) underneath the fee (for account types where patient rebates are anticipated).

### The default fee

The fee which is initially selected is most often the MBS schedule fee. The *Account type* is determined by the fee selected according to the following scheme:

SF	MBS schedule fee
SF+	above schedule fee
HCF	Example health fund account type. The account type is given the name of the health fund.
MyOwn	My Own fee
RVG	RVG using user-defined rate
TP	RVG using TP rate
WC	RVG using WC rate
DVA	DVA time-based fee

If the fee selected is not the one you wish to charge, select your preferred fee after making any adjustments as described in the individual fee type sections below.

In the following situations, the default fee will not be the MBS schedule fee:

- When a health fund fee is selected on the Items page, if the account is currently deemed an SF account, the fee will automatically be changed to the health fund fee. If the fund fee is turned off on the Items page when this is the fee on the account, the account fee will revert to the MBS schedule fee (SF).
- When the MyOwnFee button is clicked on the Items page, if the account is currently deemed an SF account, the fee will automatically be changed to the MyOwn fee. If MyOwn fee is turned off on the Items page when this is the fee on the account, the account fee will revert to the MBS SF.
- When the first item is added to the RVG or DVA tab on the Items page, if there are no other items on the account, the fee is set automatically to the RVG or DVA fee. (TP or WC can then be selected on the Fee page if required.) Removing all items from the RVG or DVA page when the fee is set to one of these will cause the fee to revert to SF.

### Notes

- The above items procedures will only set the account fee if it is currently set to

the SF. If the fee has previously been set to anything other than the SF, the fee will not be changed, and this can be done manually on the Fee page if required.

- The account type is shown on the Items page for reference while manipulating items, and a message is shown if the account type is changed automatically.
- When the Items page is opened, it automatically opens on the tab appropriate to the fee type.
- Generally speaking, total fees are rounded to the nearest 5 cents.

### 4.1.1 MBS methods

#### MBS schedule fee

To select the *Medicare Schedule fee* as the fee to charge the patient, click the grey button containing the schedule fee amount or check the associated radio button. The grey button will turn blue, the associated radio button will be set and the schedule fee will be inserted into the Fee charged field on the bottom right of the screen.

The screenshot shows a form titled "MBS TYPE Fees". It contains several rows for fee selection:

- MBS Schedule Fee:** A blue button with "199.80" and a selected radio button. A yellow box labeled "Click here" points to the button, and another yellow box labeled "or here" points to the radio button.
- Sched Fee plus -->** A dropdown menu showing "0.0", followed by "% or \$" and a text box with "0.00". To the right is a grey button with "199.80" and an unselected radio button.
- My Own Fee:** A grey button with "450.00" and an unselected radio button.
- Health fund 'no-gaps' fee:** A grey button with "314.75" and an unselected radio button.
- Patient co-payment:** A text box with "0.00" and a printer icon.

At the bottom, a green box displays "Total fee charged:" followed by a yellow box with "199.80".

#### Above the schedule fee

Add a fixed percentage or dollar amount to the schedule fee by entering an appropriate number in the % or \$ boxes in the *Sched Fee plus* row. The percent box has a convenient drop down list to select percentages in 5% increments, although you can type any number directly into the box. When you specify one addition type (% or \$) the other will be calculated.

Alternatively enter a total fee into the *Basic fee charged* box and the percent and dollar amounts above the schedule fee will be calculated automatically.

The screenshot shows the 'MBS TYPE Fees' form. It includes fields for 'MBS Schedule Fee' (199.80), 'Basic fee charged' (250.00), and 'Sched Fee plus' (25.1 % or \$ 50.20). A 'Discount' section is also present. A yellow box with the text '1. Enter total here' and a red arrow points to the 'Basic fee charged' field. Another yellow box with the text '2. Extra fee calculated here' points to the 'Sched Fee plus' field. A third yellow box with the text '3. Final fee charged' points to the 'Total fee charged' field, which displays '250.00'.

### Changes to fees when item details are modified

When items are added to or removed from the list of items for a particular account, the MBS schedule fee, DVA fee and RVG item calculations are updated to reflect the change. When an additional amount above the schedule fee has previously been added to the account, the amount to be added remains the same and the percent is recalculated, not vice versa. For example, suppose the schedule fee was \$120 and \$30 (25%) was added to the account for a total of \$150. If an item was added to the account making the schedule fee up to \$150, the total would be recalculated as \$180 (\$150+\$30), not as \$187.50 (\$150 + 25% of \$150). The revised percent would be recalculated as 20% (30/150). If you prefer to maintain the percent rather than the amount, simply reset the percent to 25%. The same principles apply to the discount calculation functions.

### 4.1.2 Health fund fees

If you have selected one of the health fund schedules on the Items page, the total fee for this schedule is shown on the Fee page, along with the fund name, next to the label *Health fund 'no-gaps' fee*. Click this fee or its radio button to select it as the account fee.

The screenshot shows the 'Health fund 'no-gaps' fee' form. It includes a field for 'Health fund 'no-gaps' fee:' with the value 'AXA\_NSW' and a radio button. Below this is a 'Patient co-payment' field with the value '0.00'. A yellow box with the text 'Total fee charged:' and the value '314.75' is displayed. Below this box, a message states: 'No rebate is expected for AXA\_NSW accounts.'

This is an amount which is normally billed directly to a health fund. You can also set a separate co-payment amount to charge the patient as described in the next section.

When you select a fee for a particular health fund, the account type will be given the health fund code name. In this example the account type will be AXA\_NSW.



### 4.1.3 Fund co-payments

To send a separate account to a patient for whom you have already sent an account to a health fund, enter the co-payment amount into the field just below the health fund fee. Then, print the co-payment using the small print button next to the co-payment amount. The standard print button on the bottom of the Account Details screen will print the account for the health fund, while the Co-payment print button will print the co-payment account for the patient. The co-payment account is the same as the standard account, except that a customised message is shown in place of the items list. The wording on the co-payment account can be modified on the Co-payments page of the Options form.

The screenshot displays two parts of a software interface. The top part is a light-colored box containing two input fields: 'Health fund 'no-gaps' fee:' with the value 'AXA\_NSW' and '314.75', and 'Patient co-payment:' with the value '135.25'. To the right of the patient co-payment field is a small printer icon and a link that says '<--- Print separate account or receipt for co-payment'. The bottom part is a teal-colored box with a yellow header area that says 'Total fee charged: 450.00'. Below this, it states 'No rebate is expected for AXA\_NSW accounts.' To the right, there are two more input fields: 'Fund:' with '314.75' and 'Patient:' with '135.25'. A mouse cursor is pointing at the 'Patient:' field.

The co-payment amount is added to the basic fee for the account, and together these form the total fee. In the *Total fee charged* field, the total amount due for the entire account is shown, with the breakdown between fund and co-payment shown below. Summary features of the system use this total fee in calculations.

The co-payment is added after any discounts or GST are calculated. Consequently, discounts and GST can be applied only to the fund component, not to the co-payment.

#### Using Co-payments with *My Own Fee*

If you wish to determine your total fee using a specific RVG unit value, you would normally use the *My Own Fee* option described below. If you wish to break this amount down to a fund fee and a patient co-payment, proceed as follows:

1. Create My Own Fee and select a health fund fee on the *Items* page.
2. Select the health fund fee on the *Fee* page.
3. Click the small button directly below the co-payment field on the *Fee* page, and the difference between *My Own Fee* and the fund fee will be inserted as the co-payment amount.

### 4.1.4 My Own fee

Specify individual fees on the Items page using the My Own Fees methods.

Then click the *MyOwn Fee* field on the Fee page or its associated radio button to specify this as the *Total Fee Charged*.

The account type will be deemed *MyOwn* unless you have specified a particular account type on the *Items* page. Here the custom type *Overseas* has been entered.

This is the standard method of charging above the schedule fee where you do not want to use the health fund or ASA RVG schedules.

### 4.1.5 ASA RVG methods

To use the ASA RVG method of setting the fee, you must first enter some appropriate items on the green ASA RVG tab on the *Items* page. The summary details of the resultant fee are shown on the fee page, and you can adjust the total fee by adjusting the dollar value per RVG unit. Unlike the MBS RVG system, the ASA RVG system is entirely based on units, so the total fee is always the product of the number of units and the unit value.

Units:	Base	Time	Mod.	Total
\$	6	6	0	12

RVG-MBS Gap = 436.20

You can specify default unit values in the Options form (Unit and time values page<sup>164</sup>) for RVG, TP or WC account types. Select one of the 3 radio buttons to use that unit value in the calculation. If you are using the RVG type and wish to use a different unit value, select the RVG unit value from the drop down list or type a number directly into the *Rate per unit* field.

The total RVG value will be shown. Click the total to set it as the fee to be charged or

click the radio button. It will turn green and will appear in the *Total Fee charged* field. The difference between the MBS schedule fee and the RVG fee will be shown (MBS-RVG gap). Note that this should be equivalent to the patient gap if the RVG fee is set as the fee to be charged.

Note that for TP and WC accounts, you should choose the appropriate TP or WC value. It is not sufficient to choose an RVG value which happens to be the same as the TP or WC value since the account will be designated an RVG account rather than a TP or WC account. This has implications for the format of the account, particularly for whether MBS or RVG items are shown.

#### 4.1.6 DVA time-based method

For MBS-based billing for Veterans' affairs patients, simply use the standard MBS item and fee setting procedures.

For time-based billing, the fee will be calculated automatically and shown on the bottom of the Fee page. Click the appropriate total amount button to set this as the fee to be charged. It will turn purple and will appear in the *Total Fee charged* field.

	Items	Time	After hrs	
\$	34.80	323.30	0.00	358.10

**Note** DVA hourly rates can be specified in the system Options form on the *Item and time values* page<sup>[164]</sup>.

#### 4.1.7 Discounts

The discount function is intended to be used to offer an incentive to the patient for early payment. To offer a discount, specify a dollar amount or percent on the Fee page, and this amount will be subtracted from the *Basic fee charged*. If you prefer, enter the total discounted fee into the rightmost box on the same row, and the discount percent and dollar amounts will be calculated automatically. The *Total fee charged* will be adjusted accordingly (taking GST into account if necessary). Both the discounted and non-discounted fees will be shown on the account along with the explanatory message.

You may directly edit the explanatory message by clicking into the field. This will modify the message for the current account only. The default message can be modified on the Discounts page<sup>[176]</sup> of the Options form.

**Basic fee charged** 450.00

**Discount** ☒ Apply/remove: Expires: 17/Jul/2003

Specify a % or \$ amount: 11.1 % or \$ 50.00 → 400.00

or enter a final total

Discount message on account: This discount is available where the account is paid in full before 17/07/2003. Thereafter the amount will revert to that shown above.

**Apply GST** 0.00 → 400.00

**Total fee charged: 400.00**

Medicare rebate: 149.85  
Private fund rebate: 49.95  
Patient's Gap payment: 250.20

For the discount to appear on the account, the *Apply/Remove* checkbox must be ticked. This feature means you can remove the discount from a printed account when appropriate, but still keep a record that a discount was offered. If you wish to remove the discount information entirely, set the discount percent to zero.

Account number:	1144
Date issued:	26/Jun/2003
Fee:	\$450.00


<b>Discounted Fee:</b>	<b>\$400.00</b>
This discount is available where the account is paid in full before 17/07/2003. Thereafter the amount will revert to that shown above.	

### Automatic discount expiry function

When you apply a discount, an expiry date is inserted. The default number of days until the expiry date can be set in the Options form, and the date can be adjusted for each individual account. Then, each time the Access Anaesthetics is started, it removes the discounts for any open account where the discount expiry date has passed. It does this by simply unchecking the *Apply/Remove* box. The details of the discount are retained and a note as to when it was removed is inserted into the explanatory message field.

If you change the expiry date, it should also be automatically changed in the explanatory message if it exists there. An update button is also provided to assist in changing the date manually if required.

### Notes

- It is possible to have the automatic discount expiry function ignore accounts which are part paid. This is specified in the Options form.
- If you do not want the discount to expire automatically, remove the expiry date. Again, this can be customised in the Options form.
- When entering a payment for an account where the discount has expired, you are given the option of reinstating the discount.
- On the Select menu , you can select accounts according to their discount status.

## 4.1.8 GST

To add GST to an account, tick the *Apply GST* checkbox on the Fee page after having completed any other item and fee setting procedures.



An amount equivalent to 10% of the *Basic fee charged* will be added, and the result will be displayed as the *Total fee charged*. If a discount has been applied, the GST will be calculated on the discounted fee.

TAX INVOICE	
Account number:	1144
Date issued:	26/Jun/2003
<b>FEE incl 45.00 GST:</b>	<b>\$495.00</b>

Standard account  
with GST

Discounted  
account with GST

TAX INVOICE	
Account number:	1144
Date issued:	26/Jun/2003
<b>FEE incl 45.00 GST:</b>	<b>\$495.00</b>
<b>Discounted Fee:</b>	<b>\$440.00</b>
This discount is available where the account is paid in full before 17/07/2003. Thereafter the amount will revert to that shown above.	
The discounted fee includes GST of 40.00	

There is no facility to add GST to individual items displayed on the account. If you need to add GST to only part of the account fee, calculate the amount manually and type it directly into the white box in the GST section on the Fee page.

The words TAX INVOICE will be shown on any account where GST has been

charged. You can optionally show the words GST FREE on accounts which do not have a GST component. Specify this in the Options form on the Miscellaneous page <sup>[176]</sup>.

**Note** *Since most anaesthetists will never need to charge GST for their services, the GST functions are initially disabled. They can be turned on in the Options form.*

## 4.2 Account format

Most of the settings on the *Format* page are inserted by default when the fee is selected and do not normally need to be modified. The default settings are specified on the Account format page <sup>[166]</sup> of the Options form. Additional customisation here on the *Format* page will change the setting for the current account only, while changing the settings in the Options form will change it for all accounts.

**Mr Phillip Nettleton** Status: Overdue Open accounts: 20

Patient Addr | Pt Data | Operation | Items | Fee | **Format** | Payments | Status | Documents | Notes

**Account type:** SF

It is not recommended that you change the account type here. This is done automatically when a fee is selected. However, you may adjust the checkboxes.

**Show on the account:**

MBS items: ☒ OR RVG items: ☐

Also show brief list of RVG items: ☐

MBS surgical item numbers: ☐

Anaesthetic item numbers: ☒

Item description: ☒

Itemised fees: ☒

Payment instructions: ☒ (Don't appear when no balance is owing.)

**Provider designation:** ANAESTHETIST

**Duplicated items:**

☐ Don't show all duplicated items, only show the first of each item and the number of duplicates

(You must give each duplicated item the same sorting order number. This function won't work when printing a batch of accounts together.)

**Message to show on the account:**

THE FEE IS BASED ON THE MEDICARE BENEFITS SCHEDULE AND SHOULD BE COMPLETELY COVERED BY YOUR MEDICARE AND HEALTH FUND REBATES

Choose from the list, or type your own.

Callouts: Edit the list of messages, Select a message from the list

### Account type

When you set the fee on the *Fee* page, the matching Account type is set automatically. When a fund fee is specified for an account, the Account type is set to the name of the fund. If *My Own* fee is chosen, the account type will be set either to *MyOwn*, or to the custom account type you have specified on the *Items* page.

The Account type determines the default formatting options. If you change the Account type manually, you will change the formatting options, but the fee chosen will not be altered. We do not recommend that you do this, since if you later adjust the fee, the account type will revert back to its default setting without warning. The same

goes for any individual changes you make to the formatting. You will find that if you go back to the fee page and reselect the fee, the formatting will revert to the default for that fee type. Consequently, we recommend that you leave the formatting changes until you have completed any other modifications, and are ready to print the account.

## 4.2.1 Which items appear on the account

### MBS vs RVG items?

*(Here, RVG items refer to the ASA schedule of item numbers such as CA002.)*

You can specify whether you want to print either the MBS or RVG items on the account by ticking the appropriate checkbox. Only MBS or RVG items may be printed, but not both. This is set according to the defaults for the type of fee you have chosen although you may modify it independently here.

MBS items are shown by default for all account types except WC and TP. These accounts show the RVG item numbers since the insurers normally pay accounts according to this schedule. For RVG type accounts sent to private patients, it may be preferable to show MBS items, since the patient requires these to obtain the appropriate rebates from Medicare and the health funds. You can have this happen automatically by ticking a checkbox in the Options form (Account format page <sup>166</sup>).

If you tick the appropriate box, a brief list of MBS items will be shown in addition to the full list of RVG items, and vice versa. This assumes that both sets of items have been entered into the account on the Items page <sup>54</sup>.

DVA accounts show whatever items are on the DVA page. These may be specific DVA time-based items or standard MBS items.

### Which fields are printed on the account?

The settings for the various items to put on the account are taken from the Format page <sup>166</sup> on the Options form. They may be adjusted here, or next to the actual data fields themselves. There are a few exceptions.

- The operation date and start/stop times are shown on DVA, WC and TP accounts irrespective of the default Options.
- The date of birth is shown on DVA accounts irrespective of the default Options.

### Itemised fees

The default is to show itemised fees for all account types except SF+, where the total fee will not equal the sum of the itemised fees.

### Duplicated items

This function was designed for the pre-RVG schedule where an account may have listed a large number of similar surgical items (e.g. 10 foot correction items). When the checkbox is ticked, the account lists the duplicated items only once with the

number of duplicates specified below the item. When unchecked, all identical items are listed individually. This function requires that identical items are assigned identical order codes. See the Items section (grouping) <sup>[65]</sup> for more details.

**Note** *The layout of the fields on printed accounts is built into the system and cannot be altered.*

## 4.2.2 Account messages

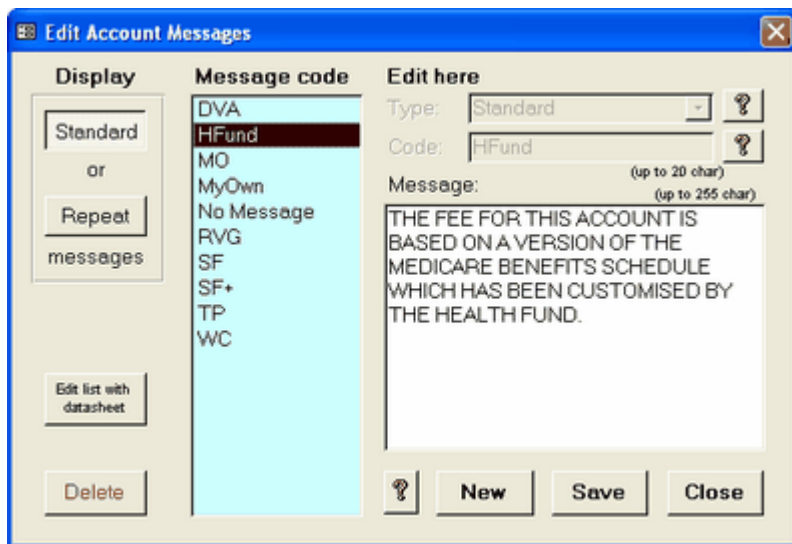
### Account messages

A message is printed on the bottom of each account with information about how the fee was derived. The message text is determined by the Account Type, so that an SF account will get the SF message and an HCF account will get the HCF message. The messages are inserted automatically when the fee is set (or if the account type is later modified on the Format page).

The message for an individual account can be modified by typing directly in the *Message* field, or by selecting an alternative message from the drop down list. Note that if you modify the message and later change the fee or account type, the default message for that account type will be reinserted in place of your modified message.

### Editing the messages list

You should review and modify the default messages for each account type to ensure they are appropriate for your own practice. To do this, click the pencil button to the right of the message field to open the editing window.



The following issues should be noted:



- *Standard* messages are those which are printed below the items list on the account and which are shown in the list box on the *Format* page. An additional set of messages (related to payment issues such as overdue messages) are printed below the standard message on receipts and reminders. See the Printing reminders<sup>[119]</sup> section for details of these *repeat* messages.
- The *MessageCode* field identifies which message is inserted automatically into the account. For Std messages this code is either MO, SF, SF+, RVG, WC, TP or DVA, corresponding to these account types.
- For health fund accounts, the default message is that identified by the code *HFund*. If you prefer to display a particular message for a particular health fund, create a new message and give it the code which is the equivalent of the health fund name. For example, to use a specific message for the AHSA\_NSW fund, create the message and give it the message code AHSA\_NSW. Then whenever you specify the AHSA\_NSW fee type, the AHSA\_NSW message will be inserted. If you use a health fund fee for which there is no matching message code, the message coded *HFund* will be inserted. No specific fund fee messages have been created; it is up to the individual user to do this.
- When a *My Own Fee* is selected on the fee page, the message shown on the account will be that listed under the code *MyOwn* in the messages list. You can also create additional messages for custom account types. For example, if you create a message with the code *VicWCTime*, this will be shown when the account type is *VicWCTime*. If no message code matches the account type, the default message for *MyOwn* will be shown.
- For *Medicare only* accounts, it is standard practice to charge the full MBS schedule fee but to note that the Medicare rebate will be accepted as full payment. In this case, select the SF fee on the *Fee* page, then select the MO account type on the *Format* page and the MO message will be inserted.
- Any additional message you create yourself, with or without specific codes, can be inserted into an account manually by selecting it from the drop down list.

### 4.2.3 Payment instructions

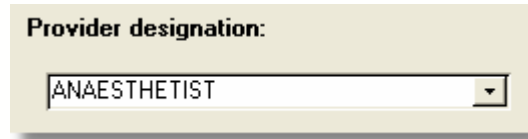
The payment instructions which appear on the bottom of printed accounts are defined in the Options form<sup>[167]</sup>. These are intended for individual patients since, generally speaking, health funds and other institutions follow their own payment methods. Consequently, by default, payment instructions do not appear on DVA, Third party or Worker's Compensation accounts, health fund accounts or on patient co-payment accounts<sup>[79]</sup>.

If you want to show specific payment instructions for the co-payment account, these should be entered into the co-payment message in the Options form. You can also switch the payment instructions on or off for any individual account using the checkbox on the *Format* page. However, they will not appear on accounts where the fee has been paid in full, irrespective of the setting on the *Format* page.

Credit card and BPay details will appear whenever payment instructions are shown if specified in the Options form.

### 4.2.4 Provider designation

The provider designation may be modified for individual accounts by changing it on the *Format* page. Changing it here only changes it for the current account, while changing it in the Options form (Provider page <sup>163</sup>) changes the default for all new accounts.



The image shows a screenshot of a software interface. It features a label 'Provider designation:' followed by a dropdown menu. The dropdown menu is open, showing the text 'ANAESTHETIST' and a small downward-pointing arrow on the right side of the selection box.

In practice, you should set the designation in the Options form to that which you use most of the time e.g. ANAESTHETIST. Then when you have an account where you are wearing a different hat, e.g. CARDIAC ANAESTHETIST or PAEDIATRIC ANAESTHETIST, you can select this for the individual account. This will not change the default for new accounts and the next new account you create will have the default designation as specified in the Options form.

## CHAPTER

## 5

# Accounts - Payments & Status

*All payments are added to the Payments page of the Account details screen. These include standard and batch payments, GST, discounted payments, fund payments and patient co-payments. When payments are entered, the status of the account changes and this can be followed on the Status page, Documents page and Notes page.*

## 5.1 Payments

All payments are added to the Payments page of the Account details screen. Payments are entered into the lower section and the total amounts charged, received and owing are shown at the top.

**Mr Phillip Nettleton** Status **Awaiting payment - part paid** Open accounts: 24

Patient Addr Pt Data Operation Items Fee Format Payments Status Documents Notes

**Total**

Fee charged: 450.00

Received: 199.80

Owing: 250.20

Date account closed:  \*Enter a date to close the account.  
\*Remove it to re-open the account.

Send receipt: ☐

**Standard payments** **Batch payments**

Add Delete Add View/edit List all

Enter new payments on the bottom (blank) line

Rcpt Num	Date Received	Payment type	Drawer	Bank	Branch	Amount	Date Banked
234	02/Jul/2003	Cheque	Medicare	Reserve	Sydney	149.85	
235	02/Jul/2003	Cheque	HCF	ANZ	York & Market St	49.95	
(AutoNu...)	02/Jul/2003	Cheque					

### 5.1.1 Standard payments

Each standard payment is added to a separate row of the payments table. Add each new payment to the bottom row of the table. (The ADD button simply positions the cursor in the bottom row.) A receipt number is allocated automatically and the current date is inserted by default as the receipt date. You can change the date if you need to.

Choose a payment type from the drop-down list (cheque is the default). This is an important step since this determines whether the payment appears on a bank deposit slip and whether a banking date is inserted.

Date Received	Payment type	Drawer
15/Mar/2004	Cheque	
	Cheque	+ Shown on
	Cash	+ banking
	Credit Card	+ slip
	Money Order	+
	Direct deposit	- Not
	E-Credit Card	- shown
	EFT	- on bank
	Eftpos	- slip
	Other	

Enter details of the drawer, bank, branch and amount considering the data entry issues discussed below.

If you select one of the payment types which are shown on the banking slip, the Date banked should be left blank since it is set automatically when the payments are printed on a banking slip. If you select E-Credit Card, EFT or Other, today's date will be inserted as the date deposited (this can be edited). Do this for each payment.

#### Data entry considerations and the banking date

All fields (Payment type, Drawer, Bank and Branch) will accept free text typed into them. Additionally, the following lookup tables will assist with commonly used entries.

The *Drawer* field is attached to an editable lookup table which contains the drawer, bank and branch. Select a drawer from the list or type in an abbreviation to have the drawer, bank and branch inserted automatically. Edit the entire list to add, edit and delete items in the list, or to define abbreviations.



The Bank and Branch fields also have similar lookup tables to insert these details separately. These do not support abbreviations. The bank and branch lookup tables are self-updating. That is, if an unlisted item is type in, it is added to the list automatically.

For cash transactions, simply select Cash as the payment type and enter the amount.

There are two types of credit card payment types, *Credit card* and *E-Credit card*. The *Credit card* type is for use with a manual system where a physical credit card slip is completed and included as an item deposited with other cheques to the bank. The *E-*

*Credit card* is used where the transaction is processed electronically and does not require a manual handover of paperwork to the bank. In this case, the banking date is entered automatically when the payment is entered, and the transaction will not appear on a banking slip.

If you specify either Credit card option as the payment type, enter the card type in the drawer field. We recommend that you do not record card numbers in case the data should fall into the wrong hands.

The EFT (electronic funds transfer) payment type is intended for use where payments are credited directly to the doctor's bank account. This may happen, for example, with payments from health funds where a payment advice slip is received from the fund listing the date and amount of transactions which have already been credited to the account. The additional types *Direct Deposit* and *Eftpos* may be more appropriate in some circumstances, and these obey the same rules as the EFT type.

When a drawer is entered into a payment which is designated EFT, the cursor jumps to the *Amount* field without entering any details into the *Bank* and *Branch* fields. This occurs because normally an EFT payment is not associated with a particular bank or branch. These can be entered if required by clicking into the relevant fields.

Any payment of type *Other*, or any payment of a type other than *Cheque*, *Credit card*, *Cash* or *Money Order* will not appear on a bank deposit slip. However, if you wish to force a payment to appear on a bank deposit slip, add the suffix -BD to the payment type. For example, payments of type EFT would not normally appear on a deposit slip. If you edit the EFT to read EFT-BD, that payment will appear on a deposit slip. This allows any payment to be included on a deposit slip if required.

### Shortcuts

Type 'p' into the *Drawer* field to insert the current patient's surname. The cursor will jump to the beginning of the surname to allow you to enter the initials as they appear on the cheque. This is handy for personal cheques when the initials on the cheque do not match the patient's initials. If you just wish to show the surname only, simply hit the ENTER key again.

Type "t" into the Drawer field to insert the surname of the third party addressee as shown on the Patient Addr page.

Type 'b' into the Amount field to insert the current balance owing. This is handy when entering a personal cheque for the balance after Medicare and fund payments have been added or even for entering a cheque for the entire amount of the fee.

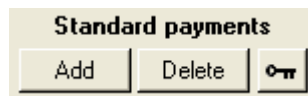
### Missing data

Each payment requires a Payment date, a Drawer and an Amount. If these are not entered you will be given a warning message. You may *Retry* the payment entry, or *Cancel*. If you choose Cancel, the payment will be deleted.

### Editing and deleting payments

Once a payment has a *Date banked*, it is 'locked' and cannot be edited. This is because if edited, the details stored in Access Anaesthetics will not necessarily match the details held at the bank. However, there are circumstances where a banked payment needs to be edited.

To do this, click anywhere in the payment to be edited, then click the Unlock button labelled with the key icon. This will allow the selected payment to be edited.



Unbanked payments can be deleted using the Delete button, after a warning prompt is given. Banked payments can also be deleted after a louder than usual warning is given with an option to cancel the deletion. If you go ahead with the deletion, the details of the deleted payment will be stored in a separate table of *Deleted payments*, which can be viewed (but not edited) from the List of Payments<sup>[137]</sup> screen. The main purpose of this deletion function is to allow the user to manage a bounced cheque. It is expected that you would not otherwise delete a banked payment.

### 5.1.2 GST

When the GST functions are enabled (Options, Misc page<sup>[176]</sup>) an additional GST column is shown on the Payments page.

The amount of GST to be entered is the amount which is included in the payment. That is, the payment *Amount* should be the total received, including the GST amount. The image here shows a total payment of \$110 including \$10 GST.

Amount	Incl GST
110.00	10.00

Also note that ...

- When adding payments to an account where GST is charged, when each amount is entered, one eleventh of this will be automatically inserted as the amount of GST included in this payment. The figure can then be manually adjusted if required.
- When adding payments, the b (balance) shortcut will insert the total amount of GST still outstanding, whether or not it is one eleventh of the amount of the payment.
- The amounts of GST charged, received and owing will appear on the top of the Payments page for reference.

### 5.1.3 Receipts

The system is set up so that printed receipts are simply account statements with receipt information printed on them. Each payment is allocated a unique *Receipt number*.

When a payment is entered, the system checks to see whether the *Drawer* of the payment usually sends a receipt. If so, the receipt tag is set to true. This receipting behaviour (receipt tags) can be edited in the Drawer's lookup list by clicking the *Edit* button just to the right of the *Drawer* heading. The checkbox *UsuallySendReceipt*

should be ticked (or set to either 'Yes' or 'No' if the checkbox is absent). Generally, drawers in the list probably won't need a receipt; health funds, Medicare and so on.

Accounts with *receipt* tags checked will be shown in the *List of Patients* when the *Receipts* option is chosen from the *Select* menu. These can then be printed together in a batch. Receipt tags are cleared automatically when a receipt is printed.

### 5.1.4 Payment status

When a payment is entered into an account, the amount owing is reviewed and the payment status is changed appropriately.

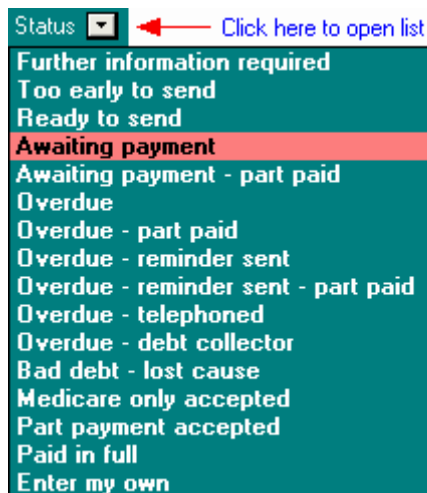
If the payment fully pays the account fee, the status will be set to *Paid in full*, and the current date will be inserted into the *Date Account Closed* field. This will also occur if there is a small residual amount owing provided the residual is less than that specified in the Options form (Automatic functions page). This avoids an account being deemed unpaid when a trivial amount is left outstanding.

If a payment is made but an amount is still owing, the payment status will be updated to include the subscript, *-part paid*.

If required, the *Date closed*, *Payment status* and *Receipt tag* can all be manually adjusted and, in particular, you can enter your own status phrase if you like.

The presence or absence of a *Date account closed* determines whether an account is open or closed. Adjusting the payment status may insert or remove the date closed automatically.

If you want to 'write off' an account without it being fully paid, simply select *Part Payment Accepted*, or any other appropriate status phrase, and insert a *Date account closed*.



### Missing receipts

When you enter one or more payments for an account and they total the amount owed, the account status is automatically set to *Paid in full*. If a receipt is required, the receipt tag is automatically (or can be manually) set to true. If you then jump to the List of accounts you may find that the account is no longer in the list. This is because the list is probably displaying only *Open* accounts and the account you were just working on was just closed automatically by the addition of a *Date closed*. In this case, choose *Receipts* from the *Select* menu and the account will reappear.

### List of automatic changes to payment status

When Access Anaesthetics opens, and when payments and other data are entered, the status of any Open accounts is reviewed and adjusted automatically as follows:

Status	This status is set when...
Further information required	a new account is first created
Too early to send	sufficient data is entered but operation date is too close to today's date, as specified in Options
Ready to send	sufficient data is entered and account may be printed and sent
Awaiting payment	account is first printed
Overdue	the difference between the account date and today's date is more than the specified overdue period, and the account is still open
Medicare only accepted	the payment of a MO account is completed
Discounted fee accepted	the payment of a discounted account is completed
Paid in full	the full payment of an account is completed
Unpaid	a payment is deleted and the system does not know what other status to assign

### Notes

- The subscript *-part paid* is added to the existing account status when a payment is entered which does not fully pay the fee charged.
- The other status phrases must be added manually if you wish to use them.
- Adjusting the payment status may insert or remove the *Date account closed*. However, adding, modifying or deleting the *Date account closed* will never change the payment status.

## 5.1.5 Discounted accounts

When a discounted fee is charged, the discounted fee is treated in exactly the same way as a standard fee as far as payments are concerned. That is, if the total amount of the discounted fee is paid, the status is set to Paid in full and the account is closed. If the discounted fee is part paid, the status will be subscripted *-part paid*, the account will remain open, and any receipt or reminder will show the discounted fee and the balance owing.

When a discount expires or is manually removed, the fee reverts to its original amount. If a payment is entered in these circumstances which equals the discounted amount, you will be prompted as to whether you wish to reinstate the discount and accept the payment as full payment for the account.

For discounted accounts, the pre-discounted fee is also shown on the *Payment* page for reference. Similarly, for accounts where a discount has expired or been removed,



the discounted fee is also shown on the *Payment* page. This assumes that the discount details have been retained on the Fee page<sup>81</sup>, but the *Apply/Remove* checkbox has been cleared. Removing the discount altogether from the *Fee* page will remove any reference that there ever was a discount.

### 5.1.6 Co-payments

When an account is sent to a health fund under that fund's *No Gap* arrangements, an additional co-payment account may also be sent directly to the patient. Both these accounts are actually managed from within one account in Access Anaesthetics, according to which print button is pressed to produce the account. When a payment is received, it is possible to specify whether it was received on behalf of the fund or the patient, so that the receipt information can be managed appropriately.

To do this, tick the *CoPay* checkbox for any payment that is made towards the co-payment account. Leave the box blank if the payment is from a fund for the fund's component. The checkbox will only appear for accounts which have a patient co-payment amount entered on the Fee page.

Payment type	Co Pay
Cheque ▾	<input checked="" type="checkbox"/> M
Cheque ▾	<input type="checkbox"/>

When receipts or reminders are printed, only the payments which relate to the appropriate account type (fund or co-payment) are shown. Also when printing a receipt or reminder for a patient co-payment, an alternative message (set up in the Options form) will appear in place of the standard message when any amount has been received as part or full payment of a co-payment.

Summary amounts for the co-payment are shown above the list of payments for reference when entering payment information.

**Note** *For accounts to be recognised as having co-payments, there must be an amount in the Co-payment field on the Fee page, AND the Account Type must be the same as the Health Fund Fee. That is, the health fund fee must be set as the main account fee.*

### 5.1.7 Medicare only accounts

There is no function to specifically manage accounts for which the Medicare rebate is accepted as full payment. Normally in this situation, an account is sent for the Medicare schedule fee (SF). Then, as described above<sup>86</sup>, you can select the Medicare only (MO) account type on the Format page to insert a message indicating that the Medicare rebate will be accepted.

If this is done, the Payment page will have a notation to this effect as shown here. To accept a Medicare only payment, enter the payment as usual, then select *Medicare only accepted* from the Status menu. This will close the account.

Will accept  
MEDICARE ONLY fee  
of 149.85

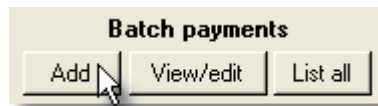
### 5.1.8 Batch payments

Batch payments are those where more than one account is paid using a single payment. This may happen, for example, when you receive a cheque from Medicare or Veterans' Affairs and it includes payments for several patients in the one cheque.

One batch payment is distributed across several accounts. When this is done, a new payment record is created for each account which receives part of the batch payment. Thus if one batch payment contains payments for 3 accounts, there are a total of 4 payments - one *batch* payment and 3 *distributed* payments. The three distributed payments add up to the same amount as the 1 batch payment.

So that these amounts are not duplicated in any reports, the batch payments are included only in bank deposit slips or listings of unbanked payments, while the *Distributed* payments are included in all other financial reports, effectively taking the place of the single batch payment. In this way, the payment is never added up twice and never omitted.

To add a batch payment, click the *Add* button under the *Batch Payments* heading on any patient's *Payment* page (you can also do this from the List of Payments screen). The following screen will open.



The screenshot shows the "Batch payment" form with three numbered annotations:

- 1** Details of the batch payment: Points to the "Payment Details" section on the left.
- 2** Details of distributed payments: Points to the "Distribution Details" table on the right.
- 3** Lastly, click here to store the batch payment details in the database: Points to the "Recalc" button at the bottom right.

**Payment Details (1):**

Payment num: 59 Multi Pay Num: [MP]  
 Date received: 21/Sep/2002  
 Payment type: Cheque CoPayment [ ]  
 Drawer: Veterans' Affairs  
 Bank: Reserve  
 Branch: Canberra  
 Amount: 768.70 incl GST: 0.00  
 Date banked: 26/Sep/2002

**Distribution Details (2):**

Acc Num	Amount	Patient
1023	114.05	Spicer
1024	114.05	Woolnough
1030	540.60	Rata

These amounts must be equal

Sum of 3 distributions: 768.70 Recalc Clear list  
 (Must equal amount of payment +/- 5c)

**Buttons:** View all batch payments, Delete, Unlock, Cancel

There are three steps to entering a batch payment.

1. Enter the details of the actual batch payment on the left hand side of the form, that is, the cheque you have received which covers multiple accounts. This data entry is identical to the method for entering standard payments in an individual account record. Thus, you should enter a date received, payment type, drawer, bank, branch and amount. The standard abbreviations, lookup tables and

shortcuts are all available, and the same payment type conventions apply to bank deposit slips.

2. Once you have entered an amount and pressed the <ENTER> key, the fields on the right hand side will become activated. For each account you wish to distribute part of the batch payment to, enter the account number and the amount to be distributed to that account. A lookup list of open accounts is provided in the account entry field. When an account number is entered, the amount owing is automatically inserted into the amount column as the default. This may be changed if required.
3. When you have entered all the distributions, the total of the distributions should equal the amount of the batch payment. If this is so, button 3 will become activated. Click button 3 to store the batch payment details in the database.

During this final process, the payment status is updated in the same way as it would be for a standard payment. That is, if the payment matches the fee owing, the status will be changed to *Paid in full* and the account will be closed by inserting a Date account closed. If money is still owing, the status will be updated to include the subscript *-part paid*. The receipt tag will be ticked if appropriate.

You can click the Cancel button at any time (before clicking button 3) to abandon the batch payment process.


Once the process is completed, the batch payment will appear in the unbanked payments list and the distributed payments will appear in each individual account record and will be available for financial reporting. When the next deposit slip is printed, the banking date will be inserted into both the batch payment and the distributed payments. If the payment is a type which does not appear on a deposit slip, today's date will be automatically inserted as the banking date when entering the payment details and, after distribution, will appear in all 4 payment records.

### Batch Co-payments

If the batch payment is for a patient co-payment, tick the Copayment checkbox on the left side of the window. Distributed payments will also be designated as copayments. It is not possible to enter a batch payment which contains a mixture of standard and copayment payments. When entering a batch co-payment, the lookup list on the account number field on the right of the window will automatically insert the *co-payment* amount owed. This can be edited if required.

### Editing batch payments

Batch payments can be identified by a red star in the Amount field. A batch payment shown in an individual account shows only that part of the actual payment which was allocated to the displayed account.

Amount	
	540.60
	

To view the complete batch payment, put the cursor (click in) the row containing the

payment and press the *View/Edit* button under the *Batch Payments* heading.

Batch payments can only be edited by first pressing the *Unlock* button on the editing window shown above. Once any change is made, button 3 must be pressed to complete the editing process. Otherwise the edits will not be saved.

It is also possible to delete batch payments by pressing the *Delete* button. The original batch payment and all the distributed payments will be deleted by this function. As with standard payments, if the batch payment already has a banking date when deleted, the payment details will be stored in the list of deleted payments which can be viewed (but not edited) from the *List of Payments* screen<sup>[13]</sup>. The main purpose of this deletion function is to allow the user to manage a bounced cheque. It is expected that you would not otherwise delete a banked payment.

### Viewing the main batch payments screen

To view all the batch payments stored in the database, click the *List all* button below the *Batch payments* heading on any account's *Payments* page (or do the same on the *List of Payments* screen). The following screen will appear.

**Batch Payments** Click on a payment to show its individual distributions. [These payments appear in bank deposit slips but not in other financial reports.] Sort by: *PaymentNumber Desc*

PaymentNum	Amount	GST	Date Received	Date Banked	Type	Drawer	Bank	Branch
136	232.10	0.00	20/Jan/2000	21/Jan/2000	Cheque	Veteran's Affairs	Reserve	Canberra
59	768.70	0.00	21/Sep/2002	26/Sep/2002	Cheque	Veterans' Affairs	Reserve	Canberra

**Distributed Payments** Distributions for the batch payment selected in the box above [these appear in financial reports but not in bank deposit slips]

Payment	MultiPay	Amount	GST	AccNum	AccountType	AccountDate	FirstName	Surname	Operation	
60	59	114.05	0.00	1023	DVA	13/Aug/1999	Bruce	Spicer	Colonoscopy	Dr A C
62	59	114.05	0.00	1024	DVA	23/Aug/1999	Colin	Woolnough	Panendoscopy	Dr M.
61	59	540.60	0.00	1030	DVA	23/Aug/1999	Kathleen	Rata	Reduction and Repair of Inc.	Dr Pa

Record: 1 of 3

? Lightbulb Add View/Edit Close

The top section of the batch payments screen shows the actual batch payments stored in the system. When you select one of these payments, the lower section shows the distributed payments for the highlighted batch payment. That is, the batch payment highlighted in the top section was divided up amongst the accounts shown in the bottom section. You can scroll the bottom section to the right to show all the fields currently not visible on the screen.

The batch payments at the top of the screen can be sorted by choosing a sorting field

and direction from the *Sort by* list box on the top right of the screen. The distributed payments on the bottom of the screen can be sorted by using the A-Z and Z-A icons in the top menu bar when the cursor is in the column you wish to sort by.

## 5.2 Status page

The Status page shows a summary of the account's current status, the time elapsed since various significant events and the fees charged and payments received. Although these fields are updated automatically, some of them are editable although it is not expected that these would ever be manually edited. In particular, the account date can be edited if required.

**Mrs Robyn Byrne** Status **Overdue** Open accounts: 20

Patient Addr	Pt Data	Operation	Items	Fee	Format	Payments	Status	Documents	Notes
--------------	---------	-----------	-------	-----	--------	----------	--------	-----------	-------

**Significant Events**

These fields ---> are updated automatically.

Although they can be directly edited, don't do this unless you know that some aspect of the data entry has been performed incorrectly.

Account Date	02/Apr/2003
Wks since account	10
Receipt sent	02/May/2003
Num reminders	1
<hr/>	
Last Contact	02/May/2003
Type	Reminder
Weeks since	7
<hr/>	
Date Closed	
<hr/>	
Fee charged	120.00
Amount received	0.00
Amount owing	120.00
<hr/>	
Last modified	17/Jun/2003 9:23 pm

**Status Log**

Date:	Status changed to:
30/Jun/2000 10:43 am	Overdue
02/May/2000 1:43 pm	Awaiting payment
02/May/2000 1:30 pm	Account created

Status log entries can be deleted by highlighting the record selectors on the left of the relevant rows and pressing the delete key on the keyboard.

### Current status

The current payment status for each account is shown in the green area at the top of the screen just under the Account details button. This is set automatically according to various criteria. For example, when an account is first printed, the status is set to *Awaiting payment*. If it is not paid within a specified period (as set in the Options form on the Automatic functions page (179)), it is changed to *Overdue*.

Account details

Status **Overdue**

Format Payments

Normally it is not necessary for the user to manually change the status. However, it is possible to do this by selecting a new status phrase from the drop down list. You may also enter your own custom phrase by selecting *Enter my own* from the list and typing any phrase you wish. If you do this, you will need to manually keep track of the

account since the built-in functions operate according to which of the listed phrases is stored.

### Status log

Any modification to the account status is logged, whether it is done automatically by the system or manually by the user. You may delete status log entries by highlighting the record selection boxes on the left of the relevant rows and pressing the delete key on the keyboard.

## 5.3 Documents page

Whenever an account, receipt or letter is sent to a patient, the details are recorded on the Documents page. Details are recorded only when a document is printed, not when it is previewed. If a document is printed but needs to be printed again because of a problem with the printer, the document information will be saved each time. Therefore, if you print a document which is subsequently discarded, you may wish to delete the item from this list. Alternatively you may make a note in the *Notes* field on the right of each document in the list.

Type	Category	Document file name	Exists	Notes	Printed	Date on document
<input type="checkbox"/>	A Account	ACC040317104245.snp	<input checked="" type="checkbox"/> 1		17/Mar/2004 10:42	15/Jul/2003
<input checked="" type="checkbox"/>	A Receipt	ACC040317104321.snp	<input checked="" type="checkbox"/> 1		17/Mar/2004 10:43	15/Jul/2003
<input type="checkbox"/>	L Explanation of gap	LET040317104454.snp	<input checked="" type="checkbox"/>		17/Mar/2004 10:44	17/Mar/2004

Form letter

Linked file: ACC040317104321.snp

Add Change Delete Open

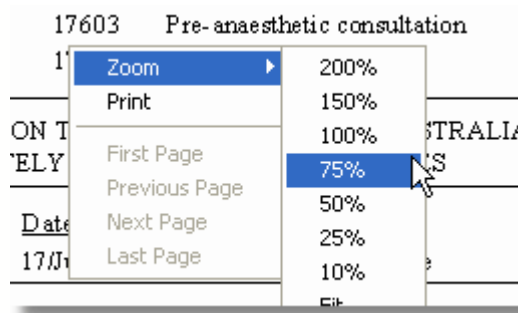
### Snapshots

If you have ticked the *Save snapshots* checkboxes on the File Management page<sup>(172)</sup> of the Options form, whenever you print an account or letter, an image of it will be saved on your hard disk in the Snapshots subfolder of your Access Anaesthetics folder (e.g. C:\Access Anaesthetics\Snapshots\ACC0305121035.snp). Documents saved in this way have a tick in the checkbox in the document list, and may be viewed by clicking on the camera button on the lower right of the screen (or by double clicking the file name).

Snapshots are read-only copies of an Access report. The aim of including them in Access Anaesthetics is to provide a unchangeable copy of an account which has been sent. This is relevant, since the data stored in the system for a particular patient can be edited at any time and there may come a time when you are not sure exactly what was sent to a patient. The snapshots provide a reliable historical record much like a photocopy of the original account.

While viewing snapshots, you may zoom in or out by clicking directly on the page. For finer control of zooming, click the right mouse button and choose Zoom.

Print the snapshot using the printer icon on the bottom of the page. You may also print using the right-mouse shortcut menu.



### Snapshot filenames

The name of the snapshot file starts with either ACC (for accounts) or LET (for letters) followed by the date and time the document was printed. Snapshots will contain a single account if printed from the *Account details* form, or will include multiple accounts if printed with other accounts from the *List of Accounts* screen. In the latter case, the snapshot page number for the specific account is also shown on the *Documents* page.

If you delete a document record, the snapshot is also deleted unless it is part of a multipage snapshot. This is so since deleting such a file may delete snapshots which you had not intended to delete.

As well as allowing you to view snapshots from within Access Anaesthetics, the free Microsoft *Snapshot viewer* program allows snapshots to be viewed outside Access Anaesthetics. The snapshot viewer is included on the installation CD, or may be installed from version of Microsoft Office of 2000 or later. It will allow you to double click on a snapshot file in Windows Explorer to view it.

If you routinely store snapshots when printing accounts, you will eventually have a lot of files in your snapshots folder. You should consider deleting these from time to time to recover disk space. Since the snapshot files are named according to the date and time they were created, you can easily reorder the list of files in Windows Explorer<sup>[213]</sup> according to the file name, then delete files created prior to a chosen date.

**Note** *The snapshot checkbox cannot be edited. It is ticked automatically if the file exists in the Snapshots folder.*

*If you cannot view a snapshot when you double click on it, you need to install the free Microsoft Snapshot Viewer from the installation CD.*

### External Documents



The documents page also allows you to store a reference to an external document. This might be a letter created in Microsoft Word, an image, or a pdf (Acrobat) document. This feature allows you to keep a record of all documents related to a single patient in the one place in Access Anaesthetics, irrespective of where they are on the computer, or which application was used to create them. See the Letter and Documents section for more information.

## 5.4 Account notes

Any information may be entered into the notes page to assist in managing the account. Some examples are:

- changes of address,
- attempts to contact the patient by telephone, or
- explanations by the patient of late payment and when payment might be expected.

To assist in organising the notes chronologically, a date stamp function has been provided to insert the current date when entering notes.

If accounts are created on a Palm or Pocket PC handheld computer, and subsequently imported into Access Anaesthetics, the import time and any import errors will be shown in the Comments field. A button has been provided to quickly remove these import notes without removing any other notes you may have entered manually.

Where there are notes stored in a particular account, the notes page will be labelled 'Notes +++' to quickly alert the user to the fact that notes exist. If there are no notes, the label will simply show 'Notes'.

The notes will be printed on the Followup Worksheet, a report which is designed to assist in the process of telephoning patients who have accounts overdue. Print the Followup Worksheet from the List of Accounts screen <sup>[123]</sup>.



## CHAPTER

## 6

## Item Schedules

*This section examines the Medicare and ASA RVG schedule books; how to find the items you need and how to customise the books to suit your way of working. The health fund 'no-gap' schedules are described, as are the DVA and other custom time-based fee calculation methods.*

## 6.1 MBS/RVG items schedule book

Open the MBS or RVG schedule book from the *Items* page by clicking the appropriate button on the bottom left. The MBS book looks like this:

**Medicare Benefits Schedule Book, May 2003**

View: **Anaesthetics** Search:  Go to: **20100**

My	Item	Sub	RVG	Description	S.Fee	B	T
<input type="checkbox"/>	20100		CA100	Anaesthesia for procedures on the skin, subcutaneous tissue, muscles, sali	82.50	5	
<input type="checkbox"/>	20102		CA102	Anaesthesia for plastic repair of cleft lip	99.00	6	
<input type="checkbox"/>	20104		CA104	Anaesthesia for electroconvulsive therapy	66.00	4	
<input type="checkbox"/>	20120		CA120	Anaesthesia for procedures on external, middle or inner ear, including biops	82.50	5	
<input type="checkbox"/>	20124		CA124	Anaesthesia for otoscopy	66.00	4	
<input type="checkbox"/>	20140		CA140	Anaesthesia for procedures on eye	82.50	5	
<input type="checkbox"/>	20142		CA142	Anaesthesia for lens surgery	99.00	6	
<input type="checkbox"/>	20143		CA143	Anaesthesia for retinal surgery	99.00	6	
<input type="checkbox"/>	20144		CA144	Anaesthesia for corneal transplant	132.00	8	
<input type="checkbox"/>	20145		CA145	Anaesthesia for vitrectomy	132.00	8	
<input type="checkbox"/>	20146		CA146	Anaesthesia for biopsy of conjunctiva	82.50	5	
<input type="checkbox"/>	20148		CA148	Anaesthesia for ophthalmoscopy	66.00	4	
<input type="checkbox"/>	20160		CA160	Anaesthesia for procedures on nose or accessory sinuses	82.50	5	
<input type="checkbox"/>	20162		CA162	Anaesthesia for radical surgery on the nose and accessory sinuses	115.50	7	

**Item description** Add to quick list

Anaesthesia for procedures on the skin, subcutaneous tissue, muscles, salivary glands or superficial vessels of the head including biopsy

S.Fee 82.50  
A.Units 5  
A.Rate  
A.Fee

Add to account

[View complete MBS description](#)

? ? X

This section describes the MBS book in detail. The ASA RVG book contains the

Relative Value Guide schedule as created by the Australian Society of Anaesthetists. It's function is essentially similar and will not be described separately.

### Layout of items

The Medicare Benefits Schedule book shows all MBS items in order of item number. Each item is shown in a single row. To view the full item description, click in a row and the details will be shown at the bottom of the form, with the schedule fee and RVG units. If it exists, the matching item number from the ASA RVG schedule will be shown in the second column.

There are a number of features of the book which are only applicable to the pre-November 2001 schedules. These are the T column (time units) and the A.Rate and A.Fee fields. These have been retained for backward compatibility with previous schedules.

### Moving and sizing the MBS book

The MBS book, like other popup forms, can be moved around the screen by clicking in its title bar and dragging it to a new location. This can be useful if you want to see what is under the form without closing it.

The form can also be resized, to make it taller or wider by moving the mouse to the edge until it becomes a double-ended arrow. Then click and drag the border to resize the form. In particular, it may be useful to shorten the form to see more of the underlying page, or to lengthen it to show a greater number of items at one time.



Changing the width is not recommended as it will only hide relevant data or show additional blank space. After closing Access Anaesthetics and starting again, the book will revert to its original size.

### Which version do you have?

The version of the MBS book is shown in the title bar with a phrase such as *Medicare Benefits Schedule Book, May 2003*. The book is usually updated at least twice yearly. See the File Management section [\[189\]](#) to find out how to update to a new version.

### Adding an item to a patient's account

Locate the item you wish to add to the account and make sure the cursor is on that row in the list so that the correct description is shown in the box at the bottom. Then press the *Add to account* button. The item will be added to the account with the default date, item number, unit value, description and fee. You can continue to add additional items without closing the MBS book. If the item you added was an *Anaesthesia for ...* item, the appropriate time item and age modifier should also be added automatically.

**Note** When using the MBS book, the item will be added to the MBS or DVA section of the Items page depending on which section was visible when you opened the book. ASA RVG items will always be added to the ASA RVG section, no matter which tab was selected when the book was opened.

## The Quick Item List

The *Items* page on the *Account details* screen has a Quick item list<sup>[62]</sup> which allows easy entry of an item without having to open the MBS book. To add an item to the quick list from the MBS book, locate the item in the book and click the *Add to quick list button*. Items added in this way will retain any existing subitem codes<sup>[107]</sup>.

### 6.1.1 My Own list

There are approximately 5000 items in the MBS book. It is possible to create your own list of commonly used items to simplify your viewing of the MBS book. Each row of the book has a checkbox on the left labelled 'My' which indicates whether or not the specified item is stored in *My Own List*. Add or remove an item from *My Own list* by clicking the checkbox.

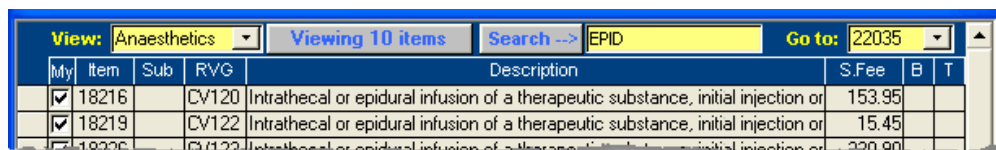
To view just the items in *My Own list*, select this option from the drop-down list at the top of the window. The other options are *Entire MBS*, which shows all 5000 items, and *Anaesthetics*, which shows most of the items an anaesthetist is likely to use (about 700).



There is a checkbox on the Miscellaneous page<sup>[176]</sup> of the Options form which allows you to specify which of these filtering options is used when the book is first opened.

### 6.1.2 Searching for items

To go to a specific item number in the book, type the number into the field labelled *Go to* on the top right of the window. If you don't know the number, click the drop down arrow and select one of the item categories. You will be taken to the beginning of the specified group.



If you have either the *My Own list* or *Anaesthetics* filters in operation (see above), the item you are looking for may not exist in the subset of items currently displayed. You may need to reset the filter to *Entire MBS* to find the item.

Alternatively, you can use the *Search* field to locate a specific string of text. This will restrict the items displayed to only those where the specified text is included in the

item description. For example, the text *colon* will find all items with colon, colonoscopy, colonoscope etc in their description. The above example uses the text *EPID* to search for all items with epidural in the description. When this type of filtering is active, a button will appear on the top of the form showing e.g. *Viewing 10 items*. To reset the form to show all the items, click the button, or delete the text from the *Search* field.

The filtering using the search function works in conjunction with the Entire MBS, My Own List and Anaesthetics filtering. Consequently, the text search function will only search for the specified text in the already filtered list of items. Resetting the search function will see the list revert to the original filtered view.

**Hint** *If you open the MBS book when the cursor is on a particular item on the Items page of the Account details screen, that item will be located automatically when the book opens.*

### 6.1.3 Editing item descriptions

Some MBS item descriptions are quite long and it is advisable to shorten them when adding them to your accounts. This can be done directly on the Items page after adding the item to your account (see above<sup>[55]</sup>). This method will only change the description for one account. To save a modified description for an item so that the system will always use your modified description, proceed as follows.

Locate the item in the MBS book. Click anywhere in the description at the bottom of the form and edit it to your desired wording. Click the *Save* button. This process creates a custom description (*My Own Description*) which is stored in addition to the standard MBS description. Henceforth, the custom description will be inserted onto the account in preference to the standard MBS description when that item is added to an account. Whenever you create a custom description, that item is added to My Own list<sup>[105]</sup>.

The screenshot shows a software interface for editing an item. At the top, a table lists items with columns for item ID, description, and price. Item 20321 is selected, with description 'CB321 Anaesthesia for laryngectomy, hemi laryngectomy, laryngopharyngectomy o' and price 165.00. Below this, a form titled 'My own description' (highlighted in red) contains a text area with 'Anaesthesia for laryngectomy.' and a 'View complete MBS description' link. To the right of the text area are fields for 'S.Fee' (165.00), 'A.Units' (10), 'A.Rate', and 'A.Fee'. Above these fields are buttons: 'View MBS', 'Restore MBS', 'Add to quick list', and 'Save'. To the right of the form is a large 'Add to account' button. At the bottom right are icons for help, a lightbulb, and a close button.

Once you have created a custom description, buttons will appear to enable you to toggle between the standard and custom descriptions, or you can remove the custom description to restore the standard MBS description. A *Save* button will also appear although the data will be saved automatically when you move out of the description field. When the new description is saved, you will be asked whether you wish to add a subitem abbreviation (see below<sup>[107]</sup>). If you just wish to save the custom description as the default for the item, click *OK* leaving the dialog box empty.

If you always want the custom description to be inserted onto the account, proceed as

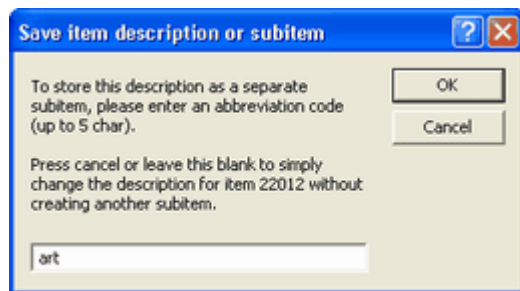
described above. If you only want to edit the description for the account you are currently working on without modifying it in the MBS book, simply add the item by clicking the *Add to account* button, and then edit the description directly on the account's Items page. In the latter case, the edited description will not be saved in the MBS book as a custom description.

The post-November 2001 Medical Benefits Schedule book has a rather verbose way of describing items 20100-21997. They all begin with *Initiation of Management of Anaesthesia for...* Access Anaesthetics has already abbreviated these descriptions to a certain extent, replacing the above text with *Anaesthesia for ...*, and removing other non-essential descriptive text from these and some other anaesthesia-related item descriptions. Consequently, the description initially shown in the MBS book (of Access Anaesthetics) may not be identical to that in the printed book from the Health Insurance Commission (HIC). However, the original description is always available for viewing or copying by clicking the *View complete MBS description* hyperlink in the MBS book for affected items. This link is not available when the description has not been altered.

### 6.1.4 Creating subitems

In some circumstances, it is useful to store several descriptions for a single item. For example a hip replacement may be designated *right* or *left*, or blood pressure monitoring may be *Arterial*, *CVP* or *PA* and so on. This can be managed by storing each separate description as a *Subitem*.

To do this, first locate the 'parent' item e.g. 22012 (blood pressure monitoring ...). Edit the displayed description to e.g. *Blood pressure monitoring, systemic arterial*. When the description is saved (either by clicking the Save button or automatically when you exit the description field) you will be asked to enter an abbreviation code to identify the subitem.



Enter *art* and the new description will appear as a new item in the list. If you leave the subitem code blank, a new item will not be created, and the custom description will simply be attached to the parent item. To delete a subitem, uncheck its *My Own List* checkbox.

<input type="checkbox"/>	<input type="checkbox"/>	22008		CV008	Double lumen end
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22012		CV024	Blood pressure mor
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22012	art	CV024	Blood pressure mor
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22012	cvp	CV024	Blood pressure mor
<input type="checkbox"/>	<input type="checkbox"/>	22014		CV024	Blood pressure mor
<input type="checkbox"/>	<input type="checkbox"/>	22015		CV015	Right heart balloon

Once created, the subitem may be inserted into your accounts in the same way as any standard item. If entering the item directly onto the Items page, type the item number followed immediately by the subitem code. The following items were added to the account by entering 22012, 22012art and 22012cvp. You can create as many


different subitems as you like for one parent item. All of them will automatically be added to *My Own List*.

A.Item	Units	Procedure	Premed	Quick items:	Modifiers:	Quick notes:
22012	3	Blood pressure monitoring (central venous, pulmonary arterial, systemic arterial or cardiac intracavity), by indwelling catheter - for each type of				
22012	3	Blood pressure monitoring, systemic arterial				
22012	3	Blood pressure monitoring, central venous				

### 6.1.5 MBS - RVG item links


The MBS book has a column labeled RVG. This contains the item number from the ASA RVG book which matches the MBS item number. This is used to correlate the MBS and RVG schedules, and to create a list of RVG items based upon the MBS items already entered onto the account.

Prior to the incorporation of the RVG into the Medicare schedule, this system enabled anaesthetists to compare the two types of billing, and to set a fee using the RVG system while displaying items from the MBS schedule on the account. This is rarely required post Nov 2001, but the links are maintained to provide an easy method of creating a list of RVG items based upon the MBS items entered.

Caution is needed in using this linking system since there are some anomalies. Specifically, there may be more than one MBS item which matches a particular RVG item, and vice versa. This is especially true of item descriptions, and it is recommended that if you use the Create RVG from MBS function , you carefully check the items and descriptions which have been created.

In the pre- November 2001 system, it was left to Access Anaesthetics users to create their own links between MBS and RVG items. This was mainly because of the large number of items in the MBS schedule and the difficulty in matching them all appropriately. The post - Nov 2001 schedules have the links built in for all the items which are likely to be needed by anaesthetists. Even so, it is possible to edit these links if any of them are not suitable for your practice. To do this, open the MBS book and double click on the RVG column alongside the MBS item it is to be matched with. Enter the matching RVG item number into the dialog box which appears. Because the links are stored in the MBS items file, any modifications you make here will no longer be active once you upgrade to a new items file. If you believe we have inserted any incorrect links, contact us so that these can be corrected in a future update.

### 6.1.6 My Own fees

On an account's *Items* page, clicking the *My Own Fee* button allows you to enter your own fees  for individual items. Most of the time, these fees are based on a number of units multiplied by a dollar value per unit. However, there are some items, such as the pre-anaesthetic consultation (17603) and a number of anaesthetic extras which do

not have a unit value. These cannot have a fee attached based upon a particular unit value and, for these items, you can store a default dollar value fee in the MBS book.

To be able to do this, the item must first be in *My Own List*<sup>[105]</sup>. Locate the item in the MBS book and, if it is not already, tick the checkbox in the *My* column. For items in *My Own List*, which do not have a unit value, an additional blue column will appear towards the right of the window. A specific fee for the item can be entered here.

Medicare Benefits Schedule Book, May 2003

View: Anaesthetics Search Go to: 17603

My	Item	Sub	RVG	Description	My Own Fee	S.Fee	B	T
<input checked="" type="checkbox"/>	17603		CA010	Examination of a patient in preparation for the administration of an	85.00	34.80		
<input type="checkbox"/>	18213		CV052	Intravenous regional anaesthesia of limb by retrograde perfusion		71.90		
<input checked="" type="checkbox"/>	18216		CV120	Intrathecal or epidural infusion of a therapeutic substance, initial i		153.95		

When you subsequently click the *Insert 'non-unit' fees from My Own list* button in the *My Own Fee* dialog box<sup>[72]</sup>, the fee stored in the MBS book will be inserted.

Apply this dollar value for each unit: 10.0 Go

Insert 'non-unit' fees from my own list -----> Go

Insert time-based item for [ ] Go

Edit my own fees list Edit time-based schemes Close

The button *Edit my own fees list* opens a datasheet showing the list of *My Own* items. The fees can be edited, along with the item description and subitem codes.

## 6.2 Health fund schedules

The major Australian health funds provide *No-Gap* schedules of specific fees which are above the MBS schedule fee. The use of these requires the anaesthetist to register with the appropriate health fund and to follow the fund's guidelines about sending accounts. Usually, an account is sent directly to the health fund for that fund's published fee. Payment is then made directly into the doctor's nominated bank account. Additionally, a patient co-payment account may be sent to the patient.

Each fund provides a schedule of fees and we have incorporated the fees for anaesthetic-related items into Access Anaesthetics. Unfortunately, it is often difficult to obtain timely information from some funds and the process of obtaining the schedules is often in response to client queries. That is, a client finds that his rebate from the fund is not what the fee schedules suggest, he contacts us, we contact the fund, the fund informs us that they have changed their schedule, we update the schedule and finally make it available to our clients. Clearly not the ideal situation, but it what we're stuck with. Consequently, while we make every effort to keep the fund schedules up to date, we cannot guarantee that they always will be.



Because we anticipated problems with updating schedules, we designed a system which allows the individual user to update and modify the schedules themselves. This system is described below. However, as time goes on, we find that clients rarely need to make their own modifications.

Open the Health Fund Fee Schedules *configuration screen* by selecting *Health Fund Fees* from the *Tools* menu, or by clicking the *Edit* button to the right of the funds drop down list on the *Items* page. The following screen will appear.

**Health Fund Fee Schedules** Last updated: 01 Feb 2004

This form allows you to edit the fees for each private health fund schedule and to create your own schedules if you need to. The schedules contain only a subset of the items in the Commonwealth MBS schedule, including most items required by anaesthetists. You can edit the fees, but not add, edit or delete item numbers.

The 'built-in' schedules will be updated from time to time and any changes you make to these will be overwritten with the next update. In contrast, your own 'user-defined' schedules will not be overwritten and you need to keep these up-to-date yourself. (Disclaimer)

Click on a schedule below to edit its fees in the column on the right

Type	Name	Description
Baseline	CwealthMBS	Medicare Benefits Schedule Book, November 2003
Built-in	AHSA_ACT	Aust Health Service Alliance - ACT, 1 Nov 2003
Built-in	AHSA_NSW	Aust Health Service Alliance - NSW, 1 Nov 2003
Built-in	AHSA_NT	Aust Health Service Alliance - NT, 1 Nov 2003
Built-in	AHSA_QLD	Aust Health Service Alliance - QLD, 1 Nov 2003
Built-in	AHSA_SA	Aust Health Service Alliance - SA, 1 Nov 2003
Built-in	AHSA_TAS	Aust Health Service Alliance - TAS, 1 Nov 2003
Built-in	AHSA_VIC	Aust Health Service Alliance - VIC, 1 Nov 2003
Built-in	AHSA_WA	Aust Health Service Alliance - WA, 1 Nov 2003
Built-in	Druids	Druids Friendly Society (VIC ONLY), 1 Nov 2003 (120%MBS)
Built-in	FedHealth	Federation Health, 1 Nov 2003 (120%MBS)
Built-in	GMF	GMF Health (WA), 1 Nov 2003

Or use the buttons below to create and manage a new schedule

**Item fees for selected fund**

Item	AHSA ACT	
1	110.50	Professiona
97	98.30	Professiona
104	101.80	Professiona
105	56.60	Professiona
106	70.00	- initial att
107	146.20	Professiona
116	73.20	Professiona
23010-24136	119	41.60
119	41.60	Professiona
160	201.20	Professiona
161	344.80	Professiona
162	482.50	Professiona
163	605.50	Professiona
164	689.80	Professiona
601	132.10	Professiona
697	118.70	Professiona
11021	163.10	Neurosc
11600	60.80	plethysmog
11602	60.80	infrared pho
11604	60.80	Measureme
11605	60.80	measureme
11610	111.90	exercise st
11611	60.80	Transcrania
11612	60.80	Transcrania
11614	60.80	Transcrania

## Editing schedules

The health fund fee schedules provided by us are contained in an Access database file called AAFundsWithRVG.mdb. These are shown in the configuration screen as *Built-in*. It is also possible for you to create your own *User-defined* funds. These are stored in your own data file, AAUser.mdb. The purpose of providing this ability is to allow individual clients to create and use fee schedules which are unique to their situation and which have not been incorporated into the general list of funds. As time goes by, there is less need to do this since we have incorporated many funds based upon client requests.

The fund editing buttons below the list of funds allow you to create, copy, edit and delete user-defined funds. The fee editing buttons towards the middle and right allow



you to edit specific fees for the selected fund. Fees can be edited for all funds (except the MBS schedule) but item numbers cannot be added, edited or deleted.

It is possible to hide funds you never use from the Health Funds drop down list so that the list on the Items page is more compact. You can unhide them just as easily. Your preferences will be remembered after updating to a new health fund file. When printing a list of 'All' fund schedules, hidden funds will not be shown. Click the Show or Hide button to toggle this feature. 'Hidden' funds will move to the bottom of the list so that the list of 'visible' funds will be clearer.

We will provides updates to the AAFundsWithRVG.mdb file (containing the *Built-in* funds) from time to time. Conversely, you will need to manually update any *User-defined* fund tables that you have created.

### What do the values in the tables mean?

- Positive amounts. This is the fund's dollar fee for the specified item. There are two exceptions - for epidural items 18219 and 18227, where the amount is an amount per 15 minutes.
- Negative amounts. This is a factor which is multiplied by the equivalent MBS fee to calculate the fund's fee. It is used for most RVG modifiers. A factor of 1.53 equates to 53% more than the MBS fee for the same item. The negative sign is irrelevant in the calculation; it is just to tell the system how to use the numerical value.
- Amounts between 0 and 1. This factor applies only to after hours loading items (25025, 25030 & 25050) and is multiplied by the total health fund fee to determine the loading (0.5 indicates a 50% loading). Note that most funds use the percent of MBS method described above, and therefore have a negative factor for these items.

## 6.3 Custom time-based schemes

The Department of Veterans' Affairs uses a system of time-based fees<sup>[69]</sup> to remunerate anaesthetists. This allows for a set dollar value per hour for time spent administering anaesthetics and this is independent of the Medicare or other fee schedules. The Victorian Workcover Authority also offers a time-based system (as well as a fee schedule system). Instead of using a specific process for the VicWC method, Access Anaesthetics has a customisable system which will allow the creation of any number of different time-based systems using different rates and time periods.

The Time-Based Schemes *configuration form* shown below can be opened from the Tools menu<sup>[15]</sup> or from the *My Own Fee* dialog box. This will allow you to create and customise your own time-based schedules. A scheme for the VicWC Time-engaged method has already been set up and will be used as the example below.

**Time Based Item Fee Schemes**

**Available time-based fee schemes**

- DVA
- DVA +25%
- DVA +50%
- Practice Scheme
- RVG - ASA at \$30
- RVG - MBS Standard
- \* VicWC AHEmerg
- \* VicWC First 30 min
- \* VicWC Subsequent time
- \* **VicWC Time Engaged**

**Delete** **New**

Start time:  Stop time:

**Test calculation**

Time:  Fee:

**Scheme name:**

Account type for accounts using this scheme

Item number to show in the items list (optional)

**Description of item on account:**

**Dollar rate for each time period in minutes**

\$  for the first  minutes [How do I use these?](#)

\$  for the next  minutes

\$  for the next  minutes

\$  for the next  minutes

\$  for the next  minutes

\$  for the next  minutes

\$  for each subsequent  minutes up to maximum of  min

**thereafter:**

\$  for each subsequent  minutes

**Notes:**

☒ **Show this scheme in the 'MyOwn' fees list**

**Save** **Close**

All available schemes will be shown. Initially this contains 4 schemes for VicWC and a number of others for demonstration purposes. The DVA and RVG schemes are just examples; they are not intended for use with DVA or RVG accounts.

Functions are provided to create new schemes, edit existing schemes and delete schemes. Dollar values are inserted alongside time periods to indicate how the fee will be calculated. A calculator is provided to test the schemes.

For the Victorian Workcover, one scheme has been created for the normal anaesthesia time and another for the out of hours time. Also, 2 other schemes are provided which will separately list the first 30 minutes, and subsequent time.

### Using a time-based scheme on your account

To use one of the time-based schemes on your account, go to the MBS tab of the *Items* page and click the *My Own Fee* button. Then select the preferred time-based scheme from the list in the My Own Fee dialog box<sup>[74]</sup>. This will perform the fee

calculation and insert the appropriate item details (as specified in the configuration form). Lastly, select *My Own Fee* on the *Fee* page.

Note that if the start or stop times of the procedure are changed, the time-based item should be removed from the list and re-inserted, so that the fee is recalculated. (The account does not keep track of how the fee was first calculated and has to do it again from scratch.)

### Account Types and Default Messages

In the configuration form, you can specify the default account type to be used when each scheme is used. Take care that you don't use an account type which is already being used for something else, e.g. SF+, RVG, DVA or any of the health fund codes. This is particularly the case for VicWC where this account type may clash with the standard MBS schedule - based method provided by VicWC in the health funds list.

When a *My Own Fee* is selected on the fee page, the message shown on the account will be that listed under the code *MyOwn* in the messages list. If you like, you can create additional messages which will be shown when a particular account type is used. So if you create a message with the code *VicWCTime*, this will be shown when the account type is *VicWCTime*. If no message code matches the account type, the default message for *MyOwn* will be shown.

## 6.4 AMA schedule

The Australian Medical Association (AMA) has its own schedule of fees which includes items for surgical and anaesthesia services. Mostly, the items which relate to anaesthesia are identical to the RVG schedule of the Australian Society of Anaesthetists (ASA). Consequently, Access Anaesthetics does not include the AMA schedule.

It is sometimes said that the RVG may be used with a unit value up to the maximum recommended by the AMA. This rate is often used for workers compensation and third party accounts, and defaults for these rates can be set up on the Unit and time values page<sup>[164]</sup> of the Options form. If you want to '*charge AMA rates*', you should create an account based on the green RVG page of the Items form and specify your own unit value on the Fee page, up to the maximum recommended by the AMA. This maximum rate is advised periodically by the ASA.

There is no documented method of using AMA items on your accounts if they do not appear in the RVG schedule. However, using the (hidden) item editing window<sup>[66]</sup>, it is possible to include any item number, unit value, description and fee you wish. This could be adapted to insert a non-listed AMA item.

## 6.5 Updating the schedules

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From time to time, the fee schedules need to be updated. Installation instructions are provided with the update files.

Medicare schedule	May & Nov, plus smaller updates
ASA RVG schedule	Less than once per year
Health fund schedules	May & Nov and at <u>any</u> other time
DVA time-based fees	November each year
AMA recommended RVG value	November each year

The DVA and AMA values are easiest to update and can be done simply by changing the values in the Options form<sup>[164]</sup> at the appropriate time.

The Medicare and ASA RVG schedules are contained in the MBS items file which is provided to clients at the appropriate time. The file needs to be unzipped and installed as described in the File Management section<sup>[189]</sup>.

The health fund schedules are provided whenever an update is made and installation simply involves unzipping the file into the Access Anaesthetics folder. When you update your health fund fee schedules, the previous schedule is overwritten. In contrast, the MBS items file is added to the system and it is possible to switch from one MBS file version to another.

When the RVG was incorporated into the MBS schedule in November 2001, a number of changes were made to the system. We have enabled *backward compatibility* of the Medicare and health fund fees by providing two health fund files, one for pre-RVG and one for post-RVG. The post-RVG file (AAFundsWithRVG.mdb) will be automatically attached to your system when you attach an MBS items file of November 2001 or later, and the pre-RVG file (AAFundTables.mdb) will be attached when you attach to an earlier MBS file.

## CHAPTER

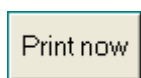
## 7

# Printing Accounts

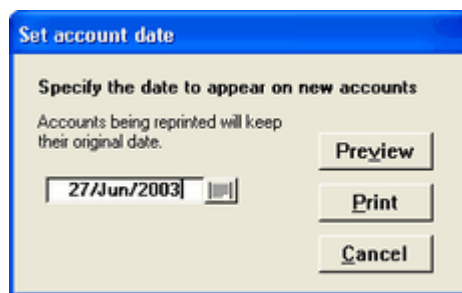
*There are a number of methods of printing accounts and other documents. Receipts and reminders are different from initial accounts, and may include additional messages with increasing levels of encouragement to pay the account. Health fund accounts and co-payments are printed in two separate processes. Bank deposit slips are the other main day-to-day printout required.*

## 7.1 Printing initial accounts

There are several ways to print accounts. The simplest is to use the *Print now* button on the bottom of any Account details<sup>[29]</sup> screen.



This will open the print dialog box (shown at right) enabling you to preview or print the current account.



While in the preview window, use the *Print* button on the toolbar to print one copy of the account to the printer. You can specify in the Options form (Misc page<sup>[176]</sup>) if you would like to be prompted to print multiple copies.



### Printing multiple accounts

If you wish to print a batch of accounts at one time, do this from the List of Accounts screen<sup>[123]</sup>. First select a group of accounts to print using the *Select* menu. For example, select accounts which are *Ready to send* or *Overdue*.

Then use the *Print Accounts - All Shown* button on the bottom left of the screen. Alternatively, you can limit the accounts by tagging selected accounts in the list, and printing the Tagged accounts.



This method is useful if you wish to enter a batch of accounts in one go, then print them all out later. The Tag field is duplicated on the *Account details* screen, and you can tick these as you go if you just want to print specific accounts.



Tagging is not necessary for printing. A group of accounts can also be selected by other means.


### Inserting the Account date

When an account is first printed on a printer, the date specified in the print dialog box will be inserted into the account as the *Account Date*. This will happen only if the Account date is currently blank and will happen whether you print an account individually from the *Account details* screen, or in a batch from the *List of Accounts* screen. The date will not be inserted if you just preview the account without printing it on the printer.

## 7.2 Printing accounts again

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There is no separate printing format in Access Anaesthetics for receipts or reminders. These are the same as account printouts except that payment details or reminder messages are included in addition to the original account details.

If you print an account which already has an *Account date*, it will be considered either a copy of an account, a receipt, or a reminder. In this case, although the standard print dialog box will appear, the date specified in the box will not be inserted into the account. Rather, the account will retain its original *Account date*, and the date in the print dialog box will appear on the account in the format *This statement was printed on 27/Jul/2003* (provided this option  is specified in the Options form).

### Additional message when re-printing accounts

When an account is re-printed it is assumed that it is either a receipt, a reminder or a copy of the original account. At the time of printing, an additional message can be added to the account which will appear at the very bottom below the items list, standard message and any payment details. This additional message is intended to add information relating to the payment of the account. That is, for paid accounts, a thank you message or remark that a balance is required. And for overdue accounts, a message related to the degree of 'overdueness' of the account.

When an account is reprinted, a default message will be attached. Which message is attached will depend upon whether the account is designated an account (copy),

receipt, or reminder. Before each account is printed, you are shown the attached message and given the opportunity to change it. The following screen appears after you have pressed the preview or print button in the print dialog box. If you are printing multiple accounts, each will be shown in a separate row.

The following accounts are being re-issued

Specify whether each re-issued account is an account, receipt or reminder, and select a message from the list, edit the existing one, or type your own.

Cancel Continue

Patient	Date	Fee	Rec'd	Owing	Status	# Rem
Mr Peter Young	20/Jul/1999	118.10	0.00	118.10	Overdue	2
Acc No: 1019	FINAL NOTICE - ACCOUNT OVERDUE - PLEASE REMIT PAYMENT IMMEDIATELY OR FURTHER ACTION MAY BE TAKEN					
Reminder						OK to print? -> <input checked="" type="checkbox"/>
Mr Howard Gorhard	15/Feb/2000	116.80	0.00	116.80	Don't send	0
Acc No: 1089	COPY OF ORIGINAL ACCOUNT					
Account						OK to print? -> <input checked="" type="checkbox"/>
Mrs Suzanne Licari	07/Mar/2000	312.45	0.00	312.45	Overdue	0
Acc No: 1093	Thank you for your payment. Please forward the balance as soon as possible.					
Receipt						OK to print? -> <input checked="" type="checkbox"/>
Mr Marcel Campbell	17/Mar/2000	87.60	0.00	87.60	Overdue	0
Acc No: 1097	A friendly reminder that your account is overdue. Prompt payment would be appreciated.					
Reminder						OK to print? -> <input checked="" type="checkbox"/>

Record: 4 of 17 (Filtered)

Usually you would simply accept the default messages. However, for each account being reprinted, you can use the listboxes to specify whether it is an account, receipt or reminder, and you can select an alternative message. Additionally, you can adjust the message by directly typing in the message field.

Of course, you can also elect not to show any additional message either by deleting the displayed message, or by selecting *NO ADDITIONAL MESSAGE* from the drop down list. In all cases, the standard message<sup>88</sup> will be unaffected and will appear exactly as it is stored in the account.

If an account is reprinted within 16 hours of it first being printed, the *COPY OF ORIGINAL ACCOUNT* message will not be automatically inserted. This is to make it easier if an account is printed more than once in its first printing session. The aim of this is to avoid the user having to delete the additional message if the account is simply being reprinted after a minor modification was made or a printer problem resolved.

When printing a lengthy list of accounts, you can untick the *OK to print?* checkbox if you do not wish to print one or more of the listed accounts. This is to avoid you having to close and reopen the window while in the process of printing.

### Setting up the messages

The additional account messages are stored in the same table that stores the standard messages<sup>[86]</sup>. Open the messages table by clicking the pencil button to the right of the standard account message on the Format page of any account.



The *MessageType* for these additional messages should be set to *Rpt* so that they will appear in list on the additional message screen shown above. You can edit the messages taking into account the following *MessageCodes*:

MessageCode	This message appears where
Copy	the document type is <i>Account</i> and the account is not overdue
Paid	the account is paid in full, or a part payment is accepted and the account is closed
PartPaid	the account is part paid, and an amount is still owing
Over1	an account is overdue and no reminders have yet been sent
Over2	an account is overdue and 1 reminder has already been sent
Over3 - OverN	an account is overdue and 2 to N-1 reminders have already been sent

There is no limit to the number of additional overdue messages you can specify. If the number of reminders is greater than the numbers of reminder messages available, the 'biggest' message will be shown. Note that all consecutive codes must exist, that is, you can't have Over1, Over2, Over4, Over7, or the intervening reminders will show no message.

**Note** *Whenever you print an account on the printer, the type of account (account, receipt, reminder), the printing date and a snapshot will be stored on that account's Documents page for future reference.*

## 7.3 Printing receipts

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As described in the previous section, there is no separate printing format in Access Anaesthetics for receipts. These are the same as account printouts except that payment details are included in addition to the original account details.

A receipt can be printed at any time simply by reprinting an account which has had payment details entered. The itemised payment details will be shown with an additional message indicating whether full payment was received or whether an amount was still owing. See the Printing accounts again<sup>[116]</sup> section for a discussion of account messages.

Receipts can be printed individually from the Account details screen<sup>[29]</sup> as payments are entered. Alternatively, you can tick the *Send receipt* checkbox on the account's Payments page<sup>[92]</sup> for batch printing later. This is done automatically when some



types of payment are entered. To batch print receipts, go to the List of Accounts <sup>[123]</sup>, select *Receipts* from the *Select* menu and then click the *Print Accounts - All shown* button. This process is similar to printing any group of accounts as described in detail in the previous section.

## 7.4 Printing reminders

There is no automatic process in Access Anaesthetics which will print reminders at a set period. The problem with such a system is that you may send reminders to people you did not intend to send them to. For example, you may know that a particular patient is having financial difficulties, or has telephoned recently about the account, and you would prefer not to send a reminder to these people. Consequently, we have set up a system which allows you to easily print groups of reminder notices when you want to, and which allow you to control exactly which reminders to send.

As with receipts and copies of accounts, *Reminders* are identical to original accounts except that they may contain additional messages (+/- details of payments) . See the section on Printing Accounts Again <sup>[116]</sup> for full description of the relevant issues.

### Suggested method to manage reminders and overdue accounts

1. Go to the *List of Accounts* and select *Overdue* from the *Select* menu.
2. Click in the *Weeks* column, then click the Z-A button on the toolbar to sort the list from most to least overdue.
3. Visually scan the list and tick the Tag checkbox for accounts you wish to send a reminder to.
4. Click the *Print Accounts - Tagged* button. If you like, review the messages to be added to the account, then press the *Continue* button to complete the printing process.

The following notes may assist to develop a strategy which works best for you:

- For a quick result, select the Overdue accounts and print reminders for all. The overdue period (time after sending the account before it is deemed overdue) can be set up on the Automatic functions page <sup>[173]</sup> of the Options form.
- Try filtering the list by using the Select > Advanced option, then insert a value into the *Accounts still unpaid after x weeks* field. Entering a value of 4 would be equivalent to obtaining a list of accounts which were still unpaid after 30 days.
- Try ordering the list by the payment status column to make it easier to determine which accounts should be sent reminders.
- Scroll to the right in the list to review the # Rem column which shows how many reminders have already been sent.
- Scroll to the right and review the columns labelled LastContactDate and LastContactType. These will show how long it has been since the last reminder or other contact. Order the list by the LastContactDate column to more easily review the status.

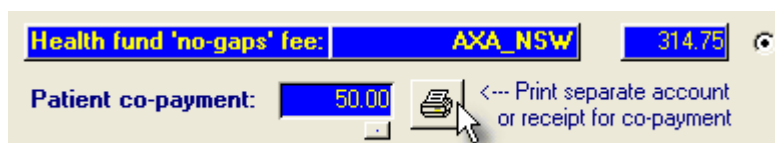
Whenever an account is printed which is deemed a reminder, the *Num reminders* field

on the Status page<sup>[99]</sup> is increased by 1. This is the field which is used to determine which level of reminder message should be attached to the account.

## 7.5 Printing co-payments

When an account is sent to a health fund under that fund's *No Gap* arrangements, an additional co-payment account may also be sent directly to the patient. Both these accounts are actually managed from within one account in Access Anaesthetics, according to which print button is pressed to produce the account.

To send an account to the health fund, follow the instructions in the Setting the Fee<sup>[78]</sup> section and print the account by clicking the standard *Print now* button on the bottom of the *Account details* screen. To print a patient co-payment account, enter the co-payment amount into the appropriate field on the *Fee* page, and press the small print button just near the co-payment amount field.



When receipts or reminders are printed, an alternative message (see Options, Health fund page<sup>[169]</sup>) will appear in place of the standard message when any amount has been received as part or full payment of a co-payment. Print co-payment receipts using the same button that you use to print co-payment accounts.

Fund co-payments can also be printed for a batch of accounts from the List of Accounts screen<sup>[123]</sup> by using the specific Co-Payment buttons.



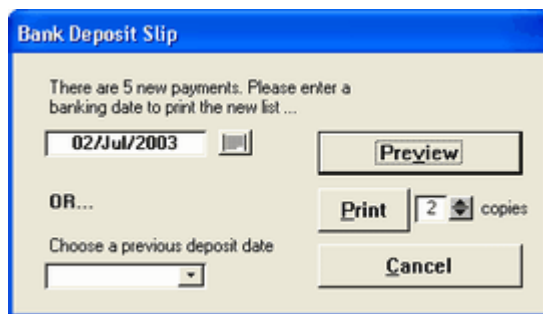
**Note** *For accounts to be recognised as having co-payments, there must be an amount in the Co-payment field on the Fee page, AND the Account Type must be the same as the Health Fund Fee. That is, the health fund fee must be set as the main account fee.*

## 7.6 Printing banking slips

A bank deposit slip can be printed directly from Access Anaesthetics to eliminate the need to handwrite payments on bank stationery. Do this by pressing the *Print Bank Deposit Slip* button on either the Main Menu<sup>[16]</sup> or the List of Payments<sup>[137]</sup> screens.

Specify the banking date and the number of copies required (usually one for the bank and one for you).

For unbanked payments, the deposit date will be stored with each payment when the deposit slip is printed on the printer.



Once the deposit slip is printed and the banking date is inserted into the payment records, there will no longer be any unbanked payments. Payments appearing on bank deposit slips are defined by their date of deposit. If you need to print a copy of bank deposits made on previous occasions, select a banking date from the drop down list. It is assumed that only one deposit is ever made on the one day.

If you print one copy of the bank deposit slip and then wish to print another copy, you will have to select the deposit date from the list of previous bank deposit slips. This is because the banking date will have been inserted into the payments and they will no longer be deemed unbanked.

Not all payments will appear on bank deposit slips. This is because not all payments need to be physically taken to the bank and deposited. Only payments of type *Cheque*, *Cash*, *Credit card* or *Money Order* will appear on bank deposit slips. Payments of type *E-Credit Card*, *EFT*, *Other*, or any other type will not appear on banking slips. Usually the banking date for these payments types will be inserted at the time of entering the payment, instead of at the time of printing the banking slip. All payments with the same banking date will, however, be included in any list of payments printed using the *Print this list* button on the List of Payments screen<sup>[137]</sup>. See the Accounts - Payments chapter<sup>[89]</sup> for further details about payment types.

Cheque, credit card, money order and cash payments are listed in separate categories on the bank deposit slip. Cash payments are totalled and printed as a single summary amount. In contrast, cash payments are itemised separately when the payments are printed using the *Print this list* button. Within these groupings, payments can be sorted in different ways according to what is selected in the Options form on the Banking page<sup>[177]</sup>. You can also customise whether or not to print the patient's name and account number on the list.

Once a banking date is stored in a payment, the payment is locked and can only be edited by first unlocking it. This is to reduce the chances of having stored banking details which do not match with previous printouts which have since become bank records. See the Accounts - Payments chapter<sup>[89]</sup> for further details.



## CHAPTER

## 8

# List of Accounts

*The List of Accounts screen allows the Access Anaesthetics user to get an alternative view of the accounts by examining many accounts at one time. Each is shown as a single row in a spreadsheet-like format. Multiple accounts can be printed at once, overdue accounts can be easily managed and summary data can be produced for practice analysis.*

## 8.1 What does the List of Accounts show?

The list of accounts is used for viewing, printing and analysing account information, rather than for entering and editing data.

**Access Anaesthetics - Dr William Morton - [List of selected accounts]**

Select Summary Tools Edit in Excel Help Account details List of accounts Payments Main Menu

**List of Accounts** Tag all shown Clear all tags Open accounts: 21

Acc No	Patient	Tag	Surname	Acc Type	Op Date	Acc Date	Payment Status	Weeks	Fee
1019	Mr Peter Young	<input type="checkbox"/>	Young	SF	16/Jul/1999	20/Jul/1999	Overdue - sent reminder	242	118.10
1074	Mr Rod Morris	<input type="checkbox"/>	Morris	SF+	07/Dec/1999	10/Dec/1999	Overdue - sent reminder	222	150.00
1089	Mr Howard Gerhard	<input type="checkbox"/>	Gerhard	SF	15/Feb/2000	15/Feb/2000	Don't send	212	116.80
1093	Mrs Suzanne Licari	<input type="checkbox"/>	Licari	SF	24/Feb/2000	07/Mar/2000	Overdue	209	312.45
1097	Mr Marcel Campbell	<input type="checkbox"/>	Campbell	SF	26/Feb/2000	17/Mar/2000	Overdue	208	87.60
1098	Mr Timothy Sumner	<input type="checkbox"/>	Sumner	WC	26/Feb/2000		Ready to send		488.25
1103	Mr Soren Lianos	<input type="checkbox"/>	Lianos	SF	24/Feb/2000	03/Mar/2000	Overdue - part paid	210	160.00
1110	Mr Arthur Van Rooijen	<input type="checkbox"/>	Van Rooijen	SF+	07/Mar/2000	07/Mar/2000	Overdue	209	150.00
1117	Mr Maxim Pike	<input type="checkbox"/>	Pike	SF+	21/Mar/2000	21/Mar/2000	Sent reminder - part paid	207	140.00
1125	Mr Murray Morgan-Manes	<input type="checkbox"/>	Morgan-Manes	WC	23/Mar/2000		Ready to send		465.00
1127	Mrs Gladys Dyne	<input type="checkbox"/>	Dyne	SF+	28/Mar/2000	28/Mar/2000	Overdue	206	120.00
1128	Mr Geoffrey Lim	<input type="checkbox"/>	Lim	SF	28/Mar/2000	29/May/2002	Overdue	93	301.45
1133	Mrs Carmel Ferguson	<input type="checkbox"/>	Ferguson	SF	05/Apr/2000	25/Apr/2000	Overdue	202	131.40
1135	Mr Vincent Miller	<input type="checkbox"/>	Miller	DVA	06/Apr/2000	08/Apr/2000	Overdue	205	116.05
1136	Mrs Maria Spooner	<input type="checkbox"/>	Spooner	SF+	11/Apr/2000	11/Apr/2000	Overdue	204	140.00
1137	Mrs Lynne Van Kessel	<input type="checkbox"/>	Van Kessel	SF+	11/Apr/2000	11/Apr/2000	Overdue	204	140.00
1139	Mrs Olive Canavan	<input type="checkbox"/>	Canavan	SF+	11/Apr/2000	11/Apr/2000	Overdue	204	120.00
1140	Mr Bradley Bennett	<input type="checkbox"/>	Bennett	WC	13/Apr/2000		Ready to send		232.50
1142	Mrs Robyn Byrne	<input type="checkbox"/>	Byrne	SF+	02/May/2000	02/May/2000	Overdue	201	120.00
1143	Mrs Elizabeth Chu	<input type="checkbox"/>	Chu	SF+	02/May/2000	02/May/2000	Overdue - part paid	201	102.20
1144	Sr Phillip Nettleton	<input type="checkbox"/>	Nettleton	RVG	02/May/2000	02/May/2000	Overdue - part paid	201	120.00

Record: 21 of 21

Print Accounts Co-payments Print this LIST Followup worksheet New Find Options Total Fee: 3,832.40 Waived: 0.00 Received: 415.30 Owing: 3,417.10

Form View

To navigate around the screen, use the vertical scroll bar to move up and down to view the entire list of accounts, and use the horizontal scroll bar to scroll to the right to show more information on each account.

The data shown in this form cannot be edited except for the *Tag* field. To edit the data, go to the Account details view by clicking the *Account details* button on the top right of the screen. This action will locate the same patient the cursor is currently on. You can also jump to the Account details screen for any account by double clicking on the account number or patient's name.

The *New*, *Find* and *Options* buttons have identical functions to those on the Account details screen and are reproduced here for easy access.

## 8.2 Which accounts are visible?

When you first open the List of accounts, only *Open* accounts are shown. That is, new accounts which have not yet been sent or existing accounts which have not yet been paid. Accounts are either *Open* or *Closed* according to whether they have a *Date account closed* on their Payments page<sup>[89]</sup>.

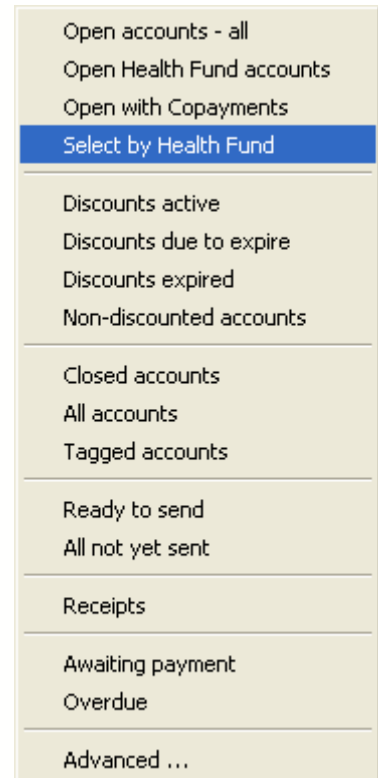
To view a different set of accounts (other than *Open* accounts), choose an option from the Select menu. This might be *Closed accounts* to show all paid or all lost-cause accounts, *Overdue* to show accounts unpaid after more than a specified time, and so on. You can also select according to discount status and whether or not a co-payment account was sent.

Advanced selection criteria<sup>[132]</sup> can be used to view a more specific group of accounts.

The grey button on the top right of the screen just under *Main Menu* shows which group of accounts is currently being displayed and how many of them there are.

Open accounts: 20

Clicking the button will show you the SQL (structured query language) query used to select the records and gives you the option of resetting the current criteria to show all the accounts in the entire database.



If you would prefer the system to show all accounts, rather than just Open accounts when it first starts, you may specify this in the Options form (Miscellaneous page<sup>[176]</sup>).

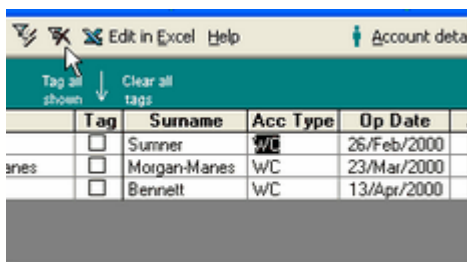
**Note** *The accounts selected in this screen will also be selected in the Account details screen. In this way, you can select a group of accounts, go to the Account details screen and scroll through the selected accounts.*

## 8.3 Quick Filtering

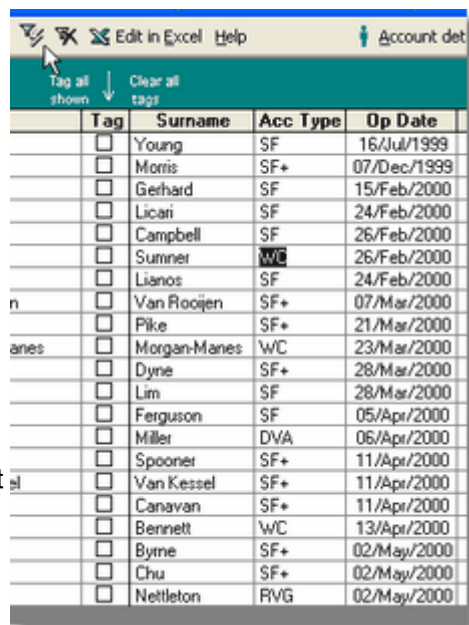
It is possible to quickly filter the list of accounts using the 'Filter by selection' button on the toolbar.



Use the mouse to highlight the text you wish to filter by, as shown at right. Then press the Filter by selection button on the toolbar. Only the records which match the selected text will be displayed, as shown below.



Click the Remove filter button to reset the list back to its original selection. Filters created in this way work cumulatively, but are not reproduced on printouts.



## 8.4 Sorting functions



The A-Z and Z-A icons in the top menu bar allow you to sort by any column in the displayed list. Click in the column you wish to sort by, then click either of the sort buttons. This is useful for many purposes such as reviewing overdue accounts, checking for erroneous data entry and examining fee variations.

The sorting order will be preserved when printing a list of accounts. If the sort order is set from the ordering field in the Advanced Selection dialog box <sup>[132]</sup> this will take precedence over the ordering which is set with the A-Z and Z-A icons. Preview the list



and modify the sorting order until you are happy with it.

## 8.5 Amounts billed, received, waived and owed

The fields on the bottom right of the screen show summary amounts for the accounts currently displayed.

Total Fee:	3,590.85	Waived:	0.00
Received:	210.30	Owing:	3,380.55

The *Total Fee* is the sum of all the fees charged for the listed accounts. If discounts are in effect, the discounted fee will be tallied, not the undiscounted fee. GST is included if applied. The amount *Received* is the sum of all payments received for the listed accounts.

The amount *Owing* is the sum of the differences between the fee and the amount received, for open accounts. It is assumed any amount owing is still to be collected.

The amount *Waived* is the sum of the differences between the fee and the amount received for closed accounts. In other words, for closed accounts, any amount left owing is deemed waived. This allows you to 'write off' an amount for accounts where a partial payment is accepted as full payment, or where complete payment is not expected for any other reason. Whenever you close an account (by entering a Date Closed) which has an amount left owing, the residual amount owing will then be deemed an amount *waived*.

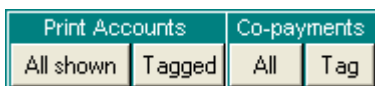
Note that the list may show a mixture of both open and closed accounts. The amounts waived and owing will still be accurate in this situation.

## 8.6 Printing accounts or the list itself

Before printing anything from the list, ensure you have selected the group of accounts appropriately so that the accounts listed are the ones you are interested in. Use the options on the *Select* menu, or enter criteria into the Advanced selection box<sup>[132]</sup>. You may additionally fine tune your selection by ticking the *Tag* checkbox for selected accounts. You will later be able to print all accounts, or just the accounts you have *Tagged*.

There are several printing options on the List of Accounts

- Print an account for each of the patients
- Print a co-payment account for each of the patients
- Print a list of the accounts in a list format
- Print a summary of the listed accounts
- Print a followup worksheet



To print standard or co-payment accounts, use the *All Shown* or *Tagged* buttons on the bottom left of the screen, in either the Accounts or Co-payment box. This will print an account for each record.

When printing accounts in this way, any accounts which have previously been printed will receive a default message as described in the Printing accounts again<sup>[11b]</sup> section. You can review and adjust these messages after pressing the print or preview buttons in the *Print dialog box*. If printing co-payment accounts, only those accounts in the list which have a co-payment amount entered and which are otherwise designated a health fund type account<sup>[7b]</sup> will be printed. Any accounts in the list without these will not be printed.

To use the *List of accounts* for sending overdue account notices, see the Printing reminders<sup>[11b]</sup> section.



Click the *Print this list* button to print all the displayed accounts in a tabular format with each account in a single row (much like what is currently displayed on the screen). Only the most important fields are shown since only a limited number will fit on the landscape size report.

Printing a list of accounts may be useful for a variety of auditing reasons. Because the data you print may include accounts selected in many different ways, when you choose this printing method you are given the option of entering brief notes on the top of the printed list. This will allow you to easily label what data is actually in the report.



Click the *Followup worksheet* button to print a report listing all the patient's relevant operation and contact details, payments made, current status and individual comments stored in the database. Blank space is also provided for writing notes.

The followup worksheet is a report intended to be used when telephoning patients about outstanding accounts. Some clients find it easier to print a list of the relevant information rather than jump around the computer screen while telephoning patients. Or, the printed list may be given to a third party to do the followup.

The followup worksheet will print all accounts shown on the List of Accounts screen irrespective of whether they are overdue, paid in full or any other status. You must, therefore, first apply appropriate selection criteria to limit the list to only those accounts which require followup. This may be as simple as selecting *Overdue* from the Select menu, or more specific criteria may be defined in the Advanced selection criteria box.

**Hint!** *You could also use this function to enable a person to manage your outstanding accounts without a computer while you are on holidays. Simply print a list of all open accounts and have your assistant manually record payment (and other) details on the list.*

## 8.7 Printing receipts

After entering payments into each account, the *Receipt tag* is either manually or automatically set. You can view all accounts for which the receipt tag is true by selecting *Receipts* from the 'Select' menu. Then it is a simple matter to print all the listed accounts to complete your batch receipting task.

For more information on receipting see the Printing receipts [\[118\]](#), Printing accounts again [\[118\]](#) or Payments [\[92\]](#) sections.

**Note** *Clearing the Tag field shown on the List of accounts by using the Clear All Tags hotspot also clears the Receipt Tag for that account. Therefore, print any pending receipts before resetting the tags.*

## 8.8 Batch Header

The batch header is a summary page which may be used as a cover sheet when sending multiple accounts to one payer. Most often, this will be used when sending a batch of accounts to a health fund under their 'no-gaps' scheme.

First, select the accounts you wish to include in the summary on the List of Accounts screen. Then select Batch Header from the Summary menu. The dialog box shown below will appear.

Select the fund or other organization you wish to send the accounts to. The funds listed are those stored in the Addresses lookup table.

Specify the date of the claim (default is current date) and whether to itemise accounts and co-payments.

Additional comments may be added to the bottom of the page by entering them into the *Comments* field. These will be printed on the current batch header, but will not be saved anywhere.

Default options for the batch header can be set up by clicking the *Edit details* button on the top right.

**Print a batch header for the listed accounts**

Date of claim: 15/Mar/2004 ☒ Itemise accounts ☐ Show co-payments [Edit details](#)

AddressCode	FundTitle
AHSA	
CAFAT	Manager, CAFAT
DVA	Department
Estate of	Estate of
HCF	HCF Medcover
MBF	Manager
MP	
NIB	
NRMA	

Comments [Go](#)

☐ Tagged only

[Preview](#) [Print](#) [Cancel](#)

The batch header setup details are stored with the list of third party addresses. Open the following window from the Tools > Edit Lookup Tables > Addresses menu option. A batch header may be configured for any of the addresses you have in the lookup list. Adjust the entries to suit your requirements. The button '*Insert default declaration*' adds a list of statements to the Declaration field. Some of these will be appropriate to particular funds and some will not. You must customise these for each individual fund. The default declaration is provided to reduce the amount of typing required, but no guarantee of appropriateness is given.

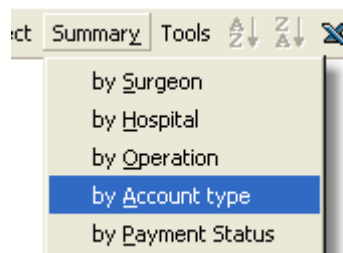
The screenshot shows a window titled "List of stored addresses" with a tab labeled "Batch header". Inside the window, there is a text area with instructions: "These details will be used when you print a batch header for a group of accounts using this fund as the addressee. Print a batch header from the List of Accounts > Summary menu." Below this, there is a field for "Title of batch header" containing "Account Summary Form - Batch Header" and a field for "Address Code" containing "HCF". A "Fund title" field contains "HCF Medcover". There are two checkboxes: "Itemise accounts" (checked) and "Show co-payments" (unchecked). A "Declaration:" text area contains a pre-written declaration. At the bottom, there is a button "Insert default declaration" and a row of buttons: "Delete", "Edit with datasheet", "New", "Save", and "Close".

## 8.9 Practice activity summary

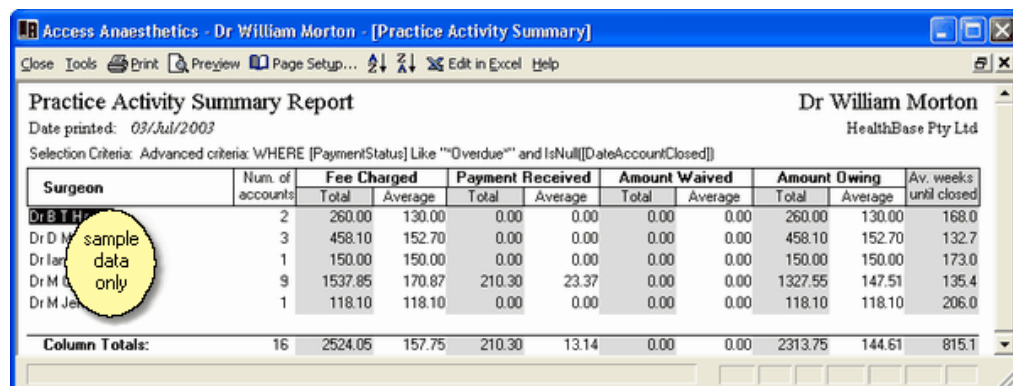
The options on the *Summary* menu of the toolbar provide cross tabulation summary reports of the accounts currently displayed.

That is, they will provide a summary of the number of accounts, their average fee, the average amounts received, waived and owing and the average time until closure of the account (listed as separate columns).

This will be broken down by the grouping field you choose from the list, namely the surgeon, hospital, operation, account type or payment status. Each specific value of the field you wish to group by (e.g. all the surgeons who have done operations for these accounts) will be shown in the leftmost column.



The summary tables summarise the data currently on the screen. To get summaries for data not currently visible, first specify selection criteria for the displayed accounts using the *Select* menu or the *Advanced selection criteria* options. For example, choose *Overdue* from the *Select* menu, then choose *Surgeon* from the *Summary* menu. This will give you a list showing which surgeon's patients are the tardiest payers.



**Practice Activity Summary Report**  
 Date printed: 03/Jul/2003  
 Selection Criteria: Advanced criteria: WHERE [PaymentStatus] Like ""Overdue"" and IsNull([DateAccountClosed])

Surgeon	Num. of accounts	Fee Charged		Payment Received		Amount Waived		Amount Owing		Av. weeks until closed
		Total	Average	Total	Average	Total	Average	Total	Average	
Dr BTH	2	260.00	130.00	0.00	0.00	0.00	0.00	260.00	130.00	168.0
Dr DM	3	458.10	152.70	0.00	0.00	0.00	0.00	458.10	152.70	132.7
Dr Ian	1	150.00	150.00	0.00	0.00	0.00	0.00	150.00	150.00	173.0
Dr M	9	1537.85	170.87	210.30	23.37	0.00	0.00	1327.55	147.51	135.4
Dr M J	1	118.10	118.10	0.00	0.00	0.00	0.00	118.10	118.10	206.0
<b>Column Totals:</b>	16	2524.05	157.75	210.30	13.14	0.00	0.00	2313.75	144.61	815.1

Using this system you can produce very detailed and specific reports. For example, you may show a list of a specific procedure performed in a particular hospital between certain dates, and the total amount of money received and owing grouped according to the surgeon. Experiment with different selection criteria and grouping fields to see what can be done. There are endless combinations!

When you activate a summary report, you will be given the option of entering notes you wish to have printed on the report. This allows you to label the report very specifically so you don't have multiple reports where you have forgotten which shows what. The notes appear on the top of the report printout (and preview) but not in the initial spreadsheet form.

### Aged Trial Balance report

The Aged Trial Balance report provides a summary of the total amount outstanding at various times after the accounts are sent. See the description [\[145\]](#) of this in the List of Payments section for more information.

## 8.10 Edit in Excel



Click the *Edit in Excel* button on the menu bar to export the data in the current list to an Excel spreadsheet file for further editing, analysis or printing. You will be asked to supply a file name for the Excel file. This will be stored in the *Documents* subfolder of your Access Anaesthetics folder (e.g. C:\Access

Anaesthetics\Documents\MyExcelFile.xls).

This function allows you to export selected parts or all of your data to a spreadsheet format for further analysis or to be read by other software packages. Only the columns which are currently displayed in the list will be exported. To export additional columns, first select a datasheet format<sup>134</sup> which includes the desired columns.

## 8.11 Advanced selection criteria

The List of accounts and Account details screens display accounts according to your preferences. Usually this would be Open accounts, or other account types chosen from the Select menu.

It is also possible to specify advanced selection criteria to refine the selection in a more detailed way.

To do this, choose *Advanced* from the *Select* menu to display the screen shown here.

### Entering criteria

Enter a single criterion into one field, or enter criteria into several fields. Multiple criteria are automatically joined using *AND* (as opposed to *OR*) so that only accounts which satisfy all entered criteria are displayed.

For 'from - to' fields such as dates and account numbers, the 'to' value is optional. If you just enter a 'from' value without a 'to' value, only accounts with the specified 'from' value will be displayed.

Open and Closed accounts refer to whether or not an account has a date in the *Date account closed* field.

For text fields such as patient's name or surgeon, you may enter a word, part of a word or more than one word. If you enter part of a word you could find, for example, all patients whose surname includes 'Jen'. This would find Jenkins, Jennings and Jenson. You may also select an option from the drop down list for some fields. The patient's name field searches the patient's entire name, that is, a text string which

includes the title, first name and surname. If you use the 'part of word' option, you could find a specific patient by entering, for example, 'en Jen'. This would find Owen Jenkins and Ben Jenson but not George Jenkins. Note that for fields with a drop-down list, you can either choose an item from the list, or type directly into the field. Not all available options will necessarily be included in the drop-down lists.

You can optionally select a sorting field to sort the list in either ascending or descending order. This can also be done after the records are actually retrieved by using the A-Z and Z-A buttons on the menu.

### Applying criteria

After you have specified all the criteria you wish, press the *Apply* button. The relevant records will be displayed and the Advanced selection form will disappear. If no records are found which match your criteria, you will be given a message and allowed to review your criteria.

Press the *Clear* button to remove all selection criteria and thus display all accounts. The Advanced selection form will remain open for you to insert additional criteria, or you may close it without applying new criteria by pressing the *Close* button.

Once criteria have been specified, they will remain in the form for you to modify later if you wish. This is the case even though you may reset the accounts shown in the List of Accounts without using the advanced selection form. For example, suppose you use the Advanced selection form to display all accounts sent between 1/4/1999 and 31/8/1999, where the surgeon was Dr Z Smith and the hospital was St Jupiter's. Later, you chose *Overdue* from the *Select* menu to show all overdue accounts. The next time you open the Advanced selection form, the 1/4/1999 - 31/8/1999 dates, Dr Z Smith and St Jupiter's criteria will still be shown even though the underlying list still shows just the overdue accounts. You can either modify the selection criteria to your needs, click the *Clear* button to reset the criteria or simply close the form without applying the specified criteria. In the latter case, the existing selection (overdue accounts) will be maintained.

### The SQL option for expert users

When you specify selection criteria, you are actually creating an SQL (structured query language) statement with a *Where* clause which contains the details of all selection criteria in a string of text. This SQL text string is created automatically when you choose an option from the *Select* menu or when you specify criteria in the Advanced selection form. The SQL text string can also be edited manually without using the *Select* menu or the fields on the Advanced selection form by simply typing into the string itself. To do this, click the blue *Edit SQL statement* label on the Advanced selection form. The SQL WHERE clause will appear and can be edited.

After editing, click the *Apply* button as usual to show the matching accounts. Note that editing the SQL statement directly will not modify any of the data in the fields on the Advanced selection form and thus the form may not be a true representation of the criteria.



The best way to use this function is to first add some criteria to the form fields, then view the resulting SQL statement. You can then see the syntax which has been inserted automatically and this will make it easier to determine how to modify it for your own purposes. It is then quite easy to modify a field name, a criteria or add additional phrases joined with AND or OR operators. The possibilities are endless!

**Tip**      *The 'Sort By' list box on the Advanced selection form shows all the fields in the accounts table which may be used for selection criteria.*

It is expected that most users would never use this option. It requires some knowledge of the Microsoft Access Visual Basic language and is prone to errors if the exact wording is not correct. It does, however, provide an additional level of customisation for expert users who may wish to create reports using more specific criteria than the Advanced selection form allows. If you get into trouble with this, just click the clear button to reset all the criteria and start again.

## 8.12 Formatting the list

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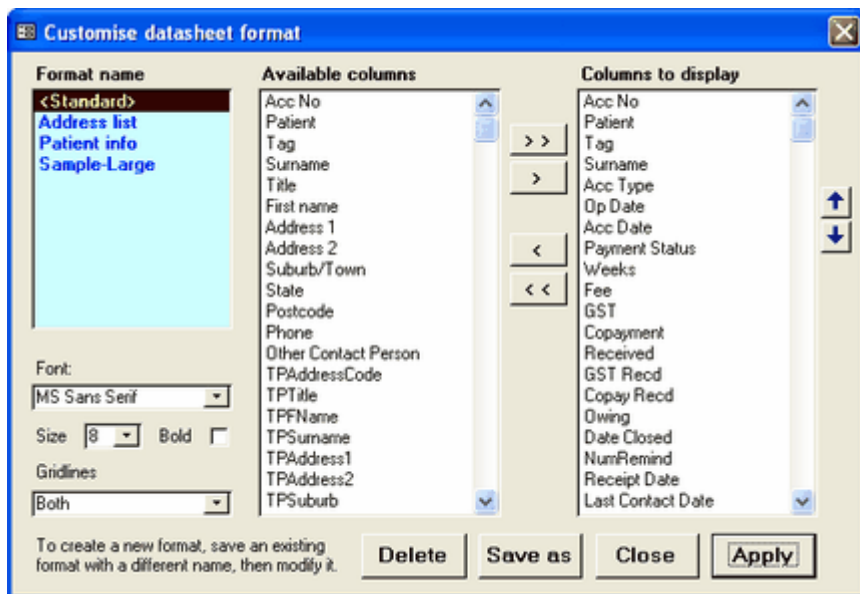
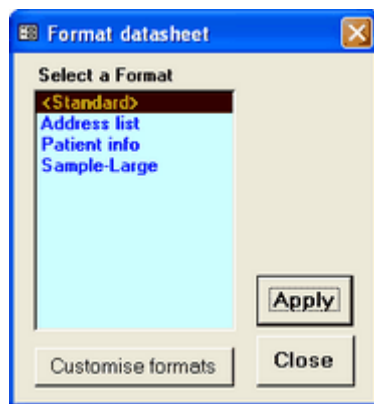
The List of Accounts shows a tabular selection of the data in the Access Anaesthetics database. The records shown in the list are determined by the various selection methods described in this chapter. Two other aspects of the list can also be customised. They are 1) the font, font size and other other formatting options and 2) which columns are displayed. You can adjust these by selecting *Format Datasheet* from the Tools menu.



Select a format and click Apply (or double click the format). The properties of the selected format will be applied to the list. These include the font, font size, bold face, gridlines, and the selection of columns.

The format will remain in effect until you select a different format, or until you install an Access Anaesthetics program update. In the latter case, the format will revert to the <Standard> format.

To create your own formats, or customise existing ones, click the *Customise* button.



The format highlighted will be that which is currently in effect in the list. You may modify this format by adjusting the font options, or by adding to or removing columns from the list. The <Standard> format cannot be modified.

To create a new format, click the Save as button to copy an existing format with a new name. Then modify the properties of the new format.

### Tips

- Experiment with different formats showing different columns. One group of columns may be better than another when performing particular tasks. A format with just a

few columns may be more easy to manage than one which requires horizontal scrolling.

- Reorder the columns in a format to suit your own viewing preferences.
- If you have a high resolution screen, adjusting the font size may be desirable.

## CHAPTER

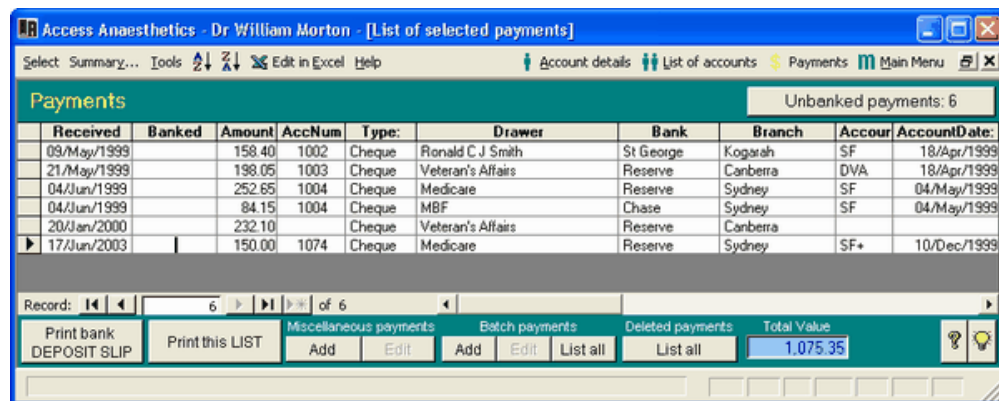
## 9

## List of Payments

*The Payments list is the starting point for all financial reporting. You can do everything from printing a bank deposit slip to generating a summary of income by surgeon over the last financial year (for example). It is a dynamic screen, responding to your preferences as to which payments to show, in what order, and how to summarise them.*

## 9.1 What does the List of Payments show?

The Payments list shows all payments entered into the system, one payment per row. It looks much like the List of Accounts <sup>[123]</sup> except that there is one row for every payment, rather than one row for every account. Use the vertical scroll bar to move down to see more payments or the horizontal scroll bar to show more details about each payment.



Since each payment is associated with an account (usually), the details of the account are also shown in some of the columns on the right. Because there may be more than one payment per account, the details for one account may appear in more than one row of this screen.

Payments associated with accounts cannot be added or edited here. This must be

done in the individual patient's Account details screen<sup>[29]</sup>. Put the cursor in the row you wish to edit and click the *Account Details* button on the top right of the screen. (You can also do this by double clicking the account number or patient's surname.) You will jump to the account for which the payment was made. If the account is not included in the current selection of accounts, you will be given a message telling you this. If you like you can then reset the selection criteria to show all accounts by choosing the appropriate option from the *Select* menu.

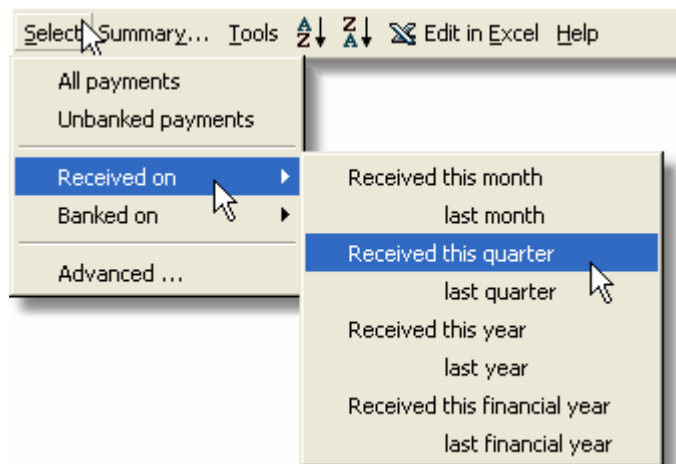
**Note** *Except when showing unbanked payments, the list does not show 'batch' payments, that is payments which are divided up for distribution over more than one account. Instead, the payments 'distributed' to individual accounts are shown. See below for more details.*

## 9.2 Selecting payments to display

When it first opens, the payments screen shows all *Unbanked* payments, that is all payments where the banking date is blank (these are due to appear on the next bank deposit slip). If there are no unbanked payments, all payments in the database will be shown.

Select which group of payments to display by choosing from the *Select* menu on the toolbar.

Select according to the time period when the payments were received or banked, or use the *Advanced*<sup>[15b]</sup> selection criteria to limit your selection using a number of other fields.



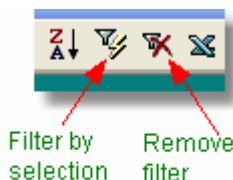
The grey button on the top right of the screen just under *Main Menu* shows which group of payments is currently being viewed and how many of them there are.

Unbanked payments: 6

Clicking on the button will show you the SQL (structured query language) query used to select the records and gives you the option of resetting the current criteria to show all the payments in the entire database.

## 9.3 Quick Filtering

It is possible to quickly filter the list of payments using the 'Filter by selection' button on the toolbar.



Use the mouse to highlight the text you wish to filter by, as shown at right. Then press the Filter by selection button on the toolbar. Only the records which match the selected text will be displayed, as shown below.

Amount	Acc No	Payment type	Drawer
252.65	1004	Cheque	Medicare
129.60	1005	Cheque	Medicare
129.60	1001	Cheque	Medicare
86.40	1018	Cheque	Medicare
88.60	1020	Cheque	Medicare
108.00	1012	Cheque	Medicare
86.40	1017	Cheque	Medicare

Amount	Acc No	Payment type	Drawer
158.40	1002	Cheque	Ronald C J Smith
198.05	1003	Cheque	Veteran's Affairs
252.65	1004	Cheque	Medicare
84.15	1004	Cheque	MBF
198.05	1008	Cheque	Veteran's Affairs
329.80	1010	Cheque	J.Pentz
129.60	1005	Cheque	Medicare
43.20	1005	Cheque	Medical Benefit Fund
534.05	1007	Cheque	Veteran's Affairs
90.00	1015	Cheque	RB FCPA & S Davis
90.00	1014	Cheque	CA Jordan
129.60	1001	Cheque	Medicare
43.20	1001	Cheque	HCF
883.50	1006	Cheque	FAI Health Benefits
300.06	1011	Cheque	Veteran's Affairs
33.60	1018	Cheque	A.Dwyer

Click the Remove filter button to reset the list back to its original selection. Filters created in this way work cumulatively, but are not reproduced on printouts.

## 9.4 Sorting functions

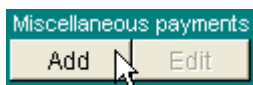


The A-Z and Z-A icons in the top menu bar allow you to sort by any column in the displayed list. Click in the column you wish to sort by, then click either of the sort buttons. This method of sorting will not necessarily be preserved when printing a list of payments. If you wish to print the list in a particular order, set the ordering field in the Advanced <sup>[150]</sup> selection dialog box. Preview the list and modify the sorting order until you are happy with it.

## 9.5 Miscellaneous payments

It is expected that most payments will be attached to individual accounts. However, it is possible to enter a one-off payment not related to a particular account. This might be from a hospital for a VMO sessional payment or a payment from any other organisation.

Click the *Add* button on the bottom of the screen just under Miscellaneous payments to open the window at right.



The data entry is identical to the method for entering standard payments<sup>[90]</sup> in an individual account record. The usual abbreviations, lookup tables and shortcuts are all available.

Like standard payments, Miscellaneous payments can only be edited while their banking date is blank. Once a banking date is inserted (manually or by printing the bank deposit slip), the payment is locked and can only be edited by first unlocking it with the Key button. If deleting a payment that has already been banked, you will receive a louder than usual warning and the option to cancel the deletion. If you go ahead with the deletion, the payment details will be stored in a separate table of Deleted payments<sup>[142]</sup> for reference. These can be viewed (but not edited) by clicking the *Deleted Payments - List all* button.

Miscellaneous payments can be identified in the list by the fact that they have no associated Account Number. When the cursor is on a miscellaneous payment row, the Miscellaneous Payment label on the bottom of the screen will appear in bold yellow.

## 9.6 Batch payments

Batch payments are those where more than one account is paid using a single payment. This may happen, for example, when you receive a cheque from Medicare or Veterans' Affairs and it includes payments for several patients in the one cheque.

One batch payment is distributed across several accounts. When this is done, a new payment record is created for each account which receives part of the batch payment. Thus if one batch payment contains payments for 3 accounts, there are a total of 4 payments - one *batch* payment and 3 *distributed* payments. The three distributed payments add up to the same amount as the 1 batch payment.

So that these amounts are not duplicated in any reports, the batch payments are included only in bank deposit slips or listings of unbanked payments, while the *Distributed* payments are included in all other financial reports, effectively taking the place of the single batch payment. In this way, the payment is never added up twice and never omitted.

### Identifying batch payments in the payments list

When the cursor is in a batch or distributed payment row, the Batch Payment label on the bottom of the screen will appear in bold yellow and the relevant buttons will be enabled.



Batch payments can be identified in the list because they have the code 'MP' in the field *MultiPaymentNumber* in the extreme right column of the Payments datasheet (scroll across with the horizontal scroll bar). Distributed payments have the payment number (same as the receipt number) of the original batch payment in this field. (Standard payments have nothing in this field.)

Unbanked payments list	
PaymentNumber:	MultiPaymentNumber
1	
5	
6	
7	
136	MP
233	

Payment number 136 is a batch payment because it's MultiPaymentNumber is MP. All the others are standard payments.

Standard payments list	
PaymentNumber:	MultiPaymentNumber
134	
135	
137	136
138	136
139	
140	

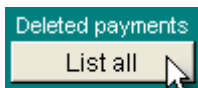
Payment number 136 is inserted into the MultiPaymentNumber of the distributed payments. Note that payment 136 itself does not appear since it is not a standard payment.

Once a batch payment has been deposited, it will disappear from the unbanked payments list and will no longer be viewable in any standard financial reports. Instead, the distributed payments will be shown. The batch payments themselves will however be visible in the main Batch payments form which you can view by clicking the *List all* button under the *Batch payments* heading in either the Payments list or on the Payments page of an individual account.

For full details of adding, editing and reviewing batch payments, see the individual account Payments section [\[96\]](#). Briefly, batch payments can be added, edited or deleted by clicking one of the buttons shown above on the *List of Accounts* screen or from an individual account's *Payment* page.

## 9.7 Deleted payments

As described elsewhere, if you delete a payment which has already been banked, the details of the deleted payment will be stored in a separate table of Deleted payments.



This table can be viewed but not edited by clicking the button on the bottom of the screen. Normally banked payments would not be deleted, except where a cheque has bounced. In any case, this function allows you to keep track of any which have been deleted.

DateDeleted	PaymentNum	Type	Drawer	Bank	Branch	Amount	GST Rec't
03/07/2003 14:33:57	97	Cheque	A. Goddard	National	Tamworth West	90.00	0.0
03/07/2003 14:33:35	68	Cheque	HCF	ANZ	King & George	25.20	0.0
02/07/2003 16:34:52	243	Cheque	Medicare	Reserve	Sydney	50.00	0.0

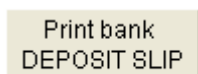
While viewing the deleted payments list, standard scrolling, sorting and printing functions are available but no data can be edited or deleted. The date and time each payment was deleted is stored with each deleted payment.

**Note** *Deleted payments cannot be restored from the deleted payments list. They must be re-entered manually if required.*

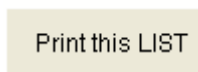
## 9.8 Printing a list of payments

Before printing anything from the list, ensure you have selected the group of payments appropriately so that the payments listed are the ones you are interested in. Use the options on the *Select* menu, or enter criteria into the Advanced selection box<sup>[15b]</sup>.

There are several printing options on the List of payments.



A bank deposit slip is a particular type of payment list which is described in detail in the Printing banking slips<sup>[12b]</sup> section.



This button prints a list of payments which may be useful for a variety of auditing reasons as described below.



The Summary button prints a summary of the listed payments<sup>[14b]</sup>. This provides a method of cross tabulation to obtain totals for groups of payments.



Use the *Print this list* option to print all the displayed payments in a tabular format with each payment in a single row, much like what is currently displayed on the screen and similar in appearance to the bank deposit slip. Because the data you print may include payments selected in various ways, when you choose this printing method you are given the option of entering brief notes on the printed list. This will allow you to more easily label what the data actually is in the report. (Even the payments due to be put on a bank deposit slip can be printed in a standard list if you wish.)

**Notes**      *When printing the list, cash deposits are itemised, unlike the summary amount shown in bank deposit slips.*

*When the list includes batch payments, only the Distributed payments are shown, not the original batch payments.*

## 9.9 Payment reports

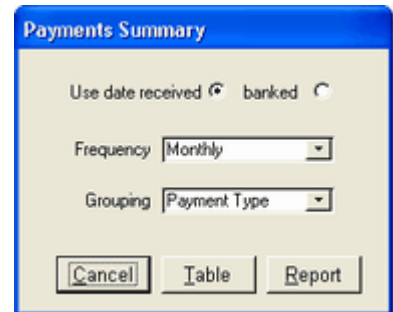
Payment summary reports<sup>[143]</sup>  
 Aged Trial Balance<sup>[145]</sup>  
 Group practice payment summary<sup>[146]</sup>

### 9.9.1 Payment summary

Financial reports are provided by clicking the *Payment Summary* option on the Summary menu. This opens the dialog box shown.



Specify whether to use the date received or the date banked, and select a summary frequency and grouping. Finally click the Table or Report button.



There are two viewing formats – table or report.

- The table format shows the results of the summary in a tabular spreadsheet format. This is quickest to view, easiest to scroll through and can be re-sorted by any column.

The table format looks like this ...

Access Anaesthetics - Dr William Morton - [SQLPaymentsSummaryQ : Crosstab Query]

Close Tools Print Preview Print... Find... Edit in Excel Help

Received	# Payments	Total \$	<>	CAFAT	DVA	RVG	SF	
1999.05 May	2	356.45			198.05		158.40	
1999.06 Jun	4	864.65			198.05		666.60	
1999.07 Jul	8	1943.15			534.05		345.60	18
1999.08 Aug	4	618.11			498.11			12
1999.09 Sep	19	2244.40			768.70		897.60	57
1999.10 Oct	20	2770.55		180.00	786.05		643.10	11
1999.11 Nov	17	3054.90		1170.00			841.60	10
1999.12 Dec	10	1236.30					356.70	87
2000.01 Jan	18	2483.80			232.10			22
2000.02 Feb	11	1455.80			607.10	175.00	373.70	30
2000.03 Mar	23	3118.95			704.40	225.00	921.05	85
2000.04 Apr	38	4499.15			448.30		1120.80	29
2000.05 May	9	922.25			320.05		332.15	27
2003.06 Jun	1	150.00						15
2003.07 Jul	1	500.00	500.00					

Record: 1 of 15

- The report format is a neater layout for printing and includes subtotals and a grand total. It looks like this ...

Access Anaesthetics - Dr William Morton - [Monthly, using Date received, grouped by Account Type]

Close Tools Print Page Setup... 90% Edit in Word Edit in Excel E-mail Help

**Payments Summary Report**

Monthly, using Date received, grouped by Account Type

Selection criteria: All payments shown

Received	# Payments	Total \$	<>	CAFAT	DVA	RVG	SF	SP+	WC
1999.05 May	2	356.45			198.05		158.40		
1999.06 Jun	4	864.65			198.05		666.60		
1999.07 Jul	8	1943.15			534.05		345.60	180.00	683.50
1999.08 Aug	4	618.11			498.11			120.00	
1999.09 Sep	19	2244.40			768.70		897.60	578.10	
1999.10 Oct	20	2770.55		180.00	786.05		643.10	1161.40	
1999.11 Nov	17	3054.90		1170.00			841.60	1043.30	
1999.12 Dec	10	1236.30					356.70	879.60	
<b>1999</b>	<b>84</b>	<b>13,088.51</b>							
2000.01 Jan	18	2483.80			232.10			225.10	
2000.02 Feb	11	1455.80			607.10	175.00	373.70	300.00	
2000.03 Mar	23	3118.95			704.40	225.00	921.05	850.00	418.50
2000.04 Apr	38	4499.15			448.30		1120.80	2930.05	
2000.05 May	9	922.25			320.05		332.15	270.05	
<b>2000</b>	<b>99</b>	<b>12,478.95</b>							
2003.06 Jun	1	150.00						150.00	
2003.07 Jul	1	500.00	500.00						

Page: 1 of 1

The report format is restricted in the number of columns it can display. If only a few columns are required, a portrait format will be used. For more columns, a landscape format is used. If the landscape format is not wide enough to show all the columns (maximum number of grouping columns is 9), the extra columns will not be shown. In the table view, ALL columns will be shown no matter how many there are and you can scroll to the right to view them all.

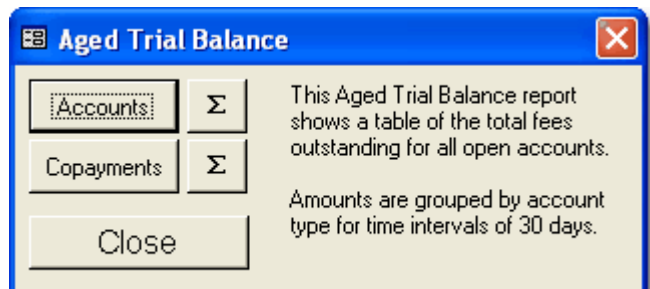
The summary tables summarise the data currently on the screen. To get summaries for data not currently visible, first specify selection criteria for the displayed payments using the *Select* menu or the *Advanced selection criteria* options. Using this system you can produce very detailed and specific reports. For example you could view all payments in the current financial year, grouped monthly by surgeon. Or you might view the annual change in your payments from Medicare over the last 3 years. Experiment with different selection criteria and report formats to see what can be done.

## 9.9.2 Aged Trial Balance

Select the Aged trial balance report from the Summary menu on either the List of Payments or List of Accounts screens. The dialog box which opens has buttons for showing outstanding Accounts and Copayments separately. These are grouped according to the account type so that total amounts due from particular creditors are shown. A summary button shows the total amounts outstanding.

The aged trial balance report shows a summary of the total fees currently outstanding for all open accounts.

There are no date criteria to be inserted - all open accounts are included.



The summary amounts are grouped according to how long it is since the account was first sent. Totals are given for each 30 days up to 300 days. All amounts still outstanding after 300 days are included in the 300 day total.

AccountType	Num Accts	Type Total	0	60	90	120	150
AHSA_VIC	11	4,489.20	2,751.90	572.40		938.40	
DVA	7	2,510.00	2,510.00				
GMF	1	499.70					499.70
GMHBA	1	399.20	399.20				
HBA	1	271.55					
HBA_VIC	19	9,641.90	9,239.70	341.55		60.65	
HCF	1	277.35	277.35				
MBF_VIC	4	1,496.10	779.55		376.35		
MP	23	10,357.65	8,700.50		767.70		
MyOwn	4	1,059.00		241.35	281.80		
NIB	1	365.65	365.65				
SF	1	283.15	283.15				
SF+	1	213.35	213.35				
VicWC	4	2,232.60	1,162.65		674.25		
VicWCTime	1	333.75	333.75				

The total amount outstanding broken down by age is displayed by pressing the summary (Sigma) button.

The dialog box stays on the screen while the reports are being viewed and the various buttons can be pressed to view different results. When the dialog box is closed, the report datasheets are also closed.

Age (days)	Num Accts	Total Owing
0	58	27,016.75
60	3	1,155.30
90	4	2,100.10
120	5	999.05
150	1	499.70
180	6	1,727.70
210	1	395.70
300	2	535.85

### 9.9.3 Group practice summary

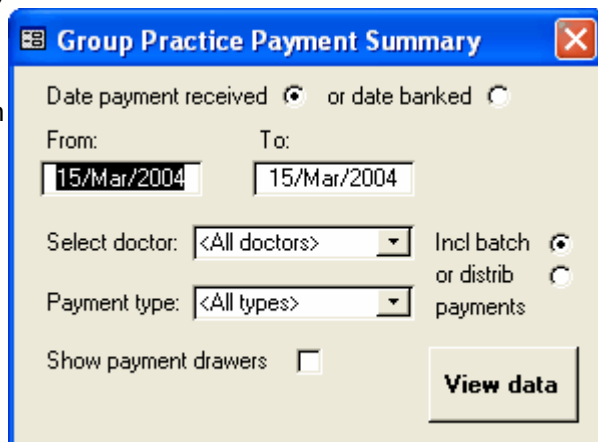
Multiple provider versions of Access Anaesthetics include the Group practice summary report. This is a dynamic report which allows you to quickly get summary information on the payments received by an entire group.

Select the report from the *Summary Menu* to open the dialog box.

Modify the selection criteria as you wish then click the *View data* button to display the results.

The defaults are set up to provide the most likely set of criteria for performing a daily summary for the current day's activity.

The result will be a datasheet showing the breakdown requested.



**Group Practice Payment Summary**

Date payment received ☒ or date banked ☐

From: 15/Mar/2004 To: 15/Mar/2004

Select doctor: <All doctors> Incl batch ☒ or distrib ☐ payments

Payment type: <All types>

Show payment drawers ☐

**View data**

Provider	Type	Num	Total
Max Merritt	AmExpress	1	150.00
Max Merritt	Cash	1	20.30
Max Merritt	CC	1	120.00
Max Merritt	Cheque	252	29,835.50
Max Merritt	Credit Card	1	120.00
Max Merritt	Direct debit	11	2,529.30
Max Merritt	EFT	127	28,276.49
Max Merritt	Money Order	1	22.20
Max Merritt	Other	2	260.00
Owen Jenkins	Cash	1	50.00
Owen Jenkins	Cheque	28	6,544.12
Owen Jenkins	Credit Card	2	160.00
Owen Jenkins	E-Credit Card	1	3.00
Owen Jenkins	EFT	5	2,668.00
Owen Jenkins	EFT-BD	1	5.00
William Morton	AmExpress	1	150.00
William Morton	CC	1	120.00
William Morton	Cheque	62	7,124.45
William Morton	Other	2	260.00

While the report is on the screen, the dialog box will remain open to enable you to dynamically change the criteria and requery the report. This allows you to easily adjust the output to what you require. Print the report using the toolbar icons.

By specifying different date ranges, doctors and payment types, you can create a summary of virtually any payment data.

## 9.10 GST

Most anaesthetists will not need to charge GST for their services. However, since cosmetic procedures and some other payments for private work may attract GST, a set of reporting functions have been included in Access Anaesthetics. Once enabled in the Options form (Misc page <sup>176</sup>), columns for GST will appear in all appropriate data entry screens, and listings of account and payments.

Click the GST button on the List of Payments screen ...



to open the screen shown at right which provides functions for GST reporting.

**GST Reporting Functions**

Drag the title bar to move this window

List all payments which include GST where ...

- 1 GST received but not yet paid to Australian Taxation Office (ATO)
- 2 GST received/banked in this period:
- 3 GST received on/between from  to
- 4 GST banked on/between from  to
- 5 GST paid to ATO on/between from  to

Double click date field to view calendar

**Summary**

Brief ☐ or detailed ☐ summary of GST payments to the Australian Tax Office

Show all payments ☒ or use date limits above ☐

**Pay GST**

Insert this date  into the payments currently displayed as the date the GST was sent to the ATO.

**GST Reporting Functions**

The buttons in the window apply selection criteria to the underlying payments list so that payments satisfying the criteria will be shown in the main screen. You can then use the standard reporting options, or use the specific GST reports in the GST reporting window.

The basis of the GST summary reports is the presence of data in two fields recorded for each payment, viz

- GST - the amount of GST included in a payment, entered at the time a payment is entered.
- GST -> ATO - the date on which the GST was paid to the Australian Taxation Office, entered as described below.

Entering a date into the GST -> ATO field is not required, although it will enhance your reporting abilities. As payments are added to the system you can review those which include GST by using buttons 2, 3 or 4. Initially all payments which include GST will also be shown using button 1 since the date the GST has been paid to the ATO will not have been entered. A function is provided to insert the date that the GST was paid to the ATO, into each payment. This records the fact that the GST has been paid, and would normally be done after the BAS reporting period for the quarter. To insert the date, click the *Pay GST* button on the bottom left of the window. This will insert the specified date into each payment. Thereafter, those payments can be reviewed using button 5. As additional payments are entered, the total GST currently owed to the tax office can be determined by using button 1.

Both brief and detailed summary reports of payments made to the ATO are provided. These functions are not intended to replace your normal accounting methods, but are provided as an aid to keeping track of GST in your accounts.

**Note**      *If you find that you have entered some incorrect GST -> ATO dates and you wish to edit them, select a group of payments and reinsert the date using the Pay GST function.*

## 9.11 Edit in Excel



Click the *Edit in Excel* button on the menu bar to export the data in the current list to an Excel spreadsheet file for further editing, analysis or printing. You will be asked to supply a file name for the Excel file. This will be stored in the *Documents* subfolder of your Access Anaesthetics folder (e.g. C:\Access Anaesthetics\Documents\MyExcelFile.xls).

This function allows you to export selected parts or all of your data to a spreadsheet format for further analysis or to be read by various commercial accounting software packages. (Specific export formatting for individual accounting packages is not built in to the system - this is left up to the individual user.) Only the columns which are currently displayed in the list will be exported. To export additional columns, first select a datasheet format<sup>[152]</sup> which includes the desired columns.

## 9.12 Advanced payment selection criteria

The List of payments screen display payments according to your own preferences. Usually this would be Unbanked payments, or specific time periods chosen from the Select menu.

It is also possible to specify advanced selection criteria to refine the selection in a more detailed way.

To do this, choose *Advanced* from the *Select* menu to display the screen shown here.

### Entering criteria

Enter a single criterion into one field, or enter criteria into several fields. Multiple criteria are joined automatically using *AND* (as opposed to *OR*) so that only payments which satisfy all entered criteria are displayed.

For '*from - to*' fields such as dates and account numbers, the *to* value is optional. If you just enter a *from* value without a *to* value, only payments with the specified *from* value will be displayed.

*New payments* or *Unbanked* payments are those which have not yet been banked, that is, their *Banking date* is blank.

*Accounts* and *Non-Accounts* refer to whether or not a payment is associated with an account. *Non-account* payments are otherwise termed Miscellaneous payments<sup>[14b]</sup> and are payments from a hospital or other institution which are not allocated to particular patient accounts. They are defined by their not having an account number.

A third type of payment, Batch payments, cannot be specifically selected using this form. Go to the Batch payments list<sup>[9b]</sup> to get data on this type of payment (click the *List all* button under the *Batch payments* heading on the bottom of the form). Note that all payments distributed from a batch payment are treated as standard payments and will be included where appropriate in any selection of payments.

For text fields such as surgeon or operation, you may enter a word, part of a word or



more than one word. If you enter part of a word you could find, for example, all surgeons whose surname includes 'Jen'. This would find Jenkins, Jennings and Jenson. You may also select an option from the drop down list for some fields. Note that you can either choose an item from a drop-down list, or type directly into the field. Not all available options will necessarily be included in the drop-down lists.

You can optionally select a sorting field to sort the list in either ascending or descending order. This can also be done after the records are actually retrieved by using the A-Z and Z-A buttons on the menu bar.

### Applying criteria

After you have specified all the criteria you wish, press the *Apply* button. The relevant records will be displayed and the Advanced selection form will disappear. If no records are found which match your criteria, you will be given a message and allowed to review your criteria.

Press the *Clear* button to remove all selection criteria and thus display all payments. The Advanced selection form will remain open for you to insert additional criteria, or you may close it without applying new criteria by pressing the *Close* button.

Once criteria have been specified, they will remain in the form for you to modify later if you wish. This is the case even though you may reset the payments shown without using the advanced selection form. For example, suppose you use the Advanced selection form to display all payments received between 1/4/1999 and 31/8/1999, where the surgeon was Dr Z Smith and the hospital was St Jupiter's. Later, you chose *Received last month* from the Select menu to show all payments received last month. The next time you open the Advanced selection form, the 1/4/1999 - 31/8/1999 dates, Dr Z Smith and St Jupiter's criteria will still be shown even though the underlying list still shows just last month's payments. You can either modify the selection criteria to your needs, click the *Clear* button to reset the criteria or simply close the form without applying the specified criteria. In the latter case, the existing selection (last month's payments) will be maintained.

### The SQL option for expert users

When you specify selection criteria, you are actually creating an SQL (structured query language) statement with a *Where* clause which contains the details of all selection criteria in a string of text. This SQL text string is created automatically when you choose an option from the *Select* menu or when you specify criteria in the Advanced selection form. The SQL text string can also be edited manually without using the *Select* menu or the fields on the Advanced selection form by simply typing into the string itself. To do this, click the blue *Edit SQL statement* label on the Advanced selection form. The SQL WHERE clause will appear and can be edited.

After editing, click the *Apply* button as usual to show the matching payments. Note that editing the SQL statement directly will not modify any of the data in the fields on the Advanced selection form and thus the form may not be a true representation of the criteria.



The best way to use this function is to first add some criteria to the form fields, then view the resulting SQL statement. You can then see the syntax which has been inserted automatically and this will make it easier to determine how to modify it for your own purposes. It is then quite easy to modify a field name, a criteria or add additional phrases joined with AND or OR operators. The possibilities are endless!

**Tip**      *The 'Sort By' list box on the Advanced selection form shows all the fields in the payments table which may be used for selection criteria.*

It is expected that most users would never use this option. It requires some knowledge of the Microsoft Access Visual Basic language and is prone to errors if the exact wording is not correct. It does, however, provide an additional level of customisation for expert users who may wish to create reports using more specific criteria than the Advanced selection form allows. If you get into trouble with this, just click the clear button to reset all the criteria and start again.

---

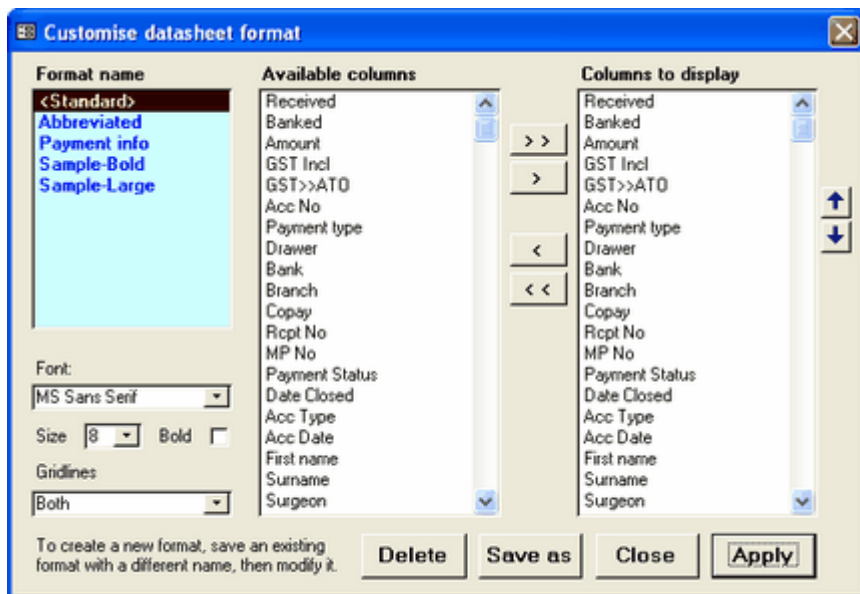
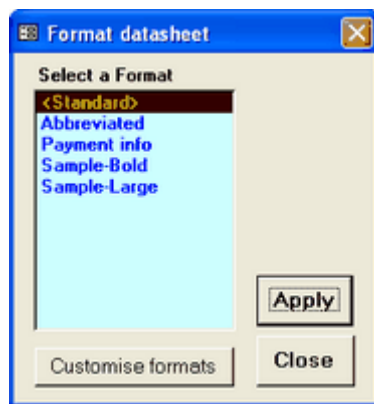
## 9.13 Formatting the list

The List of Payments shows a tabular selection of the data in the Access Anaesthetics database. The records shown in the list are determined by the various selection methods described in this chapter. Two other aspects of the list can also be customised. They are 1) the font, font size and other other formatting options and 2) which columns are displayed. You can adjust these by selecting *Format Datasheet* from the Tools menu.

Select a format and click Apply (or double click the format). The properties of the selected format will be applied to the list. These include the font, font size, bold face, gridlines, and the selection of columns.

The format will remain in effect until you select a different format, or until you install an Access Anaesthetics program update. In the latter case, the format will revert to the <Standard> format.

To create your own formats, or customise existing ones, click the *Customise* button.



The format highlighted will be that which is currently in effect in the list. You may modify this format by adjusting the font options, or by adding to or removing columns from the list. The <Standard> format cannot be modified.

To create a new format, click the Save as button to copy an existing format with a new name. Then modify the properties of the new format.

### Tips

- Experiment with different formats showing different columns. One group of columns may be better than another when performing particular tasks. A format with just a

few columns may be more easy to manage than one which requires horizontal scrolling.

- Reorder the columns in a format to suit your own viewing preferences.
- If you have a high resolution screen, adjusting the font size may be desirable.

## CHAPTER

## 10

# Letters and Documents

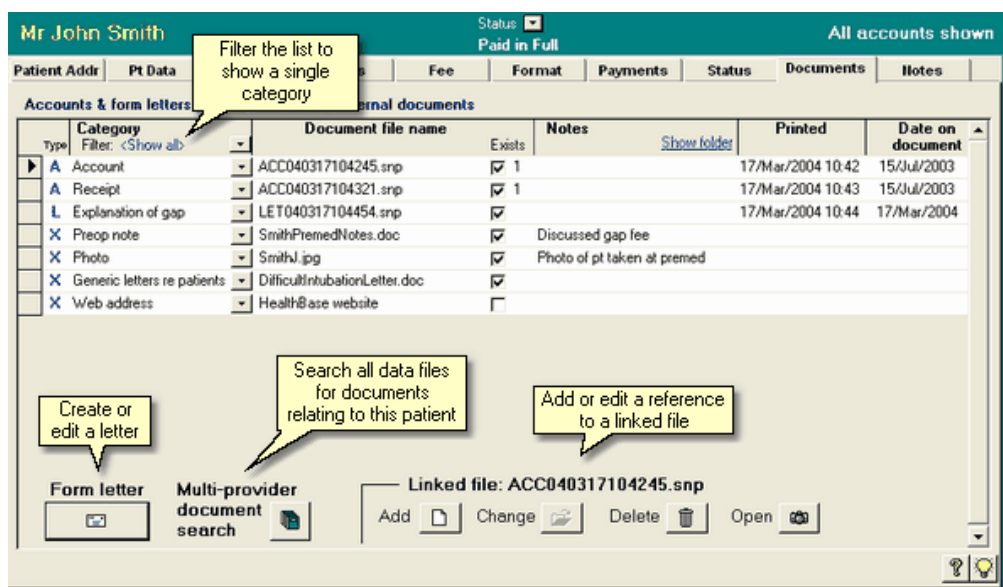
*Access Anaesthetics incorporates a built-in word processing system which allows you to write letters to patients and third parties. You may create, edit and send standard form letters with just a few mouse clicks and keep track of all correspondence within the one easily-accessible location. While it lacks the features of true word processing applications, it makes up for this in its ease of use and its ability to maintain a record of all documents sent to particular patients.*

## 10.1 Documents Page

---

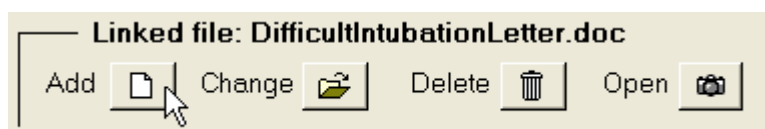
The documents page of an individual patient account records details of accounts and form letters sent to a patient. A similar page is opened from the *Letters and Documents* button on the Main Menu. In this case, the letters and documents listed are those which are not attached to particular patient accounts. These might be documents related to your anaesthetic practice *in general*.

As well as recording letters and documents, you can store a reference to any external document or web page, as described in the next section. Each document is either an account (A), letter (L) or external file (X). You can optionally give each document a category to better organise them, and you can filter the list by the category, thus displaying only those documents which match the category selected.



## 10.2 External documents

The Documents page (accessed from either the Main Menu, or from within an individual patient's account) is able to record a reference to an external document. That is, any file on the computer which is not an account or letter created by Access Anaesthetics itself. To create a link to a document, click the Add button on the bottom of the Documents page.

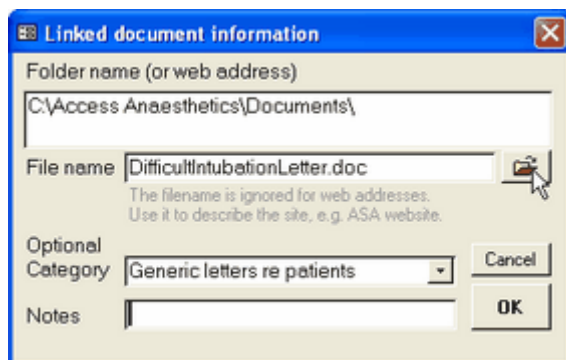


## Linking to a file

This will open the following dialog box.

Use the file browse button to locate the file you wish to create a link to.

Then enter an optional category and notes.

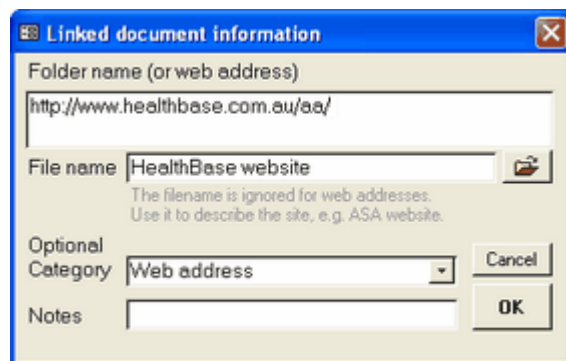


You are not limited to the categories in the list - you can simply type a new category into the category field, or select <Edit Lookup List> from the list to add a new category to the list so you can use it again later.

## Linking to a website

To store a link to a web address, type the entire web address into the Folder name field, and enter a description into the File name field.

For web addresses, the File name is ignored when navigating the Internet.



On the main Documents page, the description will be visible in the File name field. To see the actual web address, click the *Show folder* button at the top of the window.

## Multi-provider Document Search

Multiple provider versions of Access Anaesthetics allow searching for documents within all doctors' files at one time. This is useful if documents related to a single patient are stored in multiple doctors' files on multiple occasions of service. Click the search button on the bottom left of the Documents page and enter an account number or patient's name. If searching from within an individual patient's account, that patient's name will be inserted as the default search text. The following window will open displaying the results of the search.

**3 patient(s) matching** John Smith

PFName	PSName	PDOB
John	Smith	24/11/1916
John	Smith	8/02/1922
John	Smith	9/02/1927

3 patients called John Smith found

**Multi-provider document listing**

This shows a listing of all documents recorded for a particular patient in all the data files of a group practice. A patient is defined by first name, surname and possibly to have two or more patients with the same details.

Select patient here

☐ Show external documents only (untick to also show accounts, receipts, reminders and form letters)

Document selected: C:\Access Anaesthetics\Documents\SmithPremedNotes.doc

Go to selected account

Open selected document

Provider	AccNo	Op Date	Status	Type	Notes	FileName
William Moreton	1538	15/07/2003	Paid in Full	Account		ACC040317104245.snp
William Moreton	1538	15/07/2003	Paid in Full	Explanation of gap		LET040317104454.snp
William Moreton	1538	15/07/2003	Paid in Full	Generic letters re patient		DifficultIntubationLetter.doc
William Moreton	1538	15/07/2003	Paid in Full	Photo	Photo of pt taken at premed	SmithJ.jpg
William Moreton	1538	15/07/2003	Paid in Full	Preop note	Discussed gap fee	SmithPremedNotes.doc
William Moreton	1538	15/07/2003	Paid in Full	Receipt		ACC040317104321.snp
William Moreton	1538	15/07/2003	Paid in Full	Web address		HealthBase website

Form View

Patients matching the text you enter are shown in the small blue box on the top left. Select one of these to show the details of documents stored for this patient in the list below. This shows the provider and account number where the records are kept. Select a document and use one of the two buttons to either go to the selected account, or to directly open the selected document.

By default, the search lists only external documents, that is all linked documents that are not accounts or letters created within Access Anaesthetics. Untick the *Show external ...* checkbox to show all documents.

While the search window is open, you can enter a different search text into the field at the top of the screen to perform a new search.

## 10.3 The letter writing window

Letter

Click the letter button on any patient's Account details screen to send a letter to that patient. If you want to send a letter which is not associated with any particular account, click the *Letter* button on the *Main Menu*.

When the letters window is opened a new letter is created automatically and is addressed to the patient from whose account the letter button was pressed. You may simply type your letter text into the main body of the letter, then save, preview and print it. If you do not save it, you will be asked whether you want to save or cancel it when you close the form. This happens even if you do not enter any text since a new letter is created automatically.



Specify the name of the letter in the field on the top left of the screen. This will identify the letter in the list of letters on this patient's *Documents* page. A default will be inserted automatically, which will be the name of the form letter if a form letter is inserted into the body of the letter (see below). Otherwise it will be 'Custom letter'.

The patient's name and address details are entered automatically. If you have entered a third party billing address, you can toggle to and from this using the P and B buttons. Also, you can select any third party address from the lookup list which contains the same addresses as are available on the Patient Address page. If you open the letters window from the Main Menu, no addressee details will be entered and you should enter this manually.

Letters will be signed by default using the Salutation, Signature and Designation specified on the Provider page of the Options form. If you have selected an alternative provider designation for a particular account, this will replace the default designation. You may need to scroll down to see the signature name.

**Account 1144 - Mr Phillip Nettleton**

**Name of letter**: ASA 1 - Explain gap

**Addressee**: Mr Phillip Nettleton  
97 Military Rd  
BURWOOD  
NSW 2134

**Previous letters for this account**

Letter	Date	Date printed
ASA 1 - Explain gap	03/07/2003	
Fee estimate	03/07/2003	
Gap still owing 1	03/07/2003	

**Form letters** (click to insert)

- ASA 1 - Explain gap
- ASA 2 - Est.Rebate
- ASA 3-7
- Fee estimate
- Final notice
- Fund only
- Gap still owing 1
- Gap still owing 2
- Long overdue account
- Medicare only 1
- Medicare only 2
- Medicare underpayment 1
- Missing Medicare cheque
- Unknown Third Party
- W/C to patient

**Letter text**

Dear Mr Nettleton,

Please find your account enclosed. The fees charged are in accordance with the recommendations of the Australian Society of Anaesthetists and the Australian Medical Association.

The rebate you will get from Medicare and your Health Insurance Fund will be based on the Government Schedule of Rebate Benefits. In some cases, this rebate is not related to the true value of the service and only partially covers the fee.

Unfortunately, reductions in Medicare rebates over recent years have accentuated this gap.

If you have any queries, please do not hesitate to contact my office.

Yours sincerely,  
Dr William Morton  
ANAESTHETIST

**Buttons**: New letter, Copy, Save, Undo, Cancel, Spell check, Font: Times New Roman, Size: 12, Set default, Preview, Print, Close.

## 10.4 Letters already sent to this patient

---

All letters created for a particular patient are listed in the box on the top right of the letters window. Re-order the list by clicking on a column heading. Clicking again will reverse the sorting order. This may be particularly useful in locating letters which are not attached to accounts, since there may be a long list of them.

Click on a letter in the letters window to display it. Once a letter has been printed, its latest printing date will also be shown. You may edit the letter or, alternatively, make a copy of a letter and edit the copy. If you have checked the Snapshot option<sup>[172]</sup>, formatted copies of all letters printed will also be stored on the hard disk and be available for viewing in the patient's Documents page<sup>[100]</sup>. The snapshots may also be viewed directly in the letters window by pressing the camera button. Whether or not you keep snapshots of your letters, the names of letters sent (printed) will be listed in the *Documents* page.

## 10.5 Form letters

---

To send a form letter, simply choose the letter text from the Form letter list. The stored text will automatically be inserted into the main body of the letter.

If you are going to send a form letter, you should select the letter before doing any other editing in the main body of the letter since the form letter text will replace any text already stored there. In other words, if you start to type your own letter, then click one of the form letters, the text you have already entered will be overwritten without warning. There is an *Undo* button available on the form which may help in this situation.

You can also save the text of any letter as a form letter by clicking the appropriate button and giving the letter a name. In this way, you can type one letter, save its text as a form letter, then select it in the Form letters list to send to other people whenever required.

To delete one of the stored form letters, first highlight it by clicking on its name in the list. Then press the Backspace key on the keyboard. Note that the keyboard *Delete* key (DEL) will not work.

To rename a form letter, make a copy of it and rename the copy as follows. Insert the text of the letter you wish to rename into the current letter, click the button *Save text as form letter*, and type in the new name. You may then wish to delete the letter with the original name as described above. You can also use this method to create additional form letters with minor variations in the content of the letter text.

## 10.6 Formatting your letter text

The built in letter writer has limited formatting options in comparison to a word processor such as Microsoft Word. It is effectively a text editor which is attached to the database system. The emphasis of the letter writer is to quickly and painlessly create and send standard letters to patients or third parties, and to keep track of the letters in a database format. The latter is something you can't do with a standard word processing program.

As a trade off, formatting of letter text using underlining, bold face, italics, line centering and so on is not possible with the built-in letter writer.

### Printer fonts

It is possible to modify the font and font size for printing letters by specifying these at the bottom of the letter window. You may also modify the default font name and size, which are stored in the Options form (Account format page<sup>[166]</sup>).

Only a small number of fonts are shown in the listbox, although any font may be used by typing its name directly into the Font field. You can view the names of all your available fonts in Microsoft Word or other similar programs and then type in your preferred font. Similarly, you are not limited to the font sizes listed; any size may be entered.

### Spell check

Click the Spell check button to check the spelling of the body of the letter. A standard Microsoft Office spell check dialog box will be shown. This will only work if you have Office installed on your computer.

## 10.7 Writing your letters in Microsoft Word

If you wish to write letters in Microsoft Word to take advantage of its richer word processing environment consider the following points:

- The sending details (date sent and type of letter) of letters written in Word will not be stored in the Access Anaesthetics documents list so you will need to use another method of keeping track of which letters were sent to which patients. You can, however, make notes about having sent a Word letter in an individual account's Notes page. You may, for example, specify the document's file name.
- You can write a letter in Word and then copy and paste it to the built-in Access Anaesthetics letter writer. To do this, select the text in Word, press <CTRL>C (or Copy from the Edit menu), switch to the Access Anaesthetics letter writing window, click in the body text box and type <CTRL>V. The text will be inserted into the current letter. You may wish to do this to create new form letters in Word and save them in Access Anaesthetics. Note that formatting such as italics and

underlining will not copy across to Access Anaesthetics.

- If you wish to edit an existing Access Anaesthetics letter in Word, display it in the letter writer and press the Preview button. When the preview screen appears, press the 'Edit in Word' button and the letter will be opened in Word as an rtf (rich text format) file. You can then edit it as you please. Note that some formatting is lost in the transfer to Word - notably lines do not transfer across so your letterhead may look a little different. Also, carriage returns may be added to the end of lines and this may prevent appropriate wrapping of text to the following lines. You may also need to adjust the page margins.

Apart from the additional formatting features that Word offers, there is no real advantage to using Word as your letter writer over the built-in system.

## CHAPTER

## 11

## Options

The Options form stores your preferences for how Access Anaesthetics operates. You can specify your provider details, the unit values to be used in calculations, default formatting options, payment instructions and a number of other features. The Options form can be opened at any time with a specific button on the Main Menu, Account details screen or List of accounts screen, using the Tools > Options menu, or with the keyboard shortcut CTRL O. Options can be changed at any time.

## 11.1 Provider details

The provider details shown here will appear as the header for your accounts and letters. Adjust the entries and preview the account letterhead with the button provided.

**Options**

Discounts	Banking	File Management	Automatic Functions	Miscellaneous
Provider Details	Unit and Time Values	Account Format	Payment Instructions	Fund Co-Payment

Title for initial accounts (appears when the amount received =0)  
**Memorandum of Fees Due for Specialist Anaesthetic Services**

Title for receipts, reminders etc (appears where the amount received is greater than zero)  
**Statement of Account for Specialist Anaesthetic Services**

Optional prefix for account numbers:  
**WM**

Name: **Dr William Morton** Chariton, Massachusetts, USA Address 1  
 Qual: **MBBS FANZCA** Phone & Fax: (02) 9314 7238 Address 2  
 Desig: **ANAESTHETIST (1819-1868)** Email: **wm@healthbase.com.au** Contact  
 Pr.Num: **Provider Number: 0000001** HealthBase Pty Ltd, ACN 076 020 329 Company  
 afdasfdasa Extra detail (only with 5 line format)

This designation is the default for new accounts. You may change this on individual accounts. These fields can be used for any letterhead text you like. You are not restricted to address, contact and company.

Restart account numbering Company name for reports: **HealthBase Pty Ltd** Preview account header  
 Letters: Salutation: **Yours faithfully,**  
 Signature name: **Dr William Morton**

Restore defaults Options can be set and changed at any time, and can be changed just to print a single account. ? Save and Close

- The data shown is an example only. You can rearrange the address and telephone etc details to suit yourself using any of the available fields. However, only the *Name* fields are shown in large bold type.
- The last line of the header (5th line) will only appear if you have selected the 5 line format on the Account Format page <sup>[166]</sup>. It will be justified to the right, so if you want items to appear on the left, you should add additional spaces to achieve this.
- The default designation (e.g. Anaesthetist, Cardiac Anaesthetist, Medical Perfusionist) can be chosen from a list or typed into the field. This can also be changed for individual accounts.
- The optional account number prefix is intended for use with multi-provider groups where identical account numbers may otherwise cause confusion. It will appear on printed documents, but is not otherwise used in the system.
- If you don't want to use the built-in letter head for your accounts and letters you can use paper with your own letterhead design. Select the blank letterhead format from the *Account Format* page.
- The *Restart account numbering* button allows you to specify a new account number to begin incrementing from. This will not affect existing accounts. The maximum account number allowed in the database is 32,000.

## 11.2 Unit and time values

---

The numbers you enter on this page determine the fees that are set by default when you create an account. It is possible to additionally modify some of these on individual accounts. You need to keep these values updated manually and we will usually advise you when to do this.

The default RVG value and the values for workers compensation and third party accounts should be determined from your own practice and from the recommendations of the ASA or AMA. The DVA values are for Veterans' Affairs time-based payments.

Discounts	Banking	File Management	Automatic Functions	Miscellaneous
Provider Details	Unit and Time Values	Account Format	Payment Instructions	Fund Co-Payment

<b>Medicare Benefits Schedule</b>  MBS anaesthetic unit value for pre-RVG system: <input type="text"/>  Previously determined from MBS schedule. Not required after November 2001.	<b>MBS incorporating RVG</b>  Default value per unit to be used to create 'My Own Fee': <input type="text" value="16.50"/>  If you create your own fees for individual items, this value will be used to calculate the default fee.
<b>Dept of Veterans' Affairs</b>  DVA first 30 min: <input type="text" value="130.70"/> DVA each subsequent 5 min: <input type="text" value="16.05"/>  <input type="button" value="Check current rates"/>	<b>ASA Relative Value Guide</b>  Default RVG unit value: <input type="text" value="30.00"/> Workers Comp RVG unit value: <input type="text" value="53.00"/> Third Party RVG unit value: <input type="text" value="53.00"/> RVG After hours loading (%): <input type="text" value="50.0"/>

Current items file:

The *Current items file* shown on the bottom of the form displays the version of the Medicare book which is currently in use for your program. This can be updated as described in the File Management section<sup>[179]</sup>. The items file contains the recommended values of the RVG and DVA factors which are current at the time the items file is current. You can check these rates by clicking the *Check current rates* button above to open the window shown below, and insert them into your Options form by clicking the *Insert these rates ...* button below. You should update these rates when you are about to begin creating accounts using the new rates. Don't update these rates if you still have accounts to create for procedures performed prior to the starting date of the new rates.

In multi-provider versions of Access Anaesthetics, there is an additional button which enables the rates to be changed for all data files in one process.

**Miscellaneous Fee Rates**

These are the rates recommended for use with the current MBS items file. To use these rates, they should be inserted into the relevant fields on the Options form. You can switch to different rates at any time if you need to by typing them directly into the Options form.

Current MBS items file:

RateType	Rate	Version	Description
DVA30	134.35	Nov 2003	DVA time based fee - first 30 min
DVA5	16.50	Nov 2003	DVA time based fee - rate per 5 min
TP	56.00	Nov 2003	AMA recommended maximum rate for third party accounts
WC	56.00	Nov 2003	AMA recommended maximum rate for workers comp accounts

The default entries are those which were current at the time your program version was created. Those shown here were current in November 2002.

**Note**      *You need to update these values manually when they are changed by the Health Insurance Commission since they are stored in your own data file. Updates to the Access Anaesthetics system and MBS and RVG books provided by HealthBase will not update these figures automatically. We will however endeavour to alert you when these should be updated.*

## 11.3 Account format

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### Fields shown on accounts

These specify the defaults for new accounts and can all be changed within individual accounts, either by adjusting the checkboxes next to the appropriate field, or those on the account's Format page. Some of these were created in the pre-RVG era and would not normally be used after Nov 2001. In particular,

- If you have created a list of both MBS and RVG items, you can include a brief list of the alternative item numbers on the account. That is, for accounts which show RVG items, the equivalent MBS item numbers can be shown at the bottom of the list of RVG items and vice versa. They are shown in a single row and only the item numbers are shown, no other details.
- Since ASA RVG accounts would previously have been used for some standard patient accounts, the option to show the equivalent MBS items was provided so that patients would have the best opportunity to obtain Medicare rebates. This would rarely be required now.
- The option to not show item numbers on DVA accounts was included because of problems where the DVA would incorrectly make payments by MBS methods rather than by time-based methods. With the new A001-A007 items, this is not an issue and all accounts should now include item numbers.



Discounts	Banking	File Management	Automatic Functions	Miscellaneous
Provider Details	Unit and Time Values	Account Format	Payment Instructions	Fund Co-Payment

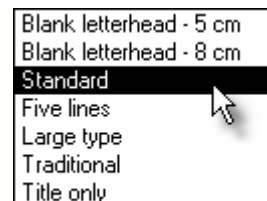
<b>Show on accounts</b> <ul style="list-style-type: none"> <li>Surgical item num: <input checked="" type="checkbox"/></li> <li>Anaesth item num: <input checked="" type="checkbox"/></li> <li>Item descriptions: <input checked="" type="checkbox"/></li> <li>Operation times: <input checked="" type="checkbox"/></li> <li>Date of birth: <input checked="" type="checkbox"/></li> <li>Itemised fees: <input checked="" type="checkbox"/></li> <li>Show item numbers on DVA accounts: <input checked="" type="checkbox"/></li> <li>Show a fee calculation note for these account types --&gt; DVA: <input type="checkbox"/> RVG: <input type="checkbox"/></li> <li>RVG accounts normally show MBS items: <input type="checkbox"/></li> <li>If showing RVG items on RVG accounts, also show a list of equivalent MBS item numbers: <input type="checkbox"/></li> </ul>	<b>Document formats</b> <ul style="list-style-type: none"> <li>Account header style: <input type="text" value="Standard"/></li> <li>Show box around address: <input checked="" type="checkbox"/></li> <li>Show printing date for accounts: <input type="checkbox"/> statements: <input checked="" type="checkbox"/></li> <li>Use 25 mm blank footer: <input type="checkbox"/></li> <li>Letter header style: <input type="text" value="Traditional"/></li> <li>Use short letter format: <input checked="" type="checkbox"/> (Spaces short letters better)</li> <li>Default font for letter text: <input type="text" value="Times New Rom"/></li> <li>Default font size for letter text: <input type="text" value="12"/></li> <li>Print lines and boxes in heavy type: <input type="checkbox"/></li> </ul>
--	--

These are the settings for new accounts. They can also be set individually for each account.

### Document formats

The standard account and letter formats print a built-in letterhead with your provider information. Select one of the letterhead styles from the two drop down lists.

Use the *Blank Letterhead* if you wish to print on paper which has your own custom designed letterhead. Or tick the *25 mm blank footer* checkbox if your letterhead has its own footer.



For letters, you also have the option of choosing either a Short or Long letter format. Choose Short if you want to space out a short letter over a whole page, and choose Long if you need additional space to fit a longer letter on one page.

The other options are self-explanatory and may be tested using the *Preview* button on this form, or on an individual account or letter.

## 11.4 Payment instructions

Payment instructions are printed at the bottom of each account in two columns. These can be modified by editing the two fields provided. The entire footer (including optional credit card or BPay details) can be previewed with the *Preview* button.

There is only one set of payment instructions and these are intended for individual patients since, generally speaking, health funds and other institutions follow their own payment methods. Consequently, by default, payment instructions do not appear on DVA, Third party or Worker's Compensation accounts or health fund accounts. Nor do

they appear on accounts where the fee has been paid in full, or on patient co-payment accounts<sup>[79]</sup>. These defaults can be modified for individual accounts on the *Format* page. You may consider doing this for overdue accounts.

**Payment instructions appearing on the bottom of the account**

Left column: Preferred: Post full payment with the account to the above address and a receipt will be returned. The receipt will enable rebates to be obtained from Medicare and your health fund.

Right column: Alternative: Present this account to Medicare and your health fund and you will receive cheques which should be sent to the above address together with any balance owing. A receipt will be sent upon request.

(Press <CTRL> and <ENTER> to start a new paragraph.)

☒ Show payment instructions. Also include --> ☒ Dividing line

☒ Show credit card payment details ☒ Patient name

☒ Show BPay details ☒ Fee or balance

Appear only if payment instructions are shown

BPay Biller Code:

Customer Ref num template:  (Mark the location of the Account Number using 'xxxxx')

[BPay notes](#)

The payment instructions can include a dividing line, account number, patient name and balance owing for use as a return payment slip.

Credit card payment details can be added to accounts by clicking the relevant checkbox. Normally these will appear only when the payment instructions are shown. The one exception is for patient co-payment accounts where credit card details will appear even though no payment instructions are shown. This is because the standard payment instructions do not appear for co-payments since Medicare and fund rebates will not be applicable.

## BPay Payments

BPay billing information can be included on the account. This must first be organised with your bank. Access Anaesthetics allows printing a unique customer reference number on each account. The system is managed as follows:

- Tick the checkbox to specify whether BPay details should be shown on the account.
- Insert your BPay biller code.
- Insert your template for the customer reference number. This will be determined in conjunction with your bank. You may specify the number of characters and the identity and location of any fixed characters.
- The template must contain the code 'xxxxx' which will substitute for the account number when the account is printed. This makes each customer reference number unique. For account numbers less than 10000, a leading zero is added.

- A *Check digit* as required by the banks is added automatically to the end of each customer reference number for each account printed. This is calculated using the Luhn Modulus 10 (MOD10V01) method.
- The customer reference number is stored in each account when the account is printed (not previewed). It only exists if it has been printed on an account. If it exists, it is displayed on the bottom of the Payments page<sup>[89]</sup>.
- The customer reference number cannot be edited. Rather it is automatically set during the printing process according to the template, the account number and the *Check digit*.
- Printed Accounts will display the BPay details at the bottom. If credit card payment details are also shown, a significant amount of the bottom of the account is used, and accounts which have a number of items may spill over onto a second page. Where this happens, the payment instructions including credit card and BPay details will be shown on bottom of the second page.
- BPay details, like credit card details, are only shown if the Payment Instructions are shown, except for patient co-payment accounts where the BPay details will be shown in any case if the BPay checkbox is ticked.
- A button is provided to create sample BPay numbers using the template you have specified.

**Note**      *When sending a receipt or copy of an account, the payment instructions are omitted if the account has been paid in full or has otherwise been deemed closed. You can override this convention in the account's Format page.*

## 11.5 Fund co-payment

When separate accounts are sent to a health fund and a patient for the one anaesthetic service, the patient co-payment account does not show the list of items which appears on the fund's account. Rather, it shows a customised message which is set up using the text shown below.

The co-payment account is printed using the small print button near the middle of the Fee page. This button is used for both accounts and receipts for the co-payment.



Discounts	Banking	File Management	Automatic Functions	Miscellaneous
Provider Details	Unit and Time Values	Account Format	Payment Instructions	Fund Co-Payment

**Fund Co-Payment Message:** These will appear on patient co-payment accounts where a health fund has been billed using the 'no-gap' system (in place of the items list). Standard payment instructions will not be shown, but credit card and BPay details will be shown if selected in the Options. The paid message is shown if the co-payment is partly or fully paid, otherwise the unpaid message is shown.

☐ If unpaid ☐ If paid

PATIENT CO-PAYMENT FOR HEALTH FUND 'KNOWN-GAP' ACCOUNT

The fee for your anaesthetic service is #TF.

Because of new arrangements with health funds, we are now able to charge the fund directly for a rebate on your behalf. The fund rebate will cover the Medicare schedule fee and the fund's own contribution. The total amount that your fund will pay is #FF (including the Medicare rebate) and an account has been sent to #FN for this amount.

The remainder of the fee is NOT covered by the health fund contribution and is payable directly by you. This amount is #CP.

Please send your payment for #CP to the address above at your earliest convenience.

The following substitution codes may be inserted in the text:  
 #TF = total fee; #FN = fund name; #FF = fund fee; #CP = copayment amount; #CR = copayment received.

- Both a *Paid* and an *Unpaid* message are available. The Paid message appears when the co-payment is partly or fully paid, otherwise the unpaid message is shown.
- Substitution codes may be inserted in the text to have the relevant patient's account data appear on the printout.

## 11.6 Discounts

The default discount label on printed accounts is *Discounted Fee*. Other recommended labels are *Reduced Fee* or *Early Payment Fee*. You may have to enter several spaces to the left of the text so that the label lines up correctly with the Fee label on the printed account. Test this by viewing a preview of a discounted account and adjusting the spaces as required. The label specified here will appear on all discounted accounts.

Discounts can be set on the Fee page for any account. When initially inserted on an account, the discount message will be as specified here in the Options form. Adjust this to the message you will most often use. It can later be modified on individual accounts after the discount is set. Use the # character here to substitute for the expiry date on the actual account message.

Specify the *Number of days before a discount lapses*. Then, when Access Anaesthetics opens, the discount expiry date is checked against the current date and, if appropriate, the discount is disabled while retaining the discount information for reference. A suggested starting point is 21 days. Some clients recommend using a shorter time, say 10 days, to encourage patients to pay the account prior to obtaining Medicare and fund rebates.

If you do not want to have the discounts expire automatically, set the number of days until the discount lapses to zero.

Tick the *Don't automatically...* checkbox if you wish to keep discounts on part paid accounts.

Discounts

Discount Label: Discounted Fee:

Discount Message (can be changed for individual accounts): This discount is available where the account is paid in full before \$. Thereafter the amount will revert to that shown above.

Number of days before a discount lapses: 21

Don't automatically remove discount if the account is part paid: ☒

## 11.7 Banking

Enter your bank account details if you would like them to appear on the top of bank deposit slips. If you don't want the details to appear, leave this field blank.

Provider Details | Unit and Time Values | Account Format | Payment Instructions | Fund Co-Payment

Discounts | **Banking** | File Management | Automatic Functions | Miscellaneous

Show these bank account details on the bank deposit slip (optional): Account No. 10 0000 0000

Show patient's surname and account number on bank deposit slip: ☒

Sort the bank deposit slip by this field: Cheque drawer then by this field: Patient surname

(Cheques, credit cards and money orders are shown as separate categories, also sorted by these fields.)

You can specify whether or not to print the patient's surname and account number on bank deposit slips. These details are useful for your own accounting and checking purposes, but you may prefer not to provide this information to the bank.

Select the fields to use to sort the bank deposit slip. Cheques, credit card payments and money orders will appear in separate categories, each category sorted in the

order specified here. Cash payments are totalled and displayed below all the other payments. If you need an itemised listing of cash payments, use the *Print this list* button on the bottom of the List of Payments <sup>[137]</sup>.

## 11.8 File management

### Snapshots

We recommend that you check the option to save snapshot files of all accounts and letters. This is effectively like making a photocopy of each account after sending it, because the snapshots provide an exact image of the account as it was when it was printed. Since these cannot be edited, they provide a valuable record.

Snapshots are stored in a subfolder called *Snapshots* within your main Access Anaesthetics folder (e.g. C:\Access Anaesthetics\Snapshots). You can view stored snapshots in an individual account's *Documents page* <sup>[100]</sup>. If you cannot create or view the snapshots you should install the free Snapshot Viewer from Microsoft. This is one of the separate applications provided on the installation CD. (Some versions of Office 2000/2002 include the snapshot viewer, although it may not be installed by default.)

Provider Details	Unit and Time Values	Account Format	Payment Instructions	Fund Co-Payment
Discounts	Banking	File Management	Automatic Functions	Miscellaneous

**Account snapshots**


Save snapshot files on disk for all accounts: ☒ for all letters: ☒

**Automatic backups**

Do an automatic backup each time the system starts: ☒

Name of autobackup file (stored in program folder):  (overwrites existing file without warning)

**Manual backups**

Default backup file:   (gives warning before overwriting existing file)

Prompt me to do a backup before closing: ☒ Don't prompt me if I have done a backup in the last  min

### Automatic backups

It is a good idea to have the system do an automatic backup each time you start an editing session so that you always have something to fall back on if any problems occur during an Access Anaesthetics session. This will save the last 2 versions of the User data file (AAUser.mdb) to a separate file name on your hard disk (in your Access Anaesthetics folder) when you start up the system. The most recent will be given a file

extension of .bk1, and the older file will be designated .bk2. In the unlikely event that a problem occurs, you can easily go back to the most recent backup with very little loss of data. Specify a name for the backup file in the File Management page of the Options form. This process should not be used as a substitute for the essential manual backup process.

### Manual backups

It is **ESSENTIAL** that you also make regular manual backups onto a removable disk to safeguard your data. The folder and file name shown here will be used as the default backup location when you do a backup from the *File Management menu*. You can specify any folder and file name on a hard, floppy, zip disk, CD or network location. Go to the File Management Menu from the Main Menu to perform a manual backup <sup>[184]</sup>.

If you would like to be prompted to do a backup before closing Access Anaesthetics, tick the appropriate checkbox. You can also specify a time within which you should not be prompted if you have recently done a backup.

## 11.9 Automatic functions

The following options will affect the data entry process

Provider Details	Unit and Time Values	Account Format	Payment Instructions	Fund Co-Payment
Discounts	Banking	File Management	Automatic Functions	Miscellaneous
<b>Editing</b> If not in the stored list, automatically open the editing form to enter the new details for: <div> <input checked="" type="checkbox"/> surgeon:  <input checked="" type="checkbox"/> hospital:  <input checked="" type="checkbox"/> operation:           </div>		<b>Items list</b> <input checked="" type="checkbox"/> Automatically insert item details when an item number is entered into an account: <input type="checkbox"/> Automatically check prolonged anaesthetic rule (pre Nov 2001) <input checked="" type="checkbox"/> Automatically re-order items in list <input checked="" type="checkbox"/> Perform automatic data check before printing (doesn't function when printing from the patient list screen)		
<b>Copying</b> When copying operation details from another patient, also copy the --> <div> <input checked="" type="checkbox"/> surgeon:  <input checked="" type="checkbox"/> hospital:  <input checked="" type="checkbox"/> operation date:           </div>				
<b>Capitals</b> Capitalise 1st letters of name and address: <input checked="" type="checkbox"/> Surnames in ALL caps: <input type="checkbox"/> Postcode in ALL caps: <input type="checkbox"/>		<b>Status functions</b> Num of days after the operation before the account is 'Ready to send': <input type="text" value="1"/> Num of days after the account is sent before it is deemed 'Overdue': <input type="text" value="56"/> Amount payment may be short while still deemed 'Paid in full': <input type="text" value="5.00"/>		

### Inserting a new surgeon, hospital or operation

Each time you type a surgeon, hospital or operation into a patient's account, the system looks to see if it exists in the appropriate lookup list (e.g. the list of stored operations). If it doesn't exist, a form will pop up asking you for details of the surgeon,



hospital or operation to be stored in the list. This is useful if you want to store new names for future reference. However, since anaesthetists typically do many operations a small number of times each you may not want to store all the operations. Similarly, if you do a lot of cases with many different surgeons, you may not want to store them as a routine. In these cases, having the form pop up each time may be a bit annoying. You can disable this feature by unchecking the relevant box in the *Editing* section.

**Note** *This process doesn't happen if you enter a surgeon, hospital or operation abbreviation or if you choose one from the lookup list. See the [Operation](#) <sup>45</sup> section for more information.*

### Copying operation details

There are two copy buttons <sup>49</sup> on each account's *Operation* page to copy the operation details from one account to another to streamline data entry for commonly performed procedures. The detailed copy function can be customised by specifying whether or not it should copy the surgeon, hospital and operation date (as well as copying the operation, item and fee details). If, for example, you do a list of several of the same type of procedure, say colonoscopies, you may prefer to copy the surgeon, hospital and operation date. If you mainly use this function to copy operations done in other hospitals by other surgeons on other days, it would be better to uncheck these options. Of course, they can all be manually entered or removed as appropriate in each individual account. These options do not affect the *Quick Copy* function; this always copies the surgeon, hospital, operation and operation date from the previous account.

### Capitalisation

If checked here, when names and addresses are entered into an account, the first character of each word is automatically capitalised. This means you don't have to use the Shift key when entering the data. If you wish to enter a name with a lower case first initial such as 'van de Someone', turn this function off, enter the data, and then turn the function back on. If you choose to leave the automatic capitalisation off, you can capitalise name and address fields by double clicking on them with the left mouse button.

Some clients also prefer to show the surname and/or suburb in all capital letters and this can be specified here. Note that in most instances, the suburb inserted from the lookup list will already be capitalised since this is how it exists in the Australia Post list.

### Insertion of item details

Normally when you enter an item number into an account's *Items* page, that item's details are entered for you. This option can be disabled by switching off this checkbox. The reason you may want to disable this is so that you can have greater control over what appears in the items list. For example, you may wish to enter an item, then remove its item number without removing the procedure and fee details. Or you may wish to be completely free to enter whatever you wish into the item number fields without having the system look for matching items. We would expect that you would



only disable this function in very unusual circumstances.

If you have disabled this function, you can still insert the item details from either the MBS or RVG book by clicking the *Insert item from book* button on the *Items* page. And you can always add the item directly while viewing the book.

### **Prolonged anaesthesia calculation**

The prolonged anaesthesia calculation was used in the pre-RVG era and is no longer required. It is left here for backward compatibility. The post- November 2001 multiple anaesthetic rule (where the base unit value of the second anaesthetic procedure is discounted to zero) is calculated automatically irrespective of the setting of this switch.

### **Automatic ordering function**

When entering items on an account's *Items* page, the list of items is ordered according to built-in rules<sup>[64]</sup>. In most cases this ordering will be satisfactory, and minor adjustments can be made by adjusting the ordering codes in the leftmost column. It is possible to disable the automatic ordering so that items simply appear in the order they are entered. It is then up to you to specify your preferred ordering. If you do disable this function, it can be activated for individual accounts by pressing the *Auto Order* button on the *Items* page.

### **Automatic data check**

The data check can be run manually from the Account details screen, or you can have it activated automatically just prior to printing the account. In the latter case, you will be alerted to any high-priority errors, but not low-priority errors, before printing proceeds. You can switch the automatic check on or off in the Options form (default is on).

### **Automatic status functions**

These three fields allow you to specify how long after an operation the account should be sent, how long after sending an account before it is deemed overdue and the amount the payment may be short while still being deemed paid in full. These control the automatic status changes in the system which are updated each time the system is started.

**Note**      *The system will not automatically print accounts, receipts or reminders which are due for printing. The automatic status functions simply change the phrase shown in the Status field to allow you to identify which accounts are ready for certain processes.*

## 11.10 Miscellaneous

The *Miscellaneous* page is used for configuration items which do not fit elsewhere.

### Show open accounts

If you tick this box, when you first open the Account details or List of Accounts screens, only accounts which are currently open will be shown. That is, accounts where the *Date Account Closed* is blank. This will be the most practical option for most users. If unchecked, all accounts in the database will be shown.

### MBS/RVG Book filtering

The MBS book can be filtered to show either the *Entire MBS* list of items (approx 5000 items), the *Anaesthetics* items (approx 700) or *My Own List* items. My Own List items are those where you have ticked the checkbox or where you have modified the description. The *Anaesthetics* or *My Own* lists will be most useful most of the time, but may not include all items you wish to use. You can easily toggle from one filtering type to another while using the book; this option simply specifies which list to open when the program starts. The RVG book can show either the *Entire RVG* or *My Own List*.

### Postcode defaults

When you enter the suburb of a patient's address, the relevant postcode is automatically inserted. Since some suburb names exist in more than one state, entering a suburb may find a postcode in a state other than the one you want. Specify here which state should be used first for looking up postcodes. The relevant postcode will be inserted and any other matching postcodes will be available for selection in the

dropdown list on the suburb field.

If your practice is in a country town and most of your accounts go to the same postcode area, you can specify a default postcode to insert into new accounts. If you do this, be careful when sending an account to an out-of-town person.

### **Button autofocus**

When switched on, moving the mouse over a button highlights the button. In other words, it *Sets the focus* to the button. This can make the system a bit easier to use but may cause some focus-related problems when entering data.

### **To-Do list**

Upon system startup, the To-Do list will be opened in compact or detailed format as specified here. You can toggle to the alternative view at any time.

### **System sounds**

Turn the built-in sounds on or off using the checkbox.

### **Enable GST functions**

Tick the *Enable GST* checkbox to have the system show GST related functions. This will display appropriate fields in the various parts of the system where GST can be entered or reported on. When unchecked, most of the GST fields will not be visible.

Tick the *GST Free note* checkbox to have 'GST FREE' displayed whenever a GST free account is printed. If the Enable GST checkbox is unticked, the GST FREE message will not appear.

### **Prompt for number of copies**

Tick this checkbox if you would like to be prompted for a number of copies to print when printing from a preview window. If you leave this box unticked, one copy will be printed without prompting.

### **Resizing the Access Anaesthetics window**

If you are using a high resolution monitor (1024 x 768 or greater), this option will allow you to save the size of the Access Anaesthetics window so that the next time you open the system, it will size itself to your preferred window size.

### **Sending troubleshooting information**

Click this button to send configuration information to HealthBase by email for troubleshooting. Owing to a Microsoft bug, this may cause the program to crash if you are using Access 2000 (not Access 97 or runtime).



## CHAPTER

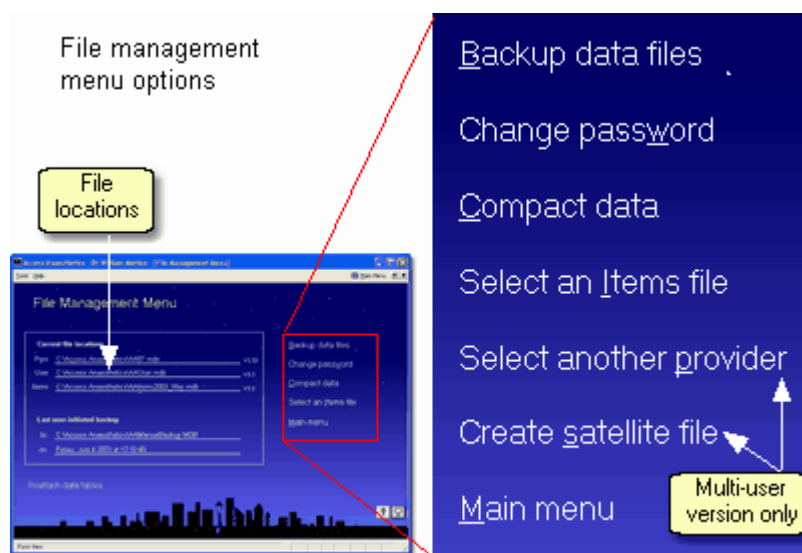
## 12

## File Management

*This section explains how to perform data backups, change passwords, select items files, and perform general housekeeping on your Access Anaesthetics installation. This is essential reading for all users.*

## 12.1 File locations

The File Management Menu is opened by clicking the similarly-named button on the Main Menu. This screen provides access to backup and other utility functions that will be required from time to time and shows the locations of the main files used in the system and the location and time of the last backup.



If you have installed the system in the default folder C:\Access Anaesthetics, the main files are as shown below. There is no obligation to install to the default folder, but it will make upgrading the system easier. For single user systems, the various data files

(user, items funds etc) must be in the same folder as the program file. For multi-users systems (unlimited users), the data files can be located on a shared network folder.

**Current file locations**

Pgm	C:\Access Anaesthetics\AA97.mde	V3.33
User	C:\Access Anaesthetics\AAUser.mdb	V3.3
Items	C:\Access Anaesthetics\AAItems2003_May.mdb	V3.3

**Last user-initiated backup**

to: C:\Access Anaesthetics\AAManualBackup.MDB

on: Friday, July 4 2003 at 12:32:49

File versions

- Program file** AA97.mde for Access 97 or runtime installations  
AA2000.mde for Access 2000 or XP installations  
This file is the user interface which operates all the functions of the system.
- User file** AAUser.mdb. This contains all the data including the account records, letters, payments and setup information such as the provider's letterhead.
- Items file** AAItems2003\_May.mdb. This contains the Medicare schedule, ASA RVG schedule and postcodes.

For multi user installations, the User file is split into two separate files.

- User file** *DoctorName.aau*. Contains all the account and setup data for one doctor. There is one of these files for each doctor.
- Site file** AASite.mdb. Contains the various lookup tables which are common to all doctors in the multi-user group. There is only one of these files per group.

Additional files include:

AAFundsWith RVG.mdb	Contains the health fund fee schedules.
RegNum.txt	Contains your registration number.
DataPath.txt	Is a reference to the data location for multi-user systems.
.snp files	Snapshot files containing images of accounts and letters. Stored in the Snapshots subfolder of your Access Anaesthetics folder.
.doc or .xls	Word documents or Excel spreadsheets which you have exported. These are stored in the Documents subfolder of your Access Anaesthetics folder.
.zip	Compressed files created with Winzip as backups of the user file.
.wav files	Files which generate sounds.
.bmp files	Picture files
.ico files	Icon files
.hlp files	Windows help files
.chm files	HTML help files
.old files	Old user data files which have been upgraded. May be deleted.
System.mdw	MS Access workgroup file. May be in a different folder.

The program, items and health fund files need updating from time to time as described below. The User file contains all entered data and is the only file which needs to be backed up (multi user installations need backups of all the *DoctorName*.aau files and the AASite.mdb file). All other files can be easily replaced from the CD or website if required.

All Access database files are supplied in Access 97 format with the exception of the main program file AA2000.mde which is in Access 2000 format. This file is satisfactory for both Access 2000 and XP users and can read data from Access 97 files without conversion.

### Contents of the data files

Each data file contains a number of tables with the subscript T. They are listed here along with a brief description of the data they contain. Data stored in the site file is accessible to all users in a multi-user installation. The single user file AAUser.mdb contains all the listed tables from both the .aau file and the site file.

For multiple provider installations, the location of the various data tables has special significance. When you change data which exists in the User file, it is changed for that file only. When you change data which exists in the AASite file, it is changed for all files in the group. This means that when a new surgeon is added, that surgeon is available for all other doctors to add to their accounts. Generally speaking, all 'lookup' type data such as surgeons, hospitals, operations, items and their abbreviations,

health funds, banks, messages, addresses, form letters and so on, will be available to all doctors in the group. The one table which will not always be clear is the SetupT table. This contains all the doctors own settings and changes to this table (usually via the Options form) will affect the selected doctor only.

**User file (e.g. John Smith.aau)** - Changes to data here affect the individual doctor only

AccountDetailsT	List of items on an account
DocumentListT	List of documents printed for a particular account
PatientsT	List of all accounts
PaymentsDeletedT	List of deleted payments
PaymentsT	List of all payments
PaymentStatusLogT	List of changes in status of an account
SetupT	Setup options for the provider

**Site file – AASite.mdb** - Changes to data in these tables affect all doctors in a group

AddressesT	Third party addresses e.g. DVA and health funds
BankBranchesT	Bank branch names
BanksT	Bank names
DesignationsT	Designations of the anaesthetist, surgeon, hospital and operation
FormLettersT	Text of form letters
FundFeesUserT	List of health fund fees created by the user
FundNamesT	List of cheque drawers, and their bank and branch details
FundsT	Short list of health funds shown on the PtData page
Help_UserT	Customised tips which are created by the user
HospitalsT	List of hospitals
ItemAbbrevT	Custom abbreviations for item descriptions
MessagesT	Messages which appear on account
OperationsT	List of operations
QuickItemLookupT	List of items which can be quickly added to accounts
QuickNoteLookupT	List of notes which can be quickly added to accounts
StatusPhrasesT	List of phrases which describe current status of an account
SurgeonsT	List of surgeons
TimeBasedSchemesT	Details of time-based fee schemes such as the Vic WC scheme
ToDoListT	Items in the To-Do list



## 12.2 Data backups

**Caution** *It is ESSENTIAL that you regularly back up your data file(s). In the event of theft or damage you can always replace your computer and get a new version of Access Anaesthetics, but you may never be able to replace your data.*

### Points to note

- Don't underestimate the importance of having an adequate backup. One day you will need it.
- You should back up your data at least once for every day you use the computer.
- You can back up either to the computer's internal hard disk or to any other removable storage medium such as a floppy disk, zip disk, removable hard disk or rewriteable CD.
- A hard disk backup makes data recovery very simple, as it just requires copying the backup files back again. However if the computer is stolen or damaged, the backup will also be lost.
- A removable backup is required where the computer has been stolen or damaged. Removable disks should be stored in a separate location to the computer after the backup is complete.
- DO NOT perform a backup if you suspect your current data may be corrupt. Performing a backup will simply overwrite what may be your only good data with bad data.
- Removable backup disks should be handled carefully to avoid damage. It is a good idea to keep several sets of backup disks in case one should fail. For example, you could have a separate backup for each day of the week.

### What data is backed up and how?

All data on your accounts, payments and custom setup options are stored in a single file. This is the only file you need to back up. This file is called AAUser.mdb. The main program file (AA97.mde or AA2000.mde) and associated files do not need to be backed up since they can always be reinstalled from the Access Anaesthetics CD. Similarly, the Medicare and RVG items files do not need to be backed up as copies will always be available from us.

For multi-user installations, all the individual doctors data files need to be backed up, that is all files of the format *DoctorName.aau*. Additionally the *Site* file, AASite.mdb should be backed up.

The built-in backup system makes an exact copy of the data files. This contains all data from when the system was first installed. There is no provision for making incremental backups or of specifying a subset of data to back up.

### Data which is not automatically backed up

The built-in backup system copies the entire database of your accounts as one file.

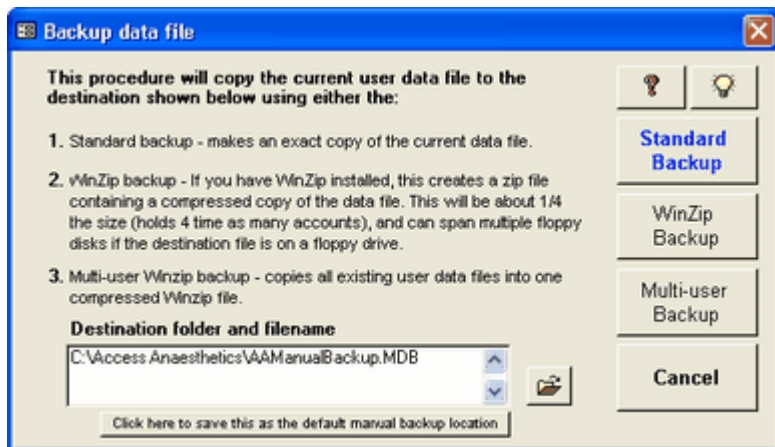
However, it does not copy the additional documents you may have optionally created while using the system. This includes Snapshot files and any Word or Excel documents you may have created by exporting data from the system.

To backup these files, use Windows Explorer to copy the entire contents of your *Snapshots* and *Documents* sub-folders. If you accepted the installation defaults, these folders would be named *C:\Access Anaesthetics\Snapshots* and *C:\Access Anaesthetics\Documents*. To restore these files, simply copy the entire folders from their backup location to your Access Anaesthetics folder.

## 12.2.1 Performing a backup

### Backup data

All manual backups are performed from the backup window which is accessed using the *Backup data files* button on the *File Management Menu*.



### Standard backup

Enter the location of the file to backup to. A default file name will be specified. You may accept this, type in your own preferred folder and file name, or use the Browse button to locate a folder and file to backup to. Press the Backup button to commence the backup. You will be warned if you are about to overwrite an existing file, and you would probably normally wish to do this if you are copying to a disk which has previously been used for backups. A message will be shown when the backup is complete.

The standard backup creates an identical copy of your data file containing all accounts, payments and setup options for your system. If using floppy disks for backups, be aware that the standard backup system cannot span multiple disks. If the backup file becomes too big for one floppy disk (1.44 MB), attempting to backup to a floppy disk will fail.

The time will come when one floppy disk is not sufficient to store an entire backup and

you should plan your hardware resources to accommodate this. Depending on how much data is stored with each account, one floppy disk should hold between 500 and 800 accounts. If using floppy disks, once the file gets too big for one disk, the first option may be to use a compression program like Winzip to store more information on each disk.

**Tip** *To streamline backups, you can save a particular folder and filename as the default location for backups. To do this, specify the folder and filename as described above, then click the 'Click here to ...' button just below the file name field on the backup dialog box. The next time you wish to make a backup, your specified file name will be inserted as the default. This backup location is stored in the Options form (File Management page<sup>(172)</sup>) and can also be edited there.*

### **WinZip backup**

The proprietary program Winzip (Nico Mak Computing Inc.) compresses files so that much more data can be stored for the same file size. This is one of a number of similar file compression programs which can be obtained from many Internet sites. Access Anaesthetics supports the use of Winzip such that, if you have Winzip 7 or later installed, you can use the *Winzip backup* button to create a compressed backup file. This will store about 4 times as many accounts as a standard backup for the same file size thus enabling you to fit a lot more accounts on a single floppy disk.

If you do use Winzip, the Winzip backup process is just as easy as the standard backup, requiring just a few mouse clicks. Perform the backup in the usual way, but click the Winzip backup button instead of the Standard backup button. The Winzip dialog box will appear while the backup is proceeding.

Another advantage of using Winzip is that it will save a single file across multiple floppy disks if the file is too big for one disk. To do this, you need to specify a floppy drive for the backup location. If you create the backup on your hard drive and then try to copy it to a floppy disk using Windows Explorer, it will not be able to span multiple disks.

Note that Winzip is not created by HealthBase Pty Ltd. We cannot give or sell you the program and cannot install it for you. It is up to you to obtain, install and evaluate it and, if you wish to keep using it, pay to register it according to the instructions in the Winzip documentation. An evaluation copy of Winzip can be downloaded from the Winzip website ([www.winzip.com](http://www.winzip.com)).

Note also that there is no reason why you can't use any other file compression program instead of Winzip. You can. Just make your standard backup as usual and run your compression program on the backup file. Its just that Access Anaesthetics will do this for you automatically if you use Winzip.

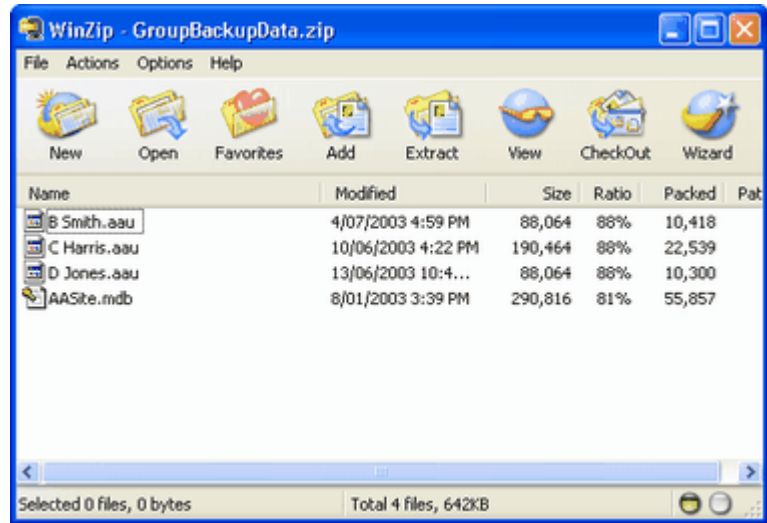
### **Multiuser Backup**

The *Standard* and *Winzip* backups will copy the current user's data file. For multiple provider installations, this has the disadvantage of having to do a separate backup for

each doctor, and the problem that the AASite.mdb file is not backed up. To get around this, the *Multi-user Backup* function copies all data files and the site file into one single zip file.

Follow the instructions above for the Winzip backup, but use the *Multi-user backup* button.

Your zip file should then look something like this.



An important point to note with this process is that the default backup location is stored in the individual user's data file and may initially be different for each user. Consequently, the default backup location will vary depending on which user file you have open when you do the backup. It is advisable to set all the default backup locations to the same file when using the *Multi-user backup* system. To do this, open each user file in turn, go to the File Management page<sup>[184]</sup> in the Options form, and specify the correct backup location. You may also like to tick the checkbox to prompt for a backup before closing the system.

## Notes

After setting up the file locations for the first backup, subsequent backups are simply done with a few clicks - File Management Menu > Backup data files > Standard backup > OK.

Depending on how much data is stored with each account, one floppy disk should hold between 500 and 800 accounts without being compressed. With compression, perhaps 2000-3000 accounts will fit on a single floppy disk. By spanning multiple disks, there is theoretically no limit to how many accounts may be backed up in this way. In practice, however, a storage medium with a larger capacity than a floppy disk may be more convenient. We recommend a zip drive, super disk, rewriteable CD or removable hard drive in the longer term for more substantial storage solutions.

## 12.2.2 Restoring data from a backup

Because a standard backup simply makes an identical copy of the single data file AAUser.mdb, all that is required to restore a backup is to move and/or rename the backup file back to your Access Anaesthetics folder and restart the system. Ensure you know which file is the one you want to restore and which file you are replacing. Avoid overwriting any files you may want to use later.

### To restore a backup file:

1. Close Access Anaesthetics if it is open and start Windows Explorer<sup>[213]</sup>.
2. Rename or move (rather than delete) the current AAUser.mdb file in your Access Anaesthetics folder (e.g. rename to AAUserOLD.mdb) in case you need it later. This is the old file you want to replace.
3. Move your backup file to your Access Anaesthetics folder if it is not already there. You will be prompted to overwrite the current AAUser.mdb file if you have not already moved or renamed it.
4. If the backup file was created with Winzip (it will have the file extension .zip rather than .mdb). Use Winzip or another file compression program to uncompress it.
5. If the backup file is named something other than AAUser.mdb, rename it to AAUser.mdb.
6. Restart Access Anaesthetics and the data in the backup file will be reattached automatically and will be available for use.
7. Once you have verified that the data in the backup file is OK, you can delete the old version of AAUser.mdb that you earlier renamed to AAUserOLD.mdb.

**Notes**      *If you have used Winzip (or another file compression program) to make a compressed backup file, you will first need to uncompress the zip file before re-attaching it to the system. The easiest way to do this is to double click on the zip file in Windows Explorer. Unzip the file to your Access Anaesthetics folder and rename it if required to AAUser.mdb as described above.*

*For multiple user installations, restore one or more of the DoctorName .aau files and/or the AASite.mdb file from the Winzip backup file.*

## 12.3 Adding a password

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Your data file starts out without a password and anyone with a copy of Microsoft Access can read the data. If you add a password, no-one but you will be able to view the data. However, if you forget your password, not even you will be able to view your data, so be careful to keep a record of your password (not on the computer obviously).

When a password has been applied to a data file, you will be required to enter it whenever Access Anaesthetics is opened. If the correct password is not given, Access Anaesthetics will not be able to attach to the data file. Additionally, the password must again be supplied when some file management tasks are performed,

for example, compacting the data file (see below). A password protected data file also cannot be opened outside the Access Anaesthetics system by using the Microsoft Access application itself.

**Add or change the password on the User data file**

You may optionally add a password to the User data file which contains all data on patients and payments. The system will then not start until the correct password is entered. The User data file will also be password protected when opened outside the Access Anaesthetics system. Backup files made when a password is in place inherit the password.

To add a new password, leave the Current Password field blank and type the new password into the other two fields.

Once a password has been set, you must enter the current password before you will be allowed to change or cancel it. To cancel an existing password, leave both the New and Retyped fields blank.

Passwords are case-sensitive and must be 14 characters or less.

--- WARNING --- YOU SHOULD WRITE DOWN YOUR PASSWORD AND KEEP IT IN A SAFE LOCATION AWAY FROM THE COMPUTER

**AAUser.mdb**

Current password

New password

Retype the new password to verify

To add or change your password, click the Change Password button to open the password dialog box. To add a new password, enter it into the two fields, leaving the current password field blank. If the data file already has a password assigned, you will have to enter the current password before you will be able to change or remove it.

**Notes** *When you create backups of a password protected data file, the backup files inherit the password.*

*Passwords are not suitable for use in the multi-provider versions of Access Anaesthetics since they must be entered each time a data file is opened and since they prevent the use of the multi-provider patient search function.*

*The database password is not a particularly good method of data security and can be bypassed by people with password cracking programs obtained from the Internet.*

## 12.4 Compacting data

During use, data files can become fragmented, increasing their size and slowing the rate at which information can be found. Use the *Compact* option to regularly compact the current user data file to improve the efficiency with which data is stored. To compact the data file, click the Compact button and follow the instructions.

### When should data be compacted?

The frequency with which you need to compact your data file varies with its usage

pattern. If you use the system intensively, it may be wise to compact each time you start up or just before you close down. If you use the system infrequently, you may find a monthly or six monthly compact is sufficient. You can get a hint as to how effective it is by looking at how much the file size shrinks when the compact is done. This is displayed immediately after the compact process is completed. File size is not the only determinant, however, since compacting re-aligns indexes and make the data file more efficient and data retrieval faster. If the system is behaving erratically in any way, compacting may help to fix it.

If you use the automatic backup function <sup>[172]</sup> you should never need to perform a manual compact function. This is because the backup process compacts the current data file into the backup file, then uses the newly-compacted backup file, while keeping the original uncompact file as the backup. This is not the case for manual backups because the current data file is not itself compacted, only the destination backup file. (If you can understand that, you're doing better than most!)

Occasionally it has been reported that the sorting order of the List of Accounts screen is not what would be expected. That is, the accounts are not listed in account number order when the screen is first opened. Compacting the database has corrected this problem in some cases.

**Note**      *Don't confuse the Compact function with file compression. This process is not like using PKZip or Winzip. It simply stores the data more efficiently in the standard Microsoft Access format. (During backups, data is automatically compacted in the destination file.)*

## 12.5 Selecting an items file

When you first install Access Anaesthetics, there will be an MBS and RVG items file attached to the system. This file will be located in the Access Anaesthetics folder and will be called something resembling AALtems2002\_Nov.mdb. There may be one, or more than one items file. This may be the latest file or it may be an older version if you are using the *Demo* system.

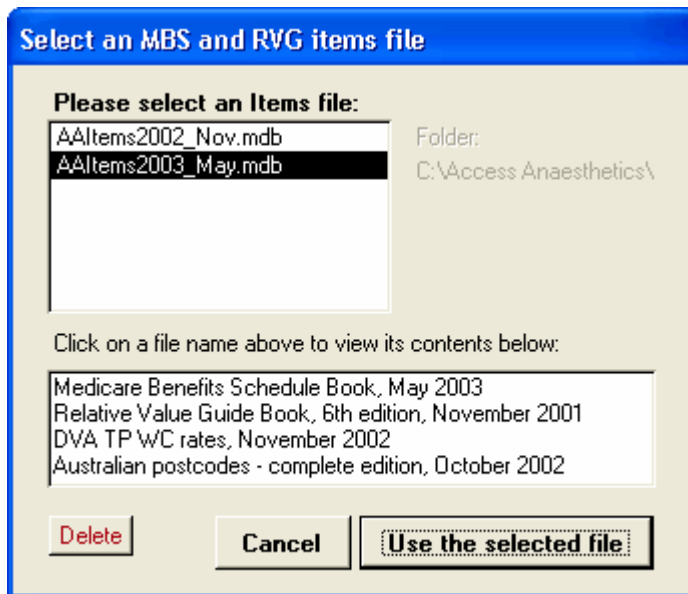
When the MBS or RVG schedules are updated by the Health Insurance Commission or the ASA, a new items file will be created by HealthBase and placed on our website or mailed to registered users. The updated items file should be copied to your Access Anaesthetics folder, and if it is in a compressed zip format, it should be unzipped by double clicking on the file in Windows Explorer. In this way, multiple items files will eventually exist in your Access Anaesthetics folder for your use.

### Using a specific items file in Access Anaesthetics

An Items file is attached to Access Anaesthetics when you start up the system. This will remain attached throughout opening and closing the system until you manually attach a different items file. When you do manually attach a different items file, that file will remain attached until you specify another. In other words, you should only need to reattach an items file when a new version becomes available.

To attach to a specific items file, click the *Select an Items File* button on the *File Management Menu*. You will be shown a dialog box listing all the items files in your Access Anaesthetics folder.

Click on a file to highlight it and this will show a description of the file's contents in the box at the bottom. Select the most recent file (or another if that is your requirement), and then press the *Use the selected Items file* button. The specified file will then be attached to the system.



A Delete button is provided to remove items files that you no longer need.

Note that you must perform this attachment step to have the system use the appropriate items book. Simply copying the updated file into your Access Anaesthetics folder will not attach it to your system.

### Updating the MBS unit values

When you attach an updated items file to Access Anaesthetics, any of the MBS item descriptions, item numbers, unit values and fees in the book may be different from the previous version. These updated values are not automatically inserted into any accounts. Rather they are inserted when new accounts are created or existing accounts are modified. If accounts are not modified, they will retain the item details according to the book that was in use when the account was created.

### Updating DVA, TP and WC rates

The items book also contains the current time-based rates for DVA billing and the maximum AMA recommended RVG rates for TP and WC accounts. These are not automatically activated by attaching a particular Items file. Rather they have to be manually inserted into the Options form. A button is provided on the Item and unit values page [\[164\]](#) to streamline this process.



### Note on pre-RVG items files

Prior to the introduction of the RVG in November 2001, the dollar value of anaesthetic items was not taken directly from the items book. Instead, the dollar value was calculated by multiplying the number of anaesthetic units specified for each item by the unit value (dollars per unit). The unit value is specified on the *Items and unit values* page of the Options form and this needed to be reset manually when a new unit value was introduced. Although the items book listed the dollar value for a single anaesthetic unit in item 17701, this still needed to be manually inserted in the options form to allow the system to perform the calculations correctly.

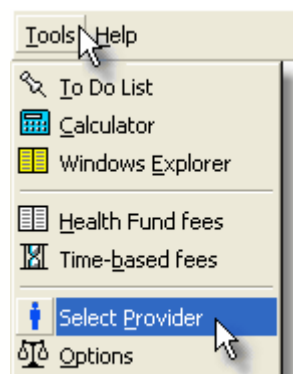
The reason that the system was designed in this way was so that the user could, if he wished, continue to use an out-of-date items book, but still be able to insert accurate fees based upon the number of units and the dollar value per unit. This is reasonable since, in most cases, there are only small variations in items from one book to the next, but using an old unit value will affect the dollar amount of every item on an account.

This system will still work even in a post-RVG world, if an pre-Nov 2001 items file is attached to the system. If this is done, you should check the item unit value in the options form and adjust it as appropriate. This field had no effect on the system in a post-Nov 2001 system. All the original calculations will still work correctly if an appropriate items file is attached, in particular, the old 100/20/10 multiple anaesthesia rule and the complex prolonged anaesthesia rule.

## 12.6 Select another provider

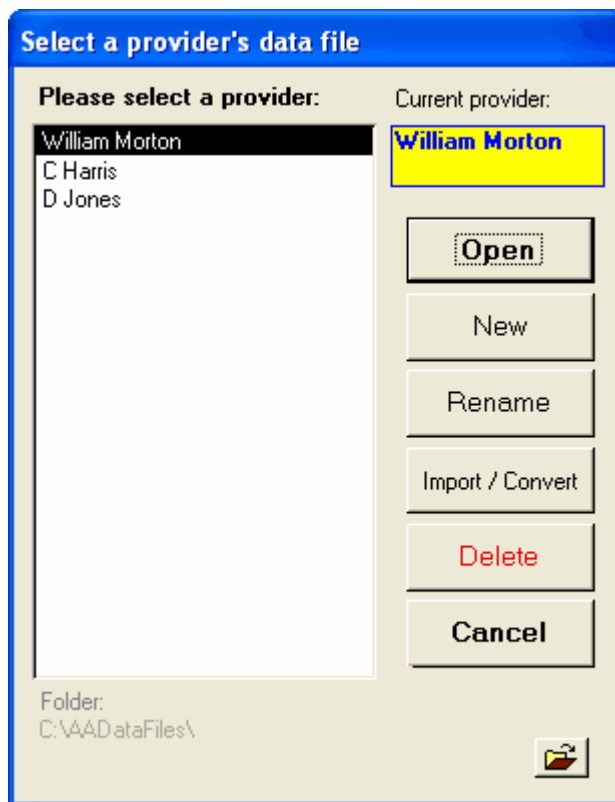
The multiple provider versions of Access Anaesthetics function by having a separate data file for each doctor, and switching between doctors to access the relevant doctor's accounts. The separate data file system has the advantage that each doctor can feel more secure about the integrity of his own data. Also, this allows an individual doctor to maintain his own copy of the system and to review his own data with ease.

To switch from one doctor to another, click the *Select another provider* button on the *File Management Menu*. This button is also available on the Main Menu, and on the Tools drop down menu on most main forms.



Select the provider you want and click the *Open* button. Or double click on the provider in the list to open the file.

After a short delay, the new doctor's data file will be opened ready for editing or reporting. The doctor's name will be shown in the title bar of Access Anaesthetics so that you can easily remind yourself of which data file is currently open.



The window also includes buttons to create a new data file, rename an existing file, or delete a file no longer required. It is not possible to rename or delete a file which is currently open. Data may also be imported from a standard Access Anaesthetics *Single User* file. This Import/Convert function, converts the single user file to a multi-user format, and allows you to optionally import the some of the lookup lists (surgeons, hospitals etc) from the single user file.

When switching from one doctor's file to another, the *DoctorName.aau* file is switched. The *AASite.mdb* file is not switched since this contains data which is common to all doctors in the group. That is, the list of surgeons, health funds, hospitals, bank branches etc. The files listed in the window above are all those .auu files found in the folder specified. A button to change folders is located on the form for unlimited user versions. This allows storing the data files on a network folder. Single and 2-5 user installations must retain their data files in the same folder as the Access Anaesthetics program files.

## 12.7 Satellite version

As described above, the multi-user version of Access Anaesthetics has a different data file structure to the single user version. Specifically, the single user AAUser.mdb file is split into two components, a *DoctorName.aau* file containing the doctors account and setup data, and an AASite.mdb file containing data common to the group as a whole.

In order to use this data in a single user setup, it is necessary to rejoin the two files back into a single file. The function *Create a satellite file* on the File Management Menu does just this. Click the button and follow the prompts to create a file with the default filename AAUser\_JS.mdb where JS is the doctors initials. This file can be copied to the Access Anaesthetics folder of a single user installation, renamed to AAUser.mdb, and then used in the same way as the single user version.

### To create a satellite file from the main computer:

1. Open Access Anaesthetics and, if not already open, open the relevant provider's data file by going to File Management Menu, click *Select another provider*, click the appropriate file e.g. John Smith, click *Open*.
2. When the correct file is open (the provider's name appears on the very top of the screen), click *Create satellite file*.
3. You will be asked to supply a file name for the satellite file. The default offered will be of the form AAUser\_JS.mdb where JS are the initials of the selected provider.
4. Click OK to create the satellite file. The satellite file will be created in the Access Anaesthetics folder. If a file of the same name already exists in the Access Anaesthetics folder, you will be asked if you wish to overwrite it.
5. Copy the satellite file to a floppy disk or network location for the single provider to use. Or more simply, attach to an email message.

### To view a satellite file on a single provider's computer

1. Insert the disk containing the satellite file into the computer to be used. Close Access Anaesthetics if it is currently open.
2. Open Windows Explorer and copy the satellite file to the Access Anaesthetics folder on the satellite computer.

The single user version of Access Anaesthetics always opens the data file called AAUser.mdb in the Access Anaesthetics folder. Therefore, you must rename the satellite file to AAUser.mdb so the system will recognise it. To do this, proceed as follows:

1. If there is already a file called AAUser.mdb in the Access Anaesthetics folder (there should be), you must first either delete or rename this file. If it contains old data (e.g. a previous version of the satellite file) you should probably just delete it. If you don't want to delete it, rename it to something else such as *OldAAUser.mdb*.
2. Rename the satellite file from e.g. AAUser\_JS.mdb to AAUser.mdb. This should

- simply involve removing the \_JS.
3. Close Windows Explorer and open Access Anaesthetics as usual. The updated data will be automatically located from the AAUser.mdb file.

## Technical Support for Satellite Files

Satellite files are an optional extra for the multi-user installations of Access Anaesthetics. HealthBase can provide registration numbers for satellite installations although the demonstration version of Access Anaesthetics will provide sufficient functionality for reviewing accounts managed by the multi-user site.

- When used with a satellite data file, the demonstration version will give a warning message if there are more than 25 accounts. Clients may simply ignore this message. All data will be accessible and accounts may be printed, but editing existing data will not be possible. A satellite version will function in the same way as a single user version with no restrictions except that new accounts cannot be created.
- Technical support is not provided to clients operating satellite installations. Users should contact their site manager for training, technical support and updates.
- A demonstration version can be converted to a satellite version by obtaining a registration number from HealthBase. Clients need to quote the Computer ID number from the specific machine. This is found on the registration form within Access Anaesthetics.

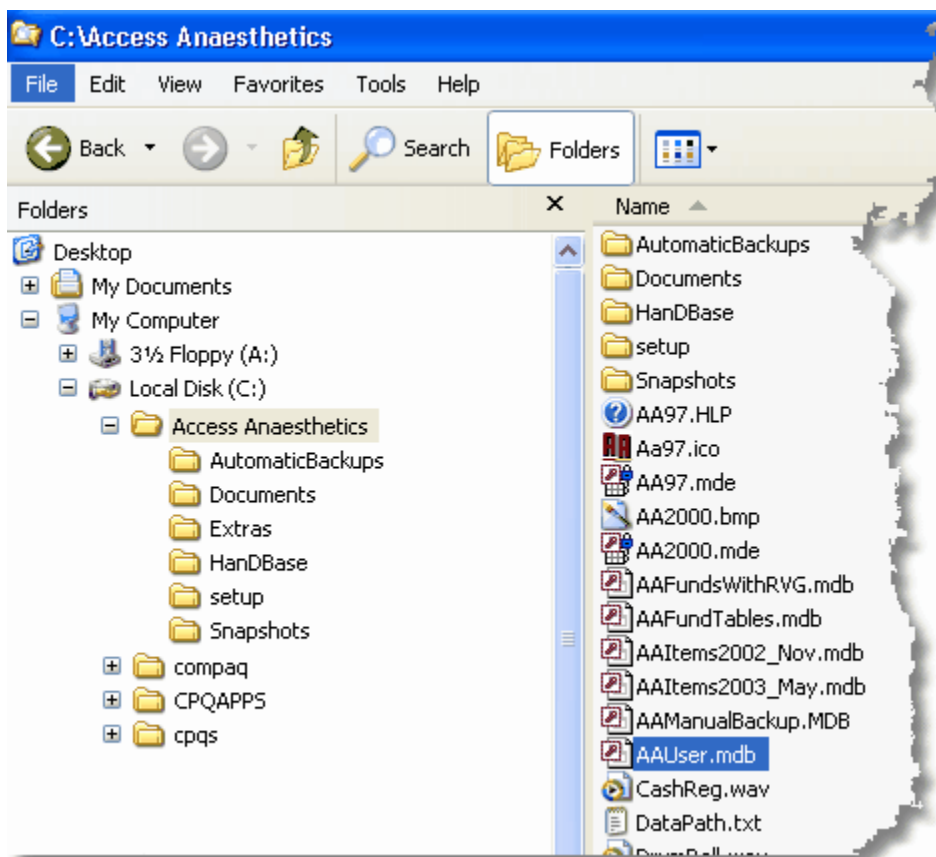
## 12.8 Moving data between computers

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Access Anaesthetics was designed as a single user application. However, it is not unusual for a provider to need to use the system on two computers. These might be a desktop computer in the office and a portable computer which is carried on the day's work. Also, we recognise that often a practice manager handles the accounts for a provider at a location other than the provider's office. The Access Anaesthetics licence agreement allows for the transfer of data between such installations provided that both locations are used for the one practicing anaesthetist.

The only file which changes during use of the system is the user's data file, AAUser.mdb. This is the file which should be transferred between computers. For example, an anaesthetist may use his system in a home office, transfer the file to a portable computer, use the portable system to enter data while at work, then transfer the file back to the home office computer at the end of the day. With this system it is important to be aware of which copy of the file has the most up-to-date data.

When transferring the data file, standard methods using Window Explorer<sup>[213]</sup> are the easiest. You should overwrite the existing AAUser.mdb file with the new file, provided you know you are copying a more recent version. Normally, the system will just open as usual and the up-to-date data will be available.



You can change the name of the user file to any name you like which may help you identify the version of the file. For example, you may wish to call it 'UserFile1999Sep10at9am.mdb'. If you include a date or time in the file name you will always know which is the most up to date file. You already do this when you create a backup (automatic or manual) by creating a backup which is an identical copy of your data file with a different name or location. (You can, of course, use the built-in backup function to copy your data file to a floppy disk for transfer to another computer, instead of using Window Explorer.)

**Note** *If you do change the file name or store the file in a different directory on the two computers, you will have to rename it back to AAUser.mdb and put it back into your Access Anaesthetics directory in order to view the data.*

### Data transfer step by step

The recommended steps are as follows:

1. Using the source computer (e.g. the office desktop), make a copy of the data file, AAUser.mdb onto a floppy disk. You can use either the built-in backup system or Windows Explorer.
2. Insert the floppy disk into the laptop computer and copy the backup file to the Access Anaesthetics folder. (This step can also be done using a direct cable connection between computers, or even by a file transfer over the internet.)
3. If the backup file is not named AAUser.mdb, rename it to this. If a file called AAUser.mdb already exists on the laptop, you will first need to rename or delete it.
4. Open Access Anaesthetics on the laptop computer and add, edit or print your accounts in the usual way.
5. To reverse the process and move the data back to the desktop computer, follow steps 1 to 4, replacing the term 'desktop' with 'laptop'.

**Caution** *Always make sure you have only one 'active' copy of your data file. If your secretary is entering data on the desktop and you are entering data on the laptop, each data file will have a different set of data. When you move a data file from one computer to another, one of the sets of modifications will be lost.*

### Snapshot and document files

The above discussion relates to moving the Access Anaesthetics data file AAUser.mdb between computers. As described in the backup section, snapshot files and Word or Excel documents created while using the system are not included as part of the AAUser.mdb file and need to be copied separately. If these files are not copied from the desktop to the laptop, they will obviously not be available to the laptop user.

In practice, since these files are generally only created when accounts or letters are printed on a printer, and since it is likely that they will only be created on one computer (e.g. the office desktop), it may not be necessary to copy these files between the different computers.

## 12.9 Updating the system

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Access Anaesthetics is a dynamic system. The Medicare items schedule is updated two or more time per year. The health fund schedules may be update anywhere between twice yearly to monthly. The program file may be updated 2 to 5 times per year. As the program file is updated, it may make modifications to the structure of your data file. It is important that you understand how to obtain and install the various updates so that you can get the most out of your system.

For greatest efficiency, we provide all the required updates on our website for clients to download. For registered users, we also send an email message to notify you when updates are posted on the site. We can also send updates by mail on floppy disks, although this is not our preferred option. Also, we will not always provide minor updates by this method.

### Which files need to be updated?

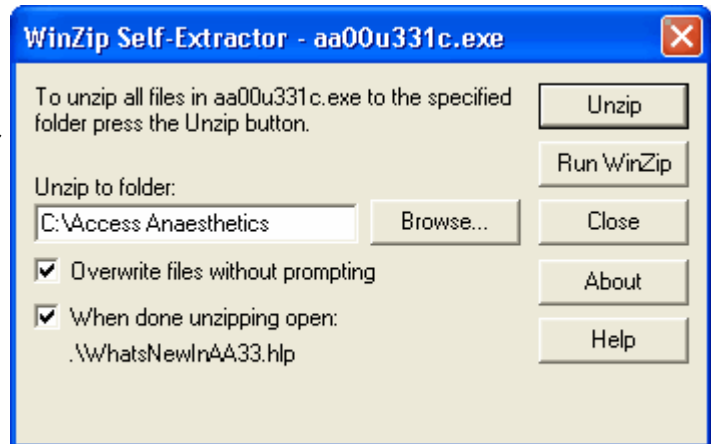
- the program file
- the Medicare items file (also includes RVG and postcodes)
- the health fund tables

Instructions for downloading updates from the HealthBase website are provided on the website at <http://www.healthbase.com.au>. Most update files are provided as self-extracting zip files. These are compressed files which can be uncompressed by double clicking on them. The zip file may contain one or more files depending on what is included in the update.

Most updates require the same general installation process as follows:

1. Download the file to a convenient location on your hard drive. The My Documents folder or Desktop are suitable.
2. Ensure Access Anaesthetics is not running, and close it if it is.
3. Open My Computer or Windows Explorer<sup>[213]</sup> and locate the downloaded file.
4. Double click on the file to begin the unzipping process. After a short message identifying the contents of the file, the window shown below will appear.

5. **Important.** Check and adjust the *Unzip to folder* to match the folder where Access Anaesthetics is installed. The default folder is C:\Access Anaesthetics.



6. Click the *Unzip* button.
7. You should receive a message saying that 'x files were unzipped'. Click OK, then click *Close* to dismiss the Winzip box.

With some updates, a help file will open automatically providing information on the changes in the new version of the program. Read this at your leisure and close it. If this help file appears, you usually won't need to close the Winzip box.

After completing the installation, open Access Anaesthetics as usual and verify that the system has been updated by checking which version<sup>[199]</sup> of the various files are now installed. Once you are happy that the download and installation process was

successful, you can delete the file you downloaded. The easiest way to do this is to right click on the file in Windows Explorer and select Delete from the shortcut menu.

### **Additional steps required for item file updates**

Once downloaded and unzipped, program and health fund files are fully installed and will operate normally. However, the Medicare items file requires an additional step and the DVA and ASA RVG rates need to be updated manually. This allows you to choose exactly when to use a particular items file, and to switch to a previous one if you ever need to. After completing the steps above, proceed as follows:

1. Start Access Anaesthetics and go to the *File Management Menu*.
2. Click the *Select an items file* button.
3. Click on the name of the most recent file and click the *Use the selected Items file* button. When this step is completed, the new items data will be available for use.
4. Return to the Main Menu and click *Edit system Options*.
5. On the Unit and time values page, click the *Check current rates* button to review and/or insert the DVA and RVG rates.

### **Updating multi-user systems**

The update process for multi-user systems is the same as for single user systems. However, if the data files are located on a network, some of the update files must be updated to the network location, not to the location on the local drive. In particular, the Medicare items and health fund files need to be updated once to the network location, while the program file updates must be done on each local drive.

During installation, a specific folder should have been created to hold all the data files. We recommend calling this folder AADataFiles. The following files should be moved to this file from the local drive.

```
\\Server\AADataFiles\DoctorName.aau   (all .aau files should be stored here)
\\Server\AADataFiles\AItems2003_May.mdb   (and any other items files)
\\Server\AADataFiles\AAFundsWithRVG.mdb
\\Server\AADataFiles\AASite.mdb
```

The program file should be updated to the local drive. All other program related files should also be in this folder. Note that it is essential to update the program file on *each* individual PC which will access the network files.

```
C:\Access Anaesthetics\AA97.mde      (or AA2000.mde)
```

Because the zip files provided may occasionally contain both program and items or health fund files, it may be necessary to move these from the local drive to the network location manually after unzipping. If this is done, it only needs be done once, not once from each PC.



## 12.10 Which version do I have?

To get the best from Access Anaesthetics, you should always have the latest version of the program and data files. Check the Access Anaesthetics website to see which are the most recent versions. After performing an update, check the versions as described below. If the versions are still not the latest, review the installation instructions or contact us for help.

For program versions of 3.4 or later (March 2004) you can quickly get version information by selecting *About Access Anaesthetics* from the Help menu, and clicking the *Version* button.

### Program file

File name: AA97.mde or AA2000.mde

Function: This is the file which contains all the functions of Access Anaesthetics. It is the file which is used to start up the system. When updating, you need the latest version of this file, but do not require any earlier versions. So if you currently have version 2.8 and the latest version is 3.3, you only need the latest version. You don't need any of the versions in between.

Version: On any menu, click Help > About Access Anaesthetics > Version. The version number is shown in the first item listed. (Item 4 shows the MS Access version you are using and item 5 shows whether or not the Access runtime version is being used.)

*Note: If you have MS Access 2002 (Access XP), you will use the AA2000.mde file.*

### MBS Items file

File name: AALtems2002\_Nov.mdb (for example)

Function: This file contains the Medicare schedule, the RVG schedule, the links between the MBS and RVG schedules, the list of RVG modifiers, a list of miscellaneous fee rates, and the postcodes database.

Version: From the Main Menu, click File Management Menu. The version of the current items file is shown as the name of the Items file (3rd row). The version is simply the year and month the file was released. Further information can be obtained by clicking the *Select an Items File* button. Then select a file in the window to view its contents. (The V3.3 information at the end of the line may be ignored.)

### Health Fund file

File name: AAFundsWithRVG.mdb  
Function: This contains all the specific fees or calculation factors for each item for each health fund.  
Version: On any menu, click Tools > Health Fund Fees. The version is a date shown in blue type at the top of the form just to the right of the *Health Fund Fee Schedules* title.

### User's data file

File name: AAUser.mdb for single users, *DoctorName.aau* for multiuser installations.  
Function: This file contains all the patient account data and provider setup options.  
Version: From the Main Menu, click File Management Menu. The version of the current User file is shown at the end of the 2nd row in the format V3.3.

### Site data file

File name: AASite.mdb - exists only for multiuser installations.  
Function: This file contains all the data which is likely to be common to all users in a multiuser environment such as hospital and surgeons names, health funds, banks and so on.  
Version: From the Main Menu, click File Management Menu. The version of the current Site file is shown at the end of the 4th row in the format V3.3.

## 12.11 Maintenance Log

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The Maintenance Log is a record of user activity in Access Anaesthetics. The log records opening and closing of Access Anaesthetics, switching of data files for multiuser versions, deletions of accounts, payments and batch payments, unexpected errors encountered and backups performed.

For each event, the time, computer name, user name, activity type and details are recorded. The last 1000 entries are recorded; older entries are deleted automatically. Records cannot be manually deleted from the maintenance log, but the entire log may be cleared after entering a password. If cleared, a note to this effect is recorded, and this note cannot be deleted.

The log can be viewed by selecting *Maintenance Log* from the Tools menu on the File Management screen. It can also be saved to a csv file for additional analysis.

## 12.12 Miscellaneous

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### **Archiving old data**

We are considering incorporating an archiving function into Access Anaesthetics so that old accounts that are no longer needed can be stored in a separate file. There are several advantages of NOT doing this - all accounts are always available for long term practice activity comparisons, you can always find every patient you're looking for, there is less computer housekeeping to worry about, etc, etc. At present we have not decided whether to do this, since the only disadvantage of not doing this seems to be that the data file will increase in size. We'll gladly listen to your comments and suggestions on this issue.

### **Data security**

Your data is stored in a single file, AAUser.mdb which you may rename, copy and move as described above. Because it is a standard Microsoft Access database file, anyone with a copy of Access will be able to view the data. It was a deliberate decision to store data in this format to give the user a greater measure of long-term security over their data. This is because the Access mdb format is widely accepted and can easily be converted into other data formats if required.

However, if you want to keep out prying eyes, you should ensure the physical security of your computers and password protect access to them. Although the password function described above provides a measure of security, a determined person could still bypass this. It is up to the individual client to assess the medico-legal implications of their data security policies.



## CHAPTER

## 13

## Miscellaneous

*This section describes generic functions which are relevant to more than one section of Access Anaesthetics. Basic data editing, printing and file manipulation tasks are explained. Finally, a set of sample printouts is provided to demonstrate the layout of standard accounts and reports.*

## 13.1 To-Do list

Use the *To-Do List* to enter any tasks you want to keep track of. These may be accounts which need updating, people to contact, instructions for your secretary or yourself and any other things *to do*.

Priority	Date	Category	Task	Status
Normal	04/Jul/2003 22:08:54	Bug	Write letter to Dr Jones about the bug in the Palm RVG.	Waiting
Normal	04/Jul/2003 22:08:19	Call	Call Joan Smith about RVG account	Waiting
Normal	04/Jul/2003 22:08:37	Call	Call DVA re outstanding items	Waiting
First Thing	23/Feb/1999 12:52:40	Intro	Welcome to the To Do List. Your first task is to try this out since it can be very useful.	Waiting
Normal	04/Jul/2003 22:11:05	Learn	Try to work out how best to backup the snapshot files.	Waiting
Normal	04/Jul/2003 22:11:29	Learn	Train up the new secretary.	Waiting
Normal	04/Jul/2003 22:10:00	Urgent	Give Medical Business Systems the flick.	Completed
Tomorrow	04/Jul/2003 22:13:05	Urgent	Book airfares to Paris	Completed
Normal	07/Jul/2003 11:18:11		Enter the next task here in this box ...	Waiting

Each task may be given a priority, category and status. You can choose these from the list, or just type what you like to enter a new priority, category or status into the

appropriate field. If you do enter a new item into a field, it will then appear in the drop-down list.

Sort the items by clicking on the column heading. You can also filter the items (only show those in a certain priority or category) by choosing from the list box in the heading of the Priority or Category column.

The date shown on the left is the date the item was created. You can sort using this as well. The most recent entries will initially be at the bottom of the list. When you set the status of an item to *Completed*, the date completed will be inserted automatically on the right under *Status*. Or you may prefer to simply delete completed items by clicking the white-on-red cross.

Print the entire list by clicking *Print*. A preview is shown first.

Click the *Shrink* or *Expand* button to show less or more of the window as you prefer (you may also set this as a default on the Miscellaneous page <sup>[176]</sup> of the Options form). Click the magnifying glass button to zoom the message text in a larger window.

## 13.2 Keyboard shortcuts

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### Menu navigation

Menus can be activated without using the mouse as follows:

- Activate a menu using the keyboard *ALT* key and the underlined letter of the desired option. The first menu option will appear in a raised format.
- After activating a menu with the ALT key, use the left and right arrow keys to move through the menu options.
- Press the ESC key to deactivate the menu.
- If you inadvertently activate a menu, clicking on the main screen may just result in a sound with no action. You may need to first deactivate the menu using the ESC key.

### General navigation

A number of keyboard shortcuts are available on the main screens. These include the Main Menu, File Management Menu, Account Details, List of Accounts and Payments screens. The shortcuts vary on each screen but generally follow the scheme below.

Hold down the CTRL (Control) key and press the key mentioned below:

<b>F.</b>	<b>F</b> ind an account or patient
<b>N.</b>	<b>N</b> ew account
<b>P.</b>	<b>P</b> rint the current account or current list of accounts
<b>B.</b>	<b>B</b> print a <b>B</b> ank deposit slip
<b>D.</b>	<b>D</b> delete the current account
<b>O.</b>	<b>O</b> display the <b>O</b> ptions form

- L.** Open the **L**etter writing window  
(on Payments screen, prints List of payments)
- M.** Return to the **M**ain Menu  
(on the Main Menu, opens the File Management menu)
- T.** Print **T**agged accounts (List of accounts screen)
- A.** Print **A**ll accounts (List of accounts screen)

### Notes

- The file management menu has more specific functions for the shortcut keys.
- The keystrokes are underlined for options on the Main Menu and File Management menu. Other screens may not have the keystrokes underlined since this can cause focus-related problems. The lack of underlining does not necessarily mean the shortcut is not available.
- Some shortcuts are not available when the focus is on a subform. This may be the payments data entry section, the list of accounts or other subforms. If you move (click outside) the subform, the shortcut may become available.

### **Account Details form navigation**

Additional shortcuts have been added to the Account details form to allow the user to go directly to a specific page. The key combination is CTRL plus a number from 1 to 9, with 0 substituting for 10. This opens to the respective page number starting at 1 on the left, through 2, 3 ... 9 with 0 as page 10. For example, CTRL 5 takes you to the Fee page. This is in addition to the already existing shortcuts of CTRL LEFT ARROW and CTRL RIGHT ARROW to move to the previous and next pages of the same account.

Note that these shortcuts all move the focus to different pages of the same account.

## 13.3 Print preview window

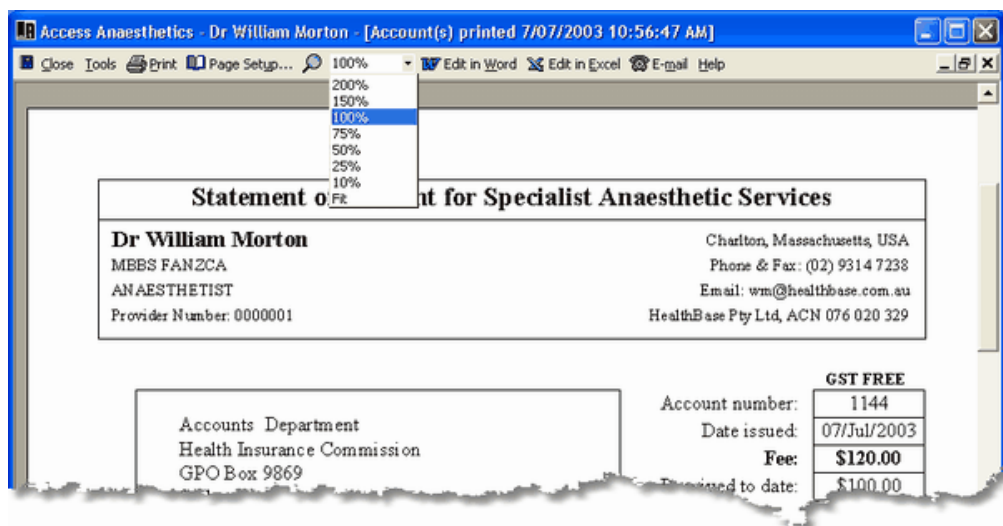
### **Previewing and zooming**

When you press a print preview button, a window similar to that shown below will appear. This will enable you to see how the account, letter or report will appear before you print it. Use the zoom button or drop-down list to get in close, to show a whole page or to show many pages. Or click directly on the report to zoom in and out.

### **Printing**

To print the document, click the printer icon on the top left of the screen. This will print one copy of the entire document to the default printer. For multiple copies, press the printer icon the required number of times. You can have the system prompt you to specify the number of copies to print by ticking the appropriate checkbox on the Miscellaneous page <sup>(176)</sup> of the Options form. It is not possible to print part of a document, all pages in the preview will be printed. If you want to print to a different printer go to the Windows Control Panel, choose Printers and set the desired printer as the default printer.

Accounts are recorded as having been sent when the print button is pressed from this screen (or from a print dialog box if you pressed *Print* rather than *Preview*). Previewing an account does not record it as having been sent. However, once you press the print button, this information is recorded whether or not the printer successfully prints the document.



### Default printer

If you have not already done so, choose a default printer by going to the Windows Start button and clicking Start > Settings > Printers. Select the printer you wish to make the default and click *Set as default* from the File menu. Also, make sure the paper size is set to A4 by viewing the Properties from the File menu. If it is set to another length (e.g. US Letter), your accounts and letters will not be printed properly, especially when you print more than one at a time.

### Page setup

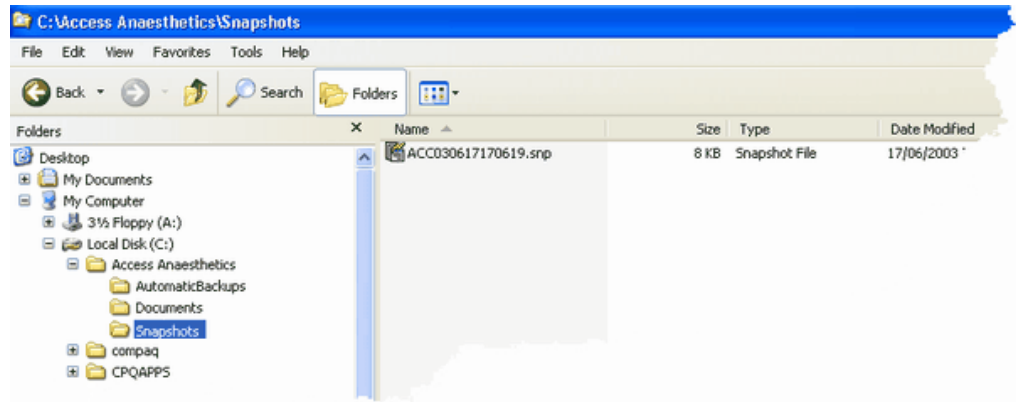
You can change the page setup options such as the size of margins by clicking the page setup button on the toolbar. Normally you would not need to do this since the defaults have been set up to be appropriate for most printers. If you do so, the changed settings will only be valid for the current document. They will revert to the default settings when the document is closed. This is so even if the system asks whether you wish to save the settings and you do so. The default settings will not be changed.

### Storing report snapshots

You can specify in the Options (File Management page <sup>172</sup>) whether to store all accounts and/or letters as snapshot files on your hard disk when they are printed. If this option is ticked, a formatted copy of the printout is stored in the Snapshots



subdirectory of your Access Anaesthetics folder (e.g. C:\Access Anaesthetics\Snapshots\ACC030617170619.snp). The snapshot can later be viewed within Access Anaesthetics on the *Documents* page of the account.



### Exporting to other Office applications

If you like you can export the data in the previewed document to either a Word document or an Excel spreadsheet. This may be useful if you wish to modify the formatting of a document, or if you wish to do further analysis of an account list or financial report.

Click the appropriate button on the toolbar. You will be asked to supply a file name for the Word or Excel file. This will be stored in the *Documents* subfolder of your Access Anaesthetics folder (e.g. C:\Access Anaesthetics\Documents\MyExcelFile.xls). Documents sent to Word are sent as 'rich text format' (.rtf) files while those sent to Excel go simply as Excel spreadsheet files (.xls). If you edit a document in Word, you may need to adjust the page margins if they are not the same as they are in the Access Anaesthetics report. Some formatting is lost in the transfer to rtf files, in particular any lines or boxes on the page will not transfer.

### Emailing reports

Any report you can preview can also be sent as an email attachment. Click the E-mail button on the toolbar and your default email application will open with a new message and the currently previewed report will be attached automatically as an rtf document ('rich text file', viewable in Word). Then simply enter the email address of the recipient and add an additional message if you like. (If you are using the Access 2000 version of the system, you may encounter a Microsoft bug when doing this which causes Access to crash.)

Although it is unlikely that you will be sending accounts by email, it is possible to do this. In practice, this function may be more useful for sending copies of letters to patients or other doctors, or for sending financial reports to your accountant.

## Finally

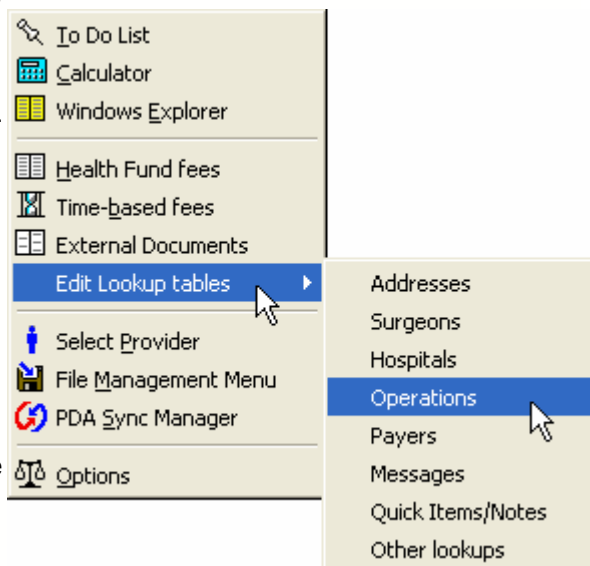
Don't forget that you can mail, fax or email comments to us about how you like (or dislike) Access Anaesthetics and make suggestions for enhancements you would like to see. We're always keen for feedback of any kind. Open the Tips form<sup>[13]</sup> from any location and click the *Feedback* button. The Built-in tips will explain what to do.

## 13.4 Editing lookup tables

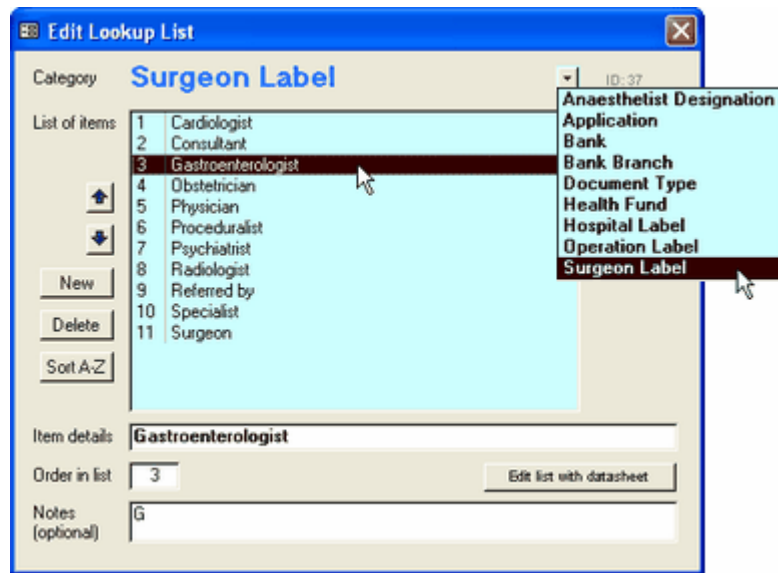
There are a number of *Lookup Lists* in Access Anaesthetics to streamline the entry of data used regularly. You should customise these to include the items you need.

Most of the tables can be opened by selecting the option <EDIT LOOKUP LIST> from the list itself. For example, select <EDIT LOOKUP LIST> from the Provider Designation field on the Format page of an individual account, and the Provider lookup list will open for editing.

Alternatively, you can edit any of the lookup lists by selecting an option from the Tools menu.



Most of the lists have a specific form which allows easy editing of data. The *Other Lookups* category shows a group of lookup lists which are similar in data structure. The specific lists can then be selected from yet another drop down list as shown below.



Each lookup editing form also has a button which allows editing the list in a datasheet format. For further information on editing, see the section on Using Access Datasheets [209].

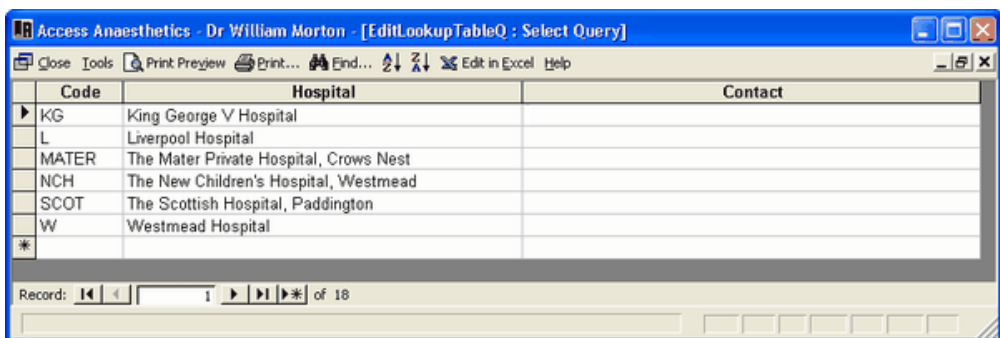
## 13.5 Using Access datasheets

In many parts of the system, Access Anaesthetics provides the user with a Microsoft Access datasheet for viewing and editing data. Datasheets display data in a spreadsheet-like format which is good for looking at a list of records and is a useful environment for making changes to multiple records in a table. The most recognisable datasheets in Access Anaesthetics are the lookup tables. That is, the tables of postcodes, surgeons, hospitals, messages, cheque drawers, banks and so on. These can usually be viewed by clicking the Edit button associated with the relevant field. For example, the surgeon's field looks like this:



The surgeon's name is stored in the field. The dropdown *List of surgeons* box allows you to select a surgeon by clicking on a name in the lookup list. The *Edit this surgeon* button allows you to view and edit the chosen surgeon's details (which are stored in the lookup table) in a popup form. Finally, the *Edit all surgeons* button allows you to view and edit the stored details of all the surgeons. The screen you see when you click this button is an Access datasheet. The following image shows part of the

## Hospitals lookup table datasheet.



There are a number of other places where datasheets are used but where the standard datasheet editing window is not always visible. This is because the datasheet is set within another form (it is a subform). The Lists of Accounts and Payments are examples of datasheet subforms. There are also a range of smaller datasheets which appear inside other forms, for example, the status log on the Status page of the Account details form and the list of payments on the Payments page of the Account details form.

The following editing methods apply to some datasheets but not to others. In general, all these methods are applicable when editing lookup table datasheets but may not all be available in datasheet subforms.

### Menu options

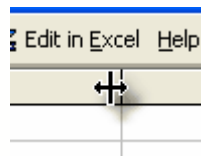
The toolbar menu on the top of the datasheet has a number of functions as described below. However, not all datasheets will have the same options on the toolbar menu and this depends on the type of datasheet you are viewing.

### Scrolling and zooming

Use the horizontal and vertical scroll bars to view rows or columns which are not currently visible on the screen.

### Setting the width of columns

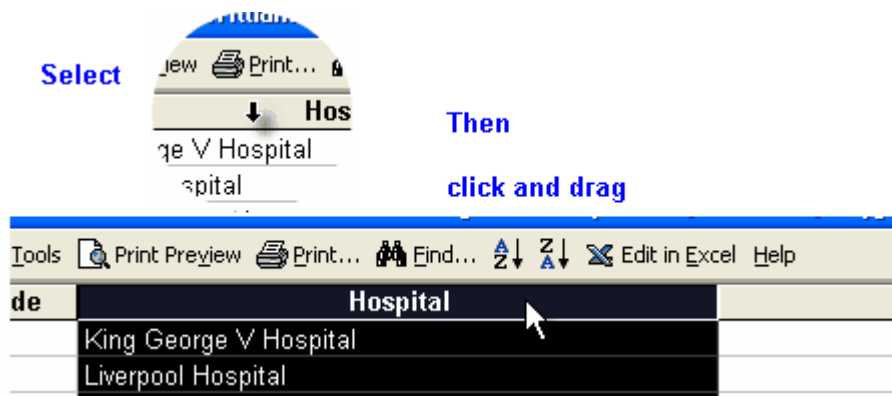
Move the mouse to the line on the right of the column heading you wish to resize. When the arrow turns to a double headed horizontal arrow, click and drag the column's border to increase or decrease its width.



### Moving columns

Select (highlight) the column (or columns) by moving the mouse to the column heading until it becomes a down arrow, then click the left mouse button (drag to select

more than one column). Move the mouse again to the heading until it shows a normal pointer then left click and drag the column(s) left or right as desired. You can drag columns past the left or right edge of the screen if you are not at the left or right edge of the entire datasheet.



### Saving changes to datasheets

If you make any changes to the datasheet layout as described above these will not be saved unless you specifically save them. When you close a datasheet where you have modified the layout, you will be asked whether you wish to save the changes. In general it is best not to save the changes unless you are sure that you want to keep the changes you have made. You cannot lose anything by not saving the changes and remember that you are not being asked to save data changes, but only changes to the visual layout of the datasheet. In some instances, the datasheet is created only when you want to view it and the formatting is recreated too, so saving the datasheet layout may have no effect on the default formatting provided by the system.

Not all datasheets will allow changes to be saved. For example, any report datasheet is simply an Access query and as soon as another report is run, the formatting will revert to the default according to what data is returned by the query. In most datasheet subforms embedded inside other forms, saving changes is not recommended since the datasheets have been formatted especially to work within the form and formatting changes may reduce the functionality of the datasheet.

If in doubt, do not save changes when prompted.

### Adding Records

To add a record to a datasheet, position the cursor in the last row and begin typing data into the fields. The last row is called the data entry row and will have an asterisk (\*) in its leftmost grey column. Not all datasheets will allow the user to add records and this is a feature built in to the design of the Access Anaesthetics system to avoid inappropriate data entry. This is so where there are specific methods for adding records such as in the *List of Accounts* and *List of Payments* etc. Usually you would only add records to datasheets in places such as the lookup tables, for example, in

the Surgeons or Hospitals tables.

### Editing and saving records

When a change is made to a field in a datasheet, the leftmost grey column displays a pencil icon. This indicates that the record (row) is currently being edited but that the changes have not yet been saved. Changes do not have to be specifically saved; this happens automatically when the user closes the datasheet or form, or moves to another record.

	The New
	The Scot
	Westme:
*	

When the record is saved, the pencil icon is replaced by the standard right arrow icon. If the record is currently being edited (the pencil icon is visible), the changes already made to the record can be reversed by pressing the ESCAPE key on the keyboard. Not all datasheets will allow data to be edited.

	The New
	The Scot
	Westme:
*	

### Deleting records

To delete one or more records from a datasheet, select them by clicking (or clicking and dragging) in the grey record selection box on the left. Then press the Delete key on the keyboard. You will be given a warning before the records are deleted. Not all datasheets will allow records to be deleted.

	The New Children's Hc
	The Scottish Hospital,
	Westmead Hospital

### Sorting records



Click in a column you wish to sort the datasheet by then press the *Sort Ascending* (A-Z) or *Sort Descending* (Z-A) icon on the toolbar. Not all datasheets will allow this option.

### Finding data

Place the cursor in the field (column) in which you wish to search. Click the *Find* icon (binoculars) on the toolbar. Use the popup dialog box to specify what you want to find and where to look.

To jump to a record in a long list, click in the record navigation box at the bottom left of the screen where it says, for example, 'Record 37 of 2500' and type a record number to go to.

Record:			<input type="text" value="14"/>			of 18
Enter New Value						

The record number is a simple incremental listing number. It is not necessarily related to the Account Number or any other built-in identification number.

## Printing the datasheet

Datasheets may be printed by using the Print Preview icon on the toolbar, but sometimes this will result in messy printouts which are difficult to format. If possible, use the print methods which are built in to the system and which are accessed by specific Print buttons. Where print setup options are changed, from the print preview screen, saving them may or may not save the changes to the datasheet depending upon the type of datasheet it is (table, query, form or report). If in doubt it is probably best not to save formatting changes.

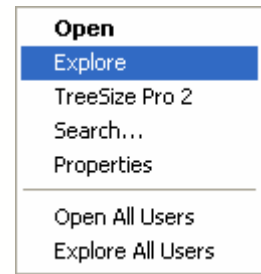
## Exporting data

Data in a datasheet may be exported to a Microsoft Excel file by clicking the *Edit in Excel* button on the toolbar. You will be prompted for a file name and the file will be stored in the DOCUMENTS subfolder of your Access Anaesthetics folder (e.g. C:\Access Anaesthetics\Documents\ MyDatasheet.xls). Any data in a Print Preview screen can also be exported in this way, or additionally exported as a formatted .rtf (rich text format) file which can be read in Microsoft Word.

## 13.6 Copying and moving files

Transferring files from one place to another on your computer or from your computer to a floppy disk is a fundamental technique all computer users should be adept at. Although file transfers are not required to run Access Anaesthetics, a brief description of how to move files is given here in any case, since you will inevitably have to do it for backups, re-installations and hardware upgrades etc.

When transferring files, standard methods using Window Explorer are the easiest. Open the Explorer window by right clicking on the Start button and clicking Explore (there are other ways of doing this but this one is fairly generic). In later versions of Windows, you can do most of these functions also by using *My Computer*.



## Viewing the file hierarchy

The Explorer window shows a list of folders (or directories) on the left and a list of folders and files on the right. The list on the right shows the folders and files which are contained in the open or highlighted folder on the left. Click on another folder on the left to display its contents on the right.

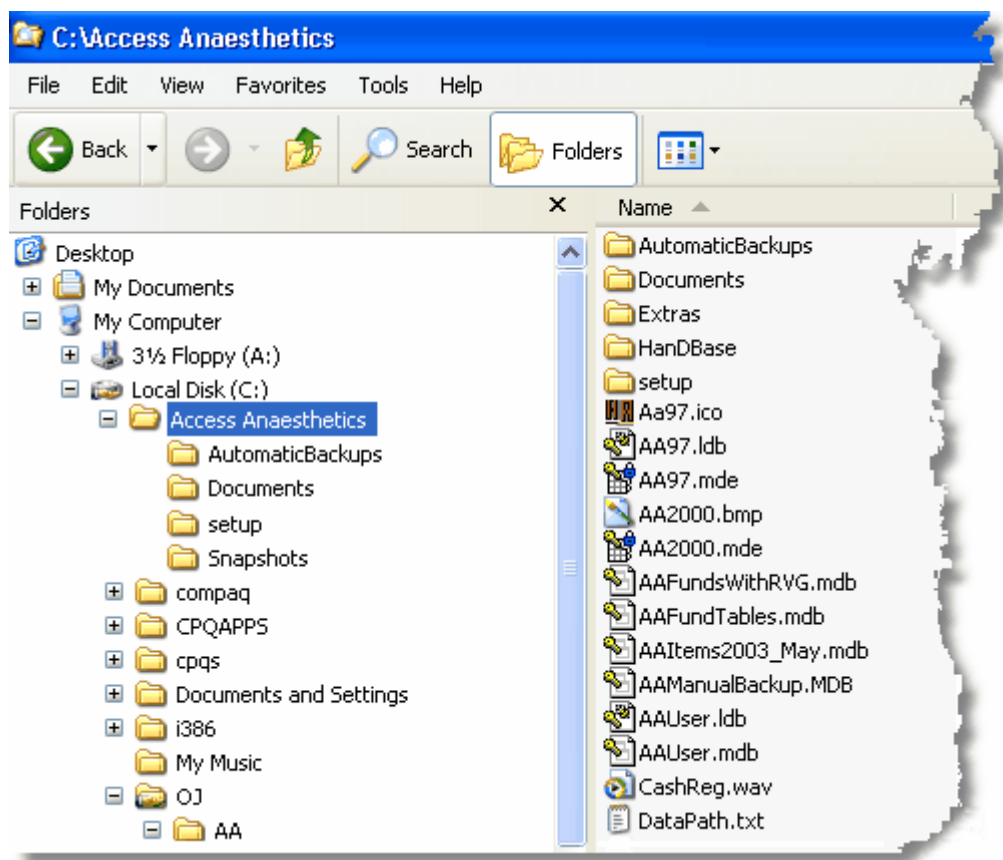
The folders on the disk exist in a hierarchy where one folder contains other folders. Folders which contain other folders have a + sign next to them in the left window. Click the + sign to display the folders inside the first folder. These folders may in turn contain other folders.

All the storage devices on your computer are shown in the Explorer window. This may include one or more hard disks (typically C: or D:), one or more floppy disks (usually a:), a CD ROM (D: or E:), a zip drive (D: or E:), or, if your computer is on a network, one or more network drives (D: to Z:).

### Moving and copying files

1. Click the file or folder you want to copy or move, thereby highlighting it.
2. On the Edit menu, click Copy or Cut. (Both commands copy the file to the clipboard, but Cut additionally deletes the original.)
3. Open the folder where you want to put the file or folder.
4. On the Edit menu, click Paste.

As a shortcut, click on and drag the file or folder to the folder you wish to move it to.



### Copying a file to a floppy disk

1. Insert a disk into the floppy disk drive.



2. Click the file(s) you want to copy, thus highlighting it (them).
3. On the Edit menu, click Copy.
4. Click the icon for the floppy drive and, if necessary, open the folder where you want to put the file or folder.
5. On the Edit menu, click Paste.

Alternatively, click and drag the file or folder to the floppy disk folder you wish to copy or move it to.

Also use this method to copy files to any other storage devices you may have such as zip drives.

### **Deleting files**

1. Locate the file or folder you want to delete and click to highlight it.
2. On the File menu, click Delete, or press the Delete key on the keyboard.
3. The file(s) or folder(s) will be moved into the Recycle bin.

Deleted files remain in the Recycle Bin until you empty it. To empty the recycle bin, open it and delete its contents.

Another way to delete a file is to drag the file or folder icons onto the Recycle Bin icon. If you press SHIFT while dragging, the item will be deleted from your computer without being stored in the Recycle Bin.

### **Restoring deleted files**

1. To restore a file you have deleted, open the Recycle Bin and select the file or folder to restore.
2. From the File menu, select restore. The selected file or folder will be returned to its original location.

### **Note on copying versus moving**

If you copy a file, it remains in its old location and a copy is created in the new location. If you move a file, a copy is created in a new location but the existing file is deleted from the old location. When you drag files with the left mouse button, the default action is to copy if the destination folder is on a different drive (e.g. from a hard drive to a floppy drive). If the destination drive is the same as the source drive, the default action is to move, and the source file will be deleted from its original location. If you use either method to copy an executable file (one with an .exe file extension) to a different location on the same drive, the file will not be moved, but rather a shortcut to the existing file will be created in the new location.

### **Creating a new folder**

1. Open the folder in which you want to create a new folder.
2. On the File menu, point to New, and then click Folder. The new folder appears with a temporary name.
3. Type a name for the new folder, and then press ENTER.

### **Renaming a file or folder**

1. Click the file or folder you want to rename. You do not need to open it.
2. On the File menu, click Rename.
3. Type the new name, and then press ENTER.

Alternatively, click the name twice slowly to rename it without going to the File menu. (N.B. Clicking twice is slightly different to double clicking.)

A filename can contain up to 255 characters, including spaces. But, it cannot contain any of the following characters: \ / : \* ? " < > |.

### **Tips**

- To change the size of either side of the Explorer window, drag the bar that separates the two sides. To increase the size of the entire window, click the Maximise button on the top right or drag the left, right or bottom borders.
- To quickly open a folder and display its subfolders, double-click the folder on the left side of the window.
- To open a file or folder, or start a program, double-click it.
- You can use the keyboard shortcuts <CTRL>C to copy files and CTRL>V to paste files, that is, hold down the Control key while you press C or V.
- Right click on a file or group of selected files or folders to open a shortcut menu containing the Cut, Copy, Paste, Delete, New and various other commands.
- If you want to select more than one file or folder to copy or move, hold down the CTRL key, and then click the items you want. You can also select a group of files by clicking one file, then holding down the SHIFT key and clicking the other file. All the files in between will be selected.
- If you drag a file with the right mouse button, when you let go, a menu will appear giving you the option to move the file, copy it or create a shortcut to it. The last option is a useful way of putting a shortcut to a program or file onto the desktop. Drag the file out of the Explorer window to the desktop.

### **File types**

Each file is a certain type according to the data it contains or the application required to open or activate it. The file type is identified by the file name extension, that is, the 3 character code on the end of the file name after the full stop. For example, 'Recipes.txt' is a text file and 'Recipes.mdb' is a database file. Some common file types are:

.doc	Word document	.bmp	Bitmap image
.mdb	Access database	.zip	compressed Zip file
.txt	Ascii text	.xls	Excel spreadsheet
.exe	executable program	.html	hypertext markup language (web

page)

It is important that you know the file name extension when you are copying or moving files because there may be several files with the same name which have different

extensions. For example, in Access Anaesthetics the following files are all called AA97.

AA97.mde	main program file which runs the database
AA97.hlp	the on-line help file
AA97.ico	icon appearing in the Access Anaesthetics title bar
AA97.bmp	the image which appears when the system first opens
AA97.ldb	a file used for managing multiple users on a network

If you cannot see the file name extensions when you look at the files in Windows explorer, go to the View menu, click Options, click the View tab, and make sure the option to 'Hide MS-DOS file extensions for file types that are registered' is unchecked. You may also need to select the 'Small icons', 'List' or 'Details' option on the View menu. The 'Large icons' options will not show the file type, although the icon itself will give you a hint as to what type of file it is.

If you need to move Access Anaesthetics files from one computer to another, see the Transferring data between two computers <sup>[194]</sup> section.

## 13.7 Sample Printouts

The following pages contain sample printouts from various parts of Access Anaesthetics. They are shown to demonstrate the layout of the reports rather than the information they contain. Layouts can be customised to some extent by adjusting the formatting Options <sup>[163]</sup>.

### Standard account <sup>[219]</sup>


All accounts, receipts, reminders, letters and so on are designed for A4 size paper with an address box to fit in a standard DL window envelope when folded into 3. The standard account shows the general layout with the header, address window, account number and fee area, patient details, procedures times, items list, account message and payment instructions. A number of customisable options allow you to modify which pieces of information are shown on the account.

### Standard receipt <sup>[220]</sup>

Receipts are identical to accounts except that payment information is printed as well as the original account details. This ensures that patients will always have sufficient information to obtain rebates. Account reminders are also printed in the same format. The title can be customised in the Options form (Provider details page <sup>[163]</sup>). Receipts and reminders may have an additional message shown at the bottom of the account to advise of payment status. This is set automatically at the printing stage but may be customised.

### Co-payment account <sup>[221]</sup>


A *Co-payment account* is an account sent to a patient for a residual fee when the

main account is sent directly to a health fund. Since no rebates will be available to the patient, the standard payment instructions do not appear. The message shown on the account in place of the items list can be customised in the Options form (Patient co-payment page ) using codes which substitute for the various amounts. A separate message can be shown for paid or partly paid accounts.

### **Form letter**

This shows the layout of a standard form letter which can be created and printed with just a few mouse clicks. Letters are attached to individual accounts for easy retrieval. You can create an unlimited number of form letters which can be inserted into any account and saved for future use. The font and font size of the letter text can be adjusted, but other formatting features such as bold face and underlining are not supported. Use a word processor program if you need additional formatting for your letters.

### **Bank deposit slip**

The banking slip can replace a manual deposit slip and is acceptable to most banks. The surname column can be hidden if preferred (Options > Banking ) and the ordering of the payments can be customised. Cheques, credit card and money order payments are shown in separate groupings, and cash payments are summarised at the bottom. A similar format is used when printing a list of any payments from the *List of payments* screen by pressing the *Print this list* button. In the latter case, cash payments are itemised.

### **List of accounts**

This shows a standard report printed from the *List of accounts* screen by pressing the *Print this list* button. You can customise the reports by selecting accounts using criteria such as date, surgeon, account type etc. The columns appearing on the report cannot be modified. The *Followup worksheet* is a special design of this list which shows account comments, reminder details and leaves blank space for writing notes, to assist in manually following up unpaid accounts.

### **Batch header**

This shows a batch header printed from the List of Accounts screen by selecting Batch Header from the Summary menu. The accounts to be included are first selected in the list. The various options can be customised on the Batch Header tab of the Addresses editing form. Open this from the Tools > Edit Lookup Tables menu option.

### **Practice activity summary**

This shows an example of a cross tabulation summary created from the *List of accounts* by pressing the *Summary* button on the top menu. A large number of activity summary combinations can be created this way. To do this, first select a group of accounts you wish to report on using the options on the *Select* menu of the List of

accounts. Then from the Summary menu, choose a grouping variable. The example shows all accounts grouped according to the payment status.

### Payment summary

This shows a financial summary report created by pressing the *Summary* button on the *List of payments* screen. After selecting a group of payments to work with, the Summary button allows you to choose the date frequency grouping and the field to break down the payments by. The sample here shows all payments in 1995 and 1996, grouped monthly, broken down by account type. Experiment with the groupings to create exactly the type of financial report you need.

#### 13.7.1 Standard account

Memorandum of Fees Due for Specialist Anaesthetic Services												
<b>Dr William Morton</b> MBBS FANZCA ANAESTHETIST (1819-1868) Provider Number: 0000001		Charlton, Massachusetts, USA Phone & Fax: (02) 9314 7238 Email: wm@healthbase.com.au HealthBase Pty Ltd, ABN 17 076 020 329										
<div style="border: 1px solid black; padding: 10px; margin-top: 20px;">           Mr Gilbert Abbott            10 Boston St            Ether Dome            USA 12345         </div>		Account number: WM1146 Date issued: 08/Jul/2003 <b>Fee: \$727.80</b>										
<b>Patient:</b> Mr Gilbert Abbott (DOB: 27/04/1820) <b>Surgeon:</b> Dr John Collins Warren <b>Hospital:</b> Massachusetts General Hospital <b>Operation:</b> Removal Of Tumour		<b>Referral date:</b> 18/Aug/1845 <b>Details of attendance for procedure</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Start</th> <th style="text-align: left;">Stop</th> <th style="text-align: left;">Time</th> </tr> </thead> <tbody> <tr> <td>25/Aug/1845</td> <td>9:45</td> <td>15:30</td> <td>5h 45m</td> </tr> </tbody> </table>			Date	Start	Stop	Time	25/Aug/1845	9:45	15:30	5h 45m
Date	Start	Stop	Time									
25/Aug/1845	9:45	15:30	5h 45m									
Date	RVG Units	Item Number	Procedure	Fee (\$)								
25/Aug/1845		17603	Pre-anaesthetic consultation, separate attendance	34.80								
25/Aug/1845	10	20867	Anaesthesia for neuro endocrine tumour removal in the lower abdomen	165.00								
25/Aug/1845	27	23270	Anaesthesia time - 5:41 hours to 5:50 hours	445.50								
25/Aug/1845	1	25000	Modifier - Physical status - ASA 3 (1 unit)	16.50								
25/Aug/1845	4	22020	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure	66.00								
THE FEE IS BASED ON THE MEDICARE BENEFITS SCHEDULE AND SHOULD BE COMPLETELY COVERED BY YOUR MEDICARE AND HEALTH FUND REBATES												

## 13.7.2 Standard receipt

Statement of Account for Specialist Anaesthetic Services	
<b>Dr William Morton</b>	Charlton, Massachusetts, USA
MBBS FANZCA	Phone & Fax: (02) 9314 7238
ANAESTHETIST (1819-1868)	Email: wm@healthbase.com.au
Provider Number: 0000001	HealthBase Pty Ltd, ABN 17 076 020 329

This statement was printed on 8 July 2003

Mr Gilbert Abbott  
10 Boston St  
Ether Dome  
USA 12345

Account number:	WM1146
Date issued:	08/Jul/2003
<b>Fee:</b>	<b>\$727.80</b>
Received to date:	\$727.80

**Patient:** Mr Gilbert Abbott (DOB: 27/04/1820)  
**Surgeon:** Dr John Collins Warren  
**Hospital:** Massachusetts General Hospital  
**Operation:** Removal Of Tumour

**Referral date:** 18/Aug/1845  
**Details of attendance for procedure**  

Date	Start	Stop	Time
25/Aug/1845	9:45	15:30	5h 45m

Date	RVG Units	Item Number	Procedure	Fee (\$)
25/Aug/1845		17603	Pre-anaesthetic consultation, separate attendance	34.80
25/Aug/1845	10	20867	Anaesthesia for neuro endocrine tumour removal in the lower abdomen	165.00
25/Aug/1845	27	23270	Anaesthesia time - 5:41 hours to 5:50 hours	445.50
25/Aug/1845	1	25000	Modifier - Physical status - ASA 3 (1 unit)	16.50
25/Aug/1845	4	22020	Central vein catheterisation (via jugular, subclavian or femoral vein) by percutaneous or open exposure	66.00

THE FEE IS BASED ON THE MEDICARE BENEFITS SCHEDULE AND SHOULD BE COMPLETELY COVERED BY YOUR MEDICARE AND HEALTH FUND REBATES

Payments received:		Date	Type	Drawer	Amount	Total
Rept No	238	08/Jul/2003	Cheque	Medicare	545.85	727.80
	239	08/Jul/2003	Cheque	HCF	120.00	
	240	08/Jul/2003	Cheque	G Abbott	61.95	

Account paid in full - Thank you very much

## 13.7.3 Co-payment account

### Memorandum of Fees Due for Specialist Anaesthetic Services

**Dr William Morton**

MBBS FANZCA

ANAESTHETIST (1819-1868)

Provider Number: 0000001

Charlton, Massachusetts, USA

Phone &amp; Fax: (02) 9314 7238

Email: wm@healthbase.com.au

HealthBase Pty Ltd, ABN 17 076 020 329

Mr Gilbert Abbott  
10 Boston St  
Ether Dome  
USA 12345

Account number:	WM1146
Date issued:	08/Jul/2003
Fee:	\$120.00

**Patient:** Mr Gilbert Abbott: 10 Boston St, Ether Dome, USA 12345  
(DOB: 27/04/1820)

**Surgeon:** Dr John Collins Warren

**Hospital:** Massachusetts General Hospital

**Operation:** Removal Of Tumour

**Referral date:** 18/Aug/1845

**Details of attendance for procedure**

Date	Start	Stop	Time
25/Aug/1845	9:45	15:30	5h 45m

#### PATIENT CO-PAYMENT FOR HEALTH FUND 'KNOWN-GAP' ACCOUNT

The fee for your anaesthetic service is \$1265.30.

Because of new arrangements with health funds, we are now able to charge the fund directly for a rebate on your behalf. The fund rebate will cover the Medicare schedule fee and the fund's own contribution. The total amount that your fund will pay is \$1145.30 (including the Medicare rebate) and an account has been sent to HCF for this amount.

The remainder of the fee is NOT covered by the health fund contribution and is payable directly by you. This amount is \$120.00.

Please send your payment for \$120.00 to the address above at your earliest convenience.

Acc: WM1146, Mr Gilbert Abbott, Fee: \$120.00

**Credit Card Payment:** Please circle: B/C M/C VISA

or tick → **Cheque:** ☐ **Money order:** ☐

Card num: \_\_\_\_\_ Name on card: \_\_\_\_\_

Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

### 13.7.4 Form letter

**Dr William Morton**  
MBBS FANZCA  
ANAESTHETIST (1819-1868)  
Provider Number: 0000001

Charlton, Massachusetts, USA  
Phone & Fax: (02) 9314 7238  
Email: [wm@healthbase.com.au](mailto:wm@healthbase.com.au)  
HealthBase Pty Ltd, ABN 17 076 020 329

---

Mr Gilbert Abbott  
10 Boston St  
Ether Dome  
USA 12345

8 July 2003

Dear Mr Abbott,

Please find your account enclosed. The fees charged are in accordance with the recommendations of the Australian Society of Anaesthetists and the Australian Medical Association.

The rebate you will get from Medicare and your Health Insurance Fund will be based on the Government Schedule of Rebate Benefits. In some cases, this rebate is not related to the true value of the service and only partially covers the fee.

Unfortunately, reductions in Medicare rebates over recent years have accentuated this gap.

If you have any queries, please do not hesitate to contact my office.

Yours faithfully,

Bill Morton  
ANAESTHETIST (1819-1868)



## 13.7.5 Bank deposit slip

<b>Bank Deposit List</b>		<b>Bill Morton (William Thomas Green Morton Pty Ltd)</b>		
Date printed: 08/Jul/2003		Account No. 10 0000 0000		

<b>Drawer</b>	<b>Bank</b>	<b>Branch</b>	<b>Amount</b>	<b>Surname (AccNo)</b>
<u>Cheque</u>				
1. HCF	ANZ	York & Market St	58.20	Nettleton (1144)
2. MBF	Chase	Sydney	84.15	Naylor (1004)
3. Medicare	Reserve	Sydney	225.30	Abbott (1144)
4. Medicare	Reserve	Sydney	252.65	Naylor (1004)
5. Medicare	Reserve	Sydney	174.60	Nettleton (1144)
6. P. Abbott	Chase Manhattan	Martin Place	450.00	Abbott (1144)
7. Ronald C J Smith	St George	Kogarah	158.40	Howse (1002)
8. Veteran's Affairs	Reserve	Canberra	198.05	O'Grady (1003)
			1,601.35	
<u>Credit Card</u>				
9. Mastercard			530.00	Abbott (1144)
10. VISA			207.20	Nettleton (1144)
			737.20	
Number of payments = 10		Total of payments =	\$2,338.55	
		Cash =	\$190.00	(3 cash payments)
		<b>Total deposited =</b>	<b>\$2,528.55</b>	
<b>Paid in by:</b>		<b>Date deposited:</b>	<b>Teller/Stamp:</b>	

13.7.6 List of accounts

# List of accounts

Date printed: 08/Jul/2003

Bill Morton  
William Thomas Green Morton Pty Ltd

Acc Num.	Patient	Account type	Items shown	Operation date	Account date	Payment status	Weeks since account sent	Fee	Amount received	Owing	Date account closed
1019	Mr Peter Young	SF	MBS	16Jul1999	20Jul1999	Overdue	207	118.10	0.00	118.10	
1074	Mr Rod Morris	SF+	MBS	07Dec1999	10Dec1999	Overdue - sent reminder	186	150.00	0.00	150.00	
1089	Mr Howard Gerhard	SF	MBS	15Feb2000	15Feb2000	Don't send	177	116.80	0.00	116.80	
1093	Ms Suzanne Licari	SF	MBS	24Feb2000	07Mar2000	Overdue	174	312.45	0.00	312.45	
1097	Mr Maicol Campbell	SF	MBS	26Feb2000	17Mar2000	Overdue	172	87.60	0.00	87.60	
1098	Mr Smith	DVA	MBS	26Feb2000		Ready to send		201.55	0.00	201.55	
1103	Mr Screen Lianos	SF	MBS	24Feb2000	03Mar2000	Overdue - part paid	174	160.60	120.45	40.15	
1110	Mr Aidun Van Rooijen	SF+	MBS	07Mar2000	07Mar2000	Overdue	174	150.00	0.00	150.00	
1117	Mr Maxim Fife	SF+	MBS	21Mar2000	21Mar2000	Overdue - part paid	172	140.00	89.85	50.15	
1125	Mr Murray Mongan-Manas	WC	RVG	23Mar2000		Ready to send		465.00	0.00	465.00	
1127	Ms Gladys Dyne	SF+	MBS	28Mar2000	28Mar2000	Overdue	171	120.00	0.00	120.00	
1128	Mr Geoffrey Linn	SF	MBS	28Mar2000	29Mar2000	Overdue	57	301.45	0.00	301.45	
1133	Mr Vincent Muller	SF	MBS	05Apr2000	25Apr2000	Overdue	167	131.40	0.00	131.40	
1135	Ms Maria Spooner	DVA	MBS	06Apr2000	08Apr2000	Overdue	169	116.05	0.00	116.05	
1136	Ms Lynne Van Kessel	SF+	MBS	11Apr2000	11Apr2000	Overdue	169	140.00	0.00	140.00	
1137	Ms Olive Canavan	SF+	MBS	11Apr2000	11Apr2000	Overdue	169	140.00	0.00	140.00	
1139	Mr Bradley Bennett	WC	RVG	13Apr2000		Ready to send		232.50	0.00	232.50	
1140	Ms Robyn Byrne	SF+	MBS	02May2000	02May2000	Overdue	166	120.00	0.00	120.00	
1142	Ms Elizabeth Chu	SF+	MBS	02May2000		Overdue		154.80	0.00	154.80	
1143	Mr Philip Nettleton	TP	RVG	02May2000	01Jul2003	Part paid	1	651.00	570.00	81.00	
1146	Mr Gilbert Abbott	HCF	MBS	25Aug1995		Paid in Full		1265.30	1265.30	0.00	
Report Totals:						Number of accounts:	22	Fee 5,394.60	Received 2,045.60	Owing 3,349.00	

Access: Anaesthetics - Dr William Morton

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## 13.7.7 Batch Header

## Account Summary Form - Batch Header

**Dr William Morton**

MBBS FANZCA

ANAESTHETIST (1819-1868)

Provider Number: 0000001

Charlton, Massachusetts, USA

Phone &amp; Fax: (02) 9314 7238

Email: [wm@healthbase.com.au](mailto:wm@healthbase.com.au)

HealthBase Pty Ltd, ACN 076 020 329

The Manager  
HCF Australia  
SYDNEY NSW 2001

Date of claim: **17 Mar 2004**

Invoice to:  
**HCF Medcover**

## Account details:

Account number	Patient	Fee
WM1128	Lim, Geoffrey	301.45
WM1093	Licari, Suzanne	312.45
WM1097	Campbell, Marcel	87.60
WM1098	Sumner, Timothy	488.25
WM1019	Young, Peter	118.10
WM1074	Morris, Rod	150.00
WM1103	Lianos, Soren	160.60
WM1110	Van Rooijen, Arthur	150.00
WM1117	Pike, Maxim	140.00
WM1089	Gerhard, Howard	116.80
WM1127	Dyne, Gladys	120.00
WM1144	Nettleton, Phillip	120.00
WM1133	Ferguson, Carmel	131.40
WM1135	Miller, Vincent	116.05
WM1136	Spooner, Maria	140.00
WM1137	Van Kessel, Lynne	140.00
WM1139	Canavan, Olive	120.00
WM1140	Bennett, Bradley	232.50
WM1142	Byrne, Robyn	120.00
WM1143	Chu, Elizabeth	102.20
WM1125	Morgan-Manes, Murray	465.00

Number of accounts: **21**Total fee charged: **\$3,832.40**

## Declaration:

I agree to abide by the terms and conditions of the fund specified above.  
The professional services described on the attached accounts were provided by me or on my behalf.  
The services were rendered to inpatients of a hospital or approved day care facility.  
These claims are NOT compensation related.  
I have disclosed any applicable financial interests in the management of these patients.  
Where required, I have provided these patients with an estimate of fees.  
Some of these patients may have been charged a separate co-payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

## 13.7.8 Practice activity summary

### Practice Activity Summary Report

Date printed: 08/Jul/2003

Selection Criteria: All accounts shown

Bill Morton

William Thomas Green Morton Pty Ltd

Payment Status	Num. of accounts	Fee Charged		Payment Received		Amount Waived		Amount Owed		Av. weeks until closed
		Total	Average	Total	Average	Total	Average	Total	Average	
Don't send	1	116.80	116.80	0.00	0.00	0.00	0.00	116.80	116.80	177.0
not eligible at time of service	1	324.05	324.05	0.00	0.00	324.05	324.05	0.00	0.00	4.0
Overdue	13	2011.85	154.76	0.00	0.00	0.00	0.00	2011.85	154.76	163.7
Overdue - part paid	2	300.60	150.30	210.30	105.15	0.00	0.00	90.30	45.15	173.0
Overdue - sent reminder	1	150.00	150.00	0.00	0.00	0.00	0.00	150.00	150.00	186.0
Paid in Full	112	24632.55	219.93	24636.55	219.97	-4.00	-0.04	0.00	0.00	5.0
Paid in Full - overpayment	5	807.10	161.42	1008.96	201.79	-201.86	-40.37	0.00	0.00	6.6
Part paid	1	651.00	651.00	570.00	570.00	0.00	0.00	81.00	81.00	1.0
Part payment accepted	7	1409.75	201.39	1093.15	156.16	316.60	45.23	0.00	0.00	6.9
Ready to send	3	899.05	299.68	0.00	0.00	0.00	0.00	899.05	299.68	
<b>Column Totals:</b>	<b>146</b>	<b>31302.75</b>	<b>214.40</b>	<b>27518.96</b>	<b>188.49</b>	<b>434.79</b>	<b>2.98</b>	<b>3349.00</b>	<b>22.94</b>	<b>723.1</b>

Access Anaesthetics

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## 13.7.9 Payment summary

### Payments Summary Report

Dr William Morton  
William Thomas Green Morton Pty Ltd

Monthly, using Date received, grouped by Account Type

Selection criteria: Advanced criteria: Where Not IsNull(PaymentsT) [AccountNumberT] and (IDateReceived) Between #1/1/95# And #6/30/96#

Received	# Payments	Total \$	Incl GST	D/C	DVA	R/G	SF	SF +	TP	WC
1995.01 Jan	57	5473.60	0.00			402.25	5071.35			
1995.02 Feb	28	5088.45	0.00				5088.45			
1995.03 Mar	78	8554.50	0.00	187.80			8366.70			
1995.04 Apr	91	10415.65	0.00	358.05			10057.60			
1995.05 May	106	10649.75	0.00				10369.75	280.00		
1995.06 Jun	102	9690.00	0.00				9570.00	120.00		
1995.07 Jul	71	7936.15	0.00				6591.05	1345.10		
1995.08 Aug	95	10268.85	0.00		1275.15		4935.20	4058.50		
1995.09 Sep	44	4806.00	0.00		130.35		1410.75	3264.90		
1995.10 Oct	53	8139.35	0.00		1052.25		3138.50	3596.60	352.00	
1995.11 Nov	69	7891.40	0.00		708.60		2501.65	4681.15		
1995.12 Dec	45	4091.95	0.00				1552.30	2539.65		
<b>1995</b>	<b>839</b>	<b>93,005.65</b>	<b>0.00</b>							
1996.01 Jan	6	360.50	0.00				312.20	48.30		
1996.02 Feb	11	897.15	0.00				349.85	344.30	203.00	
1996.03 Mar	2	820.00	0.00						820.00	
1996.04 Apr	7	1086.80	0.00				160.80	300.00	626.00	
1996.05 May	2	272.60	0.00				272.60			
1996.06 Jun	1	167.40	0.00				167.40			
<b>1996</b>	<b>29</b>	<b>3,604.45</b>	<b>0.00</b>							
<b>Report Total</b>	<b>868</b>	<b>96,610.10</b>	<b>0.00</b>							

Access Anesthetics - Dr William Morton

Date printed: 09/Jul/2003

Page 1 of 1



## CHAPTER

## 14

## Technical Details

*This section describes some important technical details of your Access Anaesthetics software.*

## 14.1 System requirements

We recommend the following specifications for minimum performance of Access Anaesthetics. As with any software, the faster the processor and the more memory available, the better the system will run.

### Hardware recommendations

Computer:	Windows PC (will not run natively on a Macintosh, but will run using Virtual PC software)
Processor:	Pentium (faster is better)
Memory:	32MB (more is better)
Hard disk space:	Approx 10 MB (about 20 required for runtime version)
Screen resolution:	800 x 600 (higher is OK, lower is unacceptable)
Colour palate:	16 or 24 bit (images are poor with 256 colours)
Operating system:	Windows 9x, 2000, NT, XP
Printer:	Any Windows printer, printing on A4 paper
Backup device:	Zip drive, Super disk or CD writer. Floppy disks are OK but will eventually be too small.

### Software requirements

Access Anaesthetics is based on Microsoft Access database files and requires Microsoft Access to run. It is designed in Access 97 and versions are available for Access 97 and Access 2000. The Access 2000 version will run without modification in later versions of Access (2002 or XP).

If you do not have Access 97 or Access 2000, you can still run the system, by installing the Access 97 *Runtime* version which is available on the installation CD.

Microsoft Access is included as a component of Microsoft Office in the *Professional* edition and above. It is not included with the *Standard* or *Small Business* editions of

Microsoft Office. Microsoft Access and Microsoft Office are copyrighted products of Microsoft Corporation.

## 14.2 Screen resolution

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Access Anaesthetics requires a screen resolution of at least 800 x 600 pixels to function properly. If your screen resolution is less than this, say 640 x 480, you will be prompted to allow the resolution to be changed to 800 x 600. If you do not accept this change, the system will close. Otherwise the screen resolution will be set to 800 x 600.

Access Anaesthetics will actually open in a Window of 800 by about 550. This is so that there is space for the Windows taskbar at the bottom of the screen. If you also have a Microsoft Office toolbar visible on the screen, this may cause parts of the Access Anaesthetics window to be obscured. Therefore, for 800 x 600 screens, we recommend that you turn off the Office toolbar (by setting Auto Hide to On), and keep the Windows taskbar on the bottom of the screen.

If your screen resolution is greater than 800 x 600, say 1024 x 768, Access Anaesthetics will open in a window of size 800 x 600. You can resize or maximise the screen if you wish. If you do, most of the objects on the forms will remain the same size but the datasheet screens will expand so that you can see more rows and columns. The List of Accounts<sup>[134]</sup> and List of Payments<sup>[152]</sup> screens can be customised so that larger fonts are used to make data easier to read on higher resolution screens.

For high resolution screens, there is a button on the Miscellaneous page<sup>[176]</sup> of the Options form which will allow you to save the window size so that the next time Access Anaesthetics opens, it will open at your preferred size.

## 14.3 Registration number

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When you first install Access Anaesthetics, whether from a CD or via an internet download, the system will function in *Demonstration* mode and allow only 25 accounts to be entered. A registration number is required to get the system out of *Demonstration* mode and to allow the entry of unlimited accounts.

The registration number provided upon purchase is valid for one computer only and will not work on any other computer. In order to assign your registration number, we need a computer identification number from your computer which is located on the registration form. Click the registration button on the Main Menu to locate your computer identification number. If you require an additional registration number for a laptop computer or remote secretary, first install Access Anaesthetics on the new computer and locate its computer identification number in the same way.

If you buy a new computer or replace your hard disk or other internal components, you will require a new registration number. Contact us and we can provide this without



delay.

## 14.4 Technical support

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### **The annual maintenance and support plan**

Twelve months free support and maintenance is included in the purchase price of Access Anaesthetics. Thereafter an annual fee will be charged. Consult our website for the latest details - [www.healthbase.com.au](http://www.healthbase.com.au).

The support and maintenance plan includes:

- MBS and RVG data file updates whenever new versions are published by the Health Insurance Commission or the ASA.
- Health fund updates when appropriate after fee schedules have been modified.
- Program updates. There may be 3 to 6 program updates annually.
- Unlimited technical support by email with responses normally returned within several hours.

### **Support by Email or fax**

We prefer to receive support enquiries initially by email. This gives you a chance to fully describe the situation, and gives us a chance to work through the problem and develop a solution. This is often faster than talking to us in the first place, because in many cases we need to duplicate the problem before devising a fix or work-around. Email is the best way to resolve non-critical issues and to provide background information for telephone support. We normally respond to email enquiries within several hours, 7 days a week.

### **Additional pay-per-use support**

To reduce the annual support cost, telephone, modem and on-site support is not included in the annual support plan. These can be provided, however, on a pay-per-use basis. This will be charged at our standard hourly rate applicable at the time the support is provided.

### **Telephone**

Please use our telephone support number or indicate in your email or fax the best day and time for us to call you. We can call you outside business hours if required but we would prefer not to receive calls outside business hours. Our office telephone is normally attended 4 days per week (Tues-Fri) during business hours. Voice messages may be left when the office is unattended and we will return your call as soon as possible. A mobile phone number will be offered for urgent calls although this will not always be answered immediately.

### **Modem**

If you have a modem, we can log into your computer remotely using pcANYWHERE software. Users must have pcANYWHERE installed on their machine. A 30 day evaluation version of this program is available on the Access Anaesthetics installation CD. This may be sufficient to enable us to correct any initial setup problems. A full version of pcANYWHERE costs approximately \$250-\$300 from software dealers.

### **On-site**

On-site visits are available within the Sydney region. Individual on-site training can also be provided in the Sydney region if required.

### **Users of the DEMO version**

Reasonable support will be provided by email, fax or telephone on installation and setup issues. It is expected that users will refer to the training resources to learn to use the system and training support is not generally provided. However, we will provide limited training assistance by email, fax or telephone at our discretion.

### **The 'No Support' plan**

Once you have purchased Access Anaesthetics, there is no absolute requirement to stay on the annual support plan. The system will not cease functioning on a preset date. We can provide support on a pay-per-use basis and can also provide program and item updates on a pay-per-update basis. However, this option is unlikely to represent good value for money as the costs for each update will be disproportionately high.

### **Training**

To help reduce costs, no personal training is included in the purchase price of Access Anaesthetics and it is up to the individual user to learn how to operate the system to best advantage. To assist with this training, the system includes a number of resources:

- a comprehensive on-line Windows Help file
- this detailed printed manual with screen images
- a set of training videos on the installation CD
- regularly-updated frequently-asked questions on our website
- additional material posted on our website from time to time

If you prefer, we can come to your office to provide individual on-site training at our standard hourly rate of payment. At present this service is only available for Sydney locations. Contact us or consult our website for the latest details.

**Note**      *We do not provide hardware support. You should consult your local computer dealer for hardware or printer related problems.*

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## 14.5 Licence agreement

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### Installation Agreement

Installation of this software indicates acceptance of this agreement. If the terms of this agreement are unacceptable, or you are dissatisfied with this product for any reason, you should cease to use it immediately. You may return all the original materials to HealthBase Pty Ltd within 3 months of registration for a full refund. If you return the software for a refund you are no longer licensed to use the program. You must remove any and all copies of the program from your hard disk and destroy all electronic copies of the program.

### Copyright

The supplied software and documentation are copyrighted products of HealthBase Pty Ltd. All rights are reserved, and the use of the software is expressly prohibited, except as authorised by the terms of this agreement. Under no circumstances may you remove the copyright notices which are part of the software or documentation. No part of the software or documentation may be reproduced without express permission from HealthBase Pty Ltd.

### Unauthorised copying

HealthBase authorises registered users to make archival copies of this software for the sole purpose of back-up and protecting your investment from loss. Under no other circumstances may you copy the software for the purpose of distribution to others. Copying (except as above), duplicating, selling, renting, transferring, or otherwise distributing the software product is a violation of the law.

### Registration

Upon installation, the system can be run in *Demonstration* mode which allow adding up to 25 accounts. A unique registration number is required for each authorised installation of the software to advance beyond *Demonstration* mode. Once correctly registered, the *About box* will display the name of the registered user.

The registered software may be used for one anaesthetic practice only. The registered user may install the software on more than one computer (for example, desktop and notebook) provided that each installation will be used for the one anaesthetic practice. Provision for a secretary to operate an additional installation will be allowed according to conditions determined from time to time provided the system is for the sole use of the registered provider of anaesthesia. Where the software is used for multiple providers, the software will be licenced to the group practice.

The software is not transferable from one practice or practitioner to another. Once purchased, the registered practitioner cannot give or sell his copy of the software to another provider or practice. Each new practice must purchase a new copy of the software.

### **Warranty**

HealthBase Pty Ltd have made every effort to ensure that this software is an effective tool for its stated purpose. However, the software is distributed 'as is' including any programming errors either known or unknown. To the maximum extent permitted by applicable law, HealthBase Pty Ltd makes no warranties relating to this software arising from a failure of this program to operate in the manner desired by the user. It is strongly recommended that you thoroughly test the program with dummy data before installing active data.

### **Disclaimer**

Neither HealthBase Pty Ltd and its employees nor anyone else who has been involved in the creation, production, or delivery of this software shall be liable for any damages including any lost profits, lost savings or other indirect, consequential, or incidental damages arising out of the use or inability to use such software, or any claim by any other party, even if HealthBase Pty Ltd has been advised of the possibility of such damages or claims. In no event shall the liability of HealthBase Pty Ltd for any damages ever exceed the price paid for the software or the license to use the software, regardless of the form of the claim. The person using the software bears all risk as to the quality and performance of the software.

## **14.6 Privacy statement**

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### **Introduction**

HealthBase respects your privacy. We comply with the recent Privacy Amendment Act 2001 effective 21 December 2001 and with the 10 National Privacy Principles (NPP).

### **The Information we collect**

We collect personal information about our clients for the primary purpose of supplying support for our software products.

### **Personal account information**

We record your name, address, telephone number(s) and email address. We may record limited computer hardware and software configurations if explicitly provided (we do not collect this via our website). This may include your Computer ID number for the purpose of providing a registration number for use with our software. We may make notes on our dealings and correspondence with you. We record details of payments made to us and of correspondence to or from you. We record all email correspondence. We do not record credit card numbers on computers.

### **Recording website activity**

We record limited information on all visits to our website for statistical purposes. This cannot identify individual visitors. Information recorded includes computer operating

system, browser version and host name.

### **Cookies**

A cookie is a small file created by your web browser to assign a unique identification to your computer. Cookies are used to allow us to identify visitors so that we can personalise your experience in visiting our site. We do not currently use cookies, but may do so in the future.

### **Access to information**

You may request to know what information we hold on your behalf at any time.

### **Changing your information**

You can make changes to your personal information by notifying us by mail, fax, telephone or email. We shall acknowledge the changes have been made to our records. We will send you details of the information annually when you renew your support plan.

### **Disclosure of information**

We will not disclose your personal information to any third party except where you have provided express permission, or where required to do so by law.

### **Security of information**

We maintain your records on secure standalone computers or internet-connected computers operating behind a secure firewall. No personal information currently exists on our website. However, in the future, we may keep a limited database of usernames and passwords to allow secure access to our website by registered clients. Paper based records are maintained in an office used by HealthBase staff only, with no access to the general public or other clients. Electronic backups may be held at locations outside the HealthBase office. We take all precautions to ensure that your personal information remains private and secure.



## CHAPTER

## 15










# What's New in Access Anaesthetics

## 15.1 Version 3.4 - 2004 March 18

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### 15.1.1 Summary

#### Version 3.4 was released on March 18, 2004

- The help file  has been completely updated to include everything in version 3.4 in line with the revised printed manual (version 3.3). Essentially it *is* the printed manual, plus updates since then.
- The Documents page  is now able to save a reference to an external file such as a Word document. This allows you to catalogue all your records for a patient within Access Anaesthetics even if they are created with another program.
- New editing forms have been created for many of the lookup lists  to make customising easier.
- Surgeon, hospital and operation labels  can be better customised. For example, Dr Smith can be designated a surgeon, while Dr Jones is labelled a gastroenterologist. And hospital provider numbers can be recorded and displayed on accounts.
- A 'batch header'  can be printed for a group of health fund, DVA or other accounts.
- New functions allow customising the font size  and columns displayed on the main list and detail screens. Also the Access window itself can be resized (and remembered). This will particularly benefit clients with higher resolution screens.
- There are two new reports , an Aged Trial Balance report, and a report for group practice payment summaries.
- Accounts can be selected according to a specific item number  (Advanced selection box). And quick menu options allow selection of health fund accounts .

- A new 'Maintenance log'<sup>[200]</sup> records program activity such as error messages, account and payment deletions and other significant events.
- There are various improvements in the way that multiple provider files<sup>[242]</sup> are handled.
- There are a lot of bug fixes<sup>[244]</sup> (not that we admit there were any to fix!)
- There are a lot of other useful new features<sup>[243]</sup>, so read about these below.
- A number of issues related to using AA in Microsoft Access 2003<sup>[246]</sup> have been fixed.

Older Versions<sup>[246]</sup>

### 15.1.2 Document Management

Modified the Documents page to allow saving a link to an external document or website. Each document may be saved with a category and with notes. The categories can be edited. The list can be filtered by a category.

A similar form is opened from the main Menu using the Letters & Documents button. This lists letters and linked documents which are not attached to a particular patient account. The 'External Documents' options is included on the Tools menu of several main forms.

For multi-provider versions, it is possible to search all data files and obtain a listing of all documents for a specified patient. This is simple to do for an individual patient, but the search can be easily modified to look at multiple patients.

### 15.1.3 Revised Help

Revised the help file to bring it up to date to version 3.3.

Created a small version of the help file with no images to save on download space. The small version is installed by default; the full version can be downloaded separately.



### **15.1.4 Lookup Lists**

New forms were created to enable easy editing of lookup lists including the Surgeon Label, Hospital Label, Operation Label, Anaesthetist Designation, Health funds, Payers (drawers), Banks, Branches, Quick items, Quick notes and Document Types (Category of linked document). A link to the older datasheet editing format is also provided on the editing form. The forms are usually opened by selecting the <Edit Lookups> option from the appropriate drop down list, or by clicking a 'pencil' button. Some of the separate 'pencil' buttons have been removed where they were redundant.

Added an option to the Tools menu to easily open any of the lookup tables for editing, without having to go to the specific field to open the lookup table.

### **15.1.5 Surgeon, Hospital & Operation Labels**

For each of these fields, a designation may be stored in the lookup table. For example, Dr Smith may be a Surgeon, but Dr Jones may be a gastroenterologist. The appropriate designation will be automatically inserted as the field label when a particular surgeon is selected. All are initially designated 'Surgeon'.

The 'Surgeon' label can still be edited manually by selecting from the list box.

A new shortcut has been included to allow easily specifying a designation which is different to the stored one. E.G. enter ZS/G in the surgeon field - get Dr Zachary Smith as the surgeon and Gastroenterologist as the label (instead of surgeon). For this to work, you must enter a one character code into the Notes field in the lookup form for the surgeon, hospital or operation label.

The above features also work for the Hospital and Operation fields.

The Hospital lookup table now includes a Provider number field which can optionally be included on the account. This is to allow easy insertion of the hospital's Provider number when required by a payer such as a health fund.

### **15.1.6 Health Funds**

It is possible to hide funds you never use from the Health Funds drop down list. Click Tools > Health Fund Fees and click the Show/Hide button to hide the funds you don't wish to appear. You can unhide them just as easily. Your preferences will be remembered even after updating to a new health fund file.

When printing a list of 'All' fund schedules, hidden funds will not be shown.

Added an option to the Select menu on the List of Accounts to quickly show all open health fund accounts. Also added an option to list accounts for any specified health fund.

### **15.1.7 Batch Header**

Created a batch header function to print a summary sheet for a group of accounts. This is intended to be used as a summary sheet when sending health fund accounts, but can also be used for other purposes, such as for DVA accounts. From the List of Accounts page, select the accounts to be included in the batch, then press 'Batch Header' on the Summary menu.

The title and other details on the batch header can be customised. Use the Edit button on the batch header dialog box, or edit the details by opening the Addresses lookup table.

### **15.1.8 Entering Payments**

Added a co-payment checkbox to the batch payments entry screen and adjusted the code to save the Copayment flag for distributed payments. Previously this was missing.

Modified the lookup list in the distributed payments data entry form so that both normal and co-payments are listed. If the Copay flag is ticked for the batch payment, selecting the account number in the distributions list will enter the copayment owed, instead of the total amount owed (& vice versa).

Added Eftpos and Direct deposit options to the dropdown list of payment types in the standard and batch payment forms. Also to the payment type field in the advanced payment selection box.

Prevented 'Type error' when printing payments where one of the payments has no payment type. Modified the payment entry screen (standard and batch) so that payments can't be saved unless a payment type is specified.

Adjusted the list of bank deposit slips so that banking dates which included only electronic transactions (i.e. no physical banking slip was printed) did not appear in the list. Also prevented showing an empty bank slip.

Added a payment type category subtotal to the bank deposit slip.

Included 't' shortcut to enter a third party drawer into the Drawer field. This will also look up the address code so that if the HCF address is shown on the PtAddr page, the t shortcut will enter the HCF banking details. (Originally the p shortcut would do this if a third party address was listed, but this function was removed a few versions ago.)

Adjusted the List of Payments so that user-defined ordering is reproduced on printouts.

### **15.1.9 Font Formatting and Screen Size**

Provided the ability to change the font of the List of Accounts and Payments. The font, font size, bold, and gridlines can be customised (Tools > Datasheet Format).

Provided the ability to select the columns to be displayed in each list.

Provided the ability to store multiple formatting options for each list - so that a specific set of columns and font formats can be displayed easily.

When exporting to Excel, the column selection is maintained.

Added appropriate Copayment columns to the printed list of accounts.

Added a menu option (Tools > Resize fonts) to toggle between 8 and 10 point font size for selected fields on the main Account Details data entry screen. This is an interim measure to assist users with high resolution screens. We are currently in the process of incorporating a more comprehensive resizing function.

For computers with higher resolution screens (> 800 x 600), created a function to resize the Access window so that AA will always open in the preferred window size. Also removed the option to revert to a screen resolution of 800 x 600 since it is unlikely this would ever be used, and it may cause some screen display problems.

#### **15.1.10 Links to Executable Programs**

Added the ability to launch an external application from within AA using a list on the Main Menu. The list of applications can be customised to include any application available on the computer.

### **15.1.11 Maintenance Log**

Created a logging procedure to record details of program activity for audit purposes. This can be viewed from the Tools > Maintenance Log menu on the File Management screen.

For each event, the time, computer name, user name, activity type and details are recorded.

The log records opening and closing of Access Anaesthetics, switching of data files for multiuser versions, deletions of accounts, payments and batch payments, unexpected errors encountered and backups performed.

The log records the last 1000 entries. Records cannot be deleted from the maintenance log, but the entire log may be cleared after entering a password. If cleared, a note to this effect is recorded, and this note cannot be deleted. The maintenance log can be saved to a csv file for additional analysis.

Updated all the error handling procedures to improve stability. Also created a new clean database and imported all original objects and properties to try to reduce Access crashes during development.

### **15.1.12 Reports**

Created a basic Aged Trial Balance report to provide a summary of outstanding fees. Open this from the Tools menu on the List of Accounts or Payments.

Created a Group Practice Payment Summary for the days' end reconciliation. This was specifically designed to reconcile EFT payments, but may be used for other purposes. This is currently only available in multi-provider versions of AA.

### **15.1.13 Multi-provider Features**

Added a large popup notice to show the current doctor when switching data files.

Modified the QualDesig field on the MainMenu to ensure it is updated when data files are switched.

Inserted a warning message to alert the user to the inability to refresh the

doctor's name in the title bar when the AA97.ico file is missing.

Added a Multi-provider document search function as described above in 'Document Management'.

Created a function to update DVA, TP and WC rates for all data files in one process. This is operated from the Options form and means all data files can be updated at once.

Provided an option to save the location of the backup file to all data files at once. This option is available when the 'Save default' button is pressed in the backup window, or when the manual backup location is changed in the Options form.

Added a function to convert a single user data file into a file which can be used in a multi-user system. Also allows importing of surgeons and hospitals from a single user file. Useful where an existing single user joins a group which is using Access Anaesthetics.

#### **15.1.14 Miscellaneous Updates**

Adjusted the 'Premed' shortcut on the RVG items page to insert CA002 item. Also adjusted all other references to old premed item CA010 to include CA002-CA008 items.

Adjusted the List of Accounts so that user-defined ordering is reproduced on the printed output.

Removed the unnecessary 'Clear tags shown' button on the List of Accounts and replaced it with a 'Tag all shown' button.

Added the ability to select accounts according to a specific item number (Advanced selection box).

Added 'Filter By Selection' buttons to the List of Accounts and List of Payments forms. To use these, highlight the data you want to filter by, then press the Filter button. Press the Remove Filter button to cancel the record filtration. This filtration method operates independently from the options selected on the 'Select' menu or in the Advanced selection dialog box.

Adjusted the left side of form letters to be 0.5 cm further to the right, to fit into window envelopes better.

Added the ability to specify the first account number when entering the first

account (previously the first account number had to start at 1001).

Added a function to restart the account numbers from a user-specified number (Options > Provider page).

Adjusted the automatic backup function to save 2 copies of the data file, with extensions bk1 and bk2. (For multi-user installations, automatic backups are not very useful.)

Added some missing keyboard shortcuts to the Main Menu (Help, Select Provider).

Removed the About Access Anaesthetics button off the Main Menu.

Streamlined the About box and added a Version option to easily get main version details.

Updated the HealthBase phone number in relevant forms and removed outdated price information from the order form.

Added a 'Register' button to the About box to easily find the registration number.

Removed the registered user name from the registration form since not required.

Shortened the time that the 'Fee Changed' message appears from 3 sec to 1.5 sec.

Adjusted the background colour of some controls to the correct grey shade in XP.

Adjusted lines on report headers so that width is greater and background is transparent. This allows the text on either side to stretch across the middle of the page if required.

Changed cursor to a hand icon for the Main Menu and File Management Menu.

### **15.1.15 Bug Fixes**

Fixed a problem where the first reminder didn't print it's message.

If sending a reminder to a fund for a part paid account, and the co-payment

had been paid, and was greater than the amount owing from the fund, then the amount owing was listed as an adjustment and the balance was zero. This has been corrected.

If payments run over to a second page of an account/receipt, one payment could be split across the two pages with part on each page. This has been corrected.

Added missing scroll bar to the paid CoPayment setup message in the Options form.

Modified the lines on all printouts to avoid crooked lines on screen previews.

If the patient age is edited (to < 1 or >70) on an account which already has a DVA fee, the age modifier may be added inappropriately to the DVA list. The modifier is now added to the MBS page. Also, if any other modifiers are manually added to the DVA list, they will appear instead on the MBS list. (Modifiers are not recognised by the DVA.)

Fixed problem where the time and destination of a multi-user backup was not stored.

Tried to fix an intermittent error 'PatientsT.HealthFundFee can't be a zero length string'.

Fixed a bug where the act of viewing an account caused the record to be modified and saved. This left the multi-user version prone to write conflict errors when one user opened the same data file that another user was editing. Also, this meant that the LastUpdated field was effectively a last 'viewed' field. Now it is more reliably a last updated field. The problem was that the discount information was being reset (to the same values) unnecessarily.

Fixed a bug (created a bailout actually) if AA is opened with an attachment to a data file which has been renamed or deleted. This gives a message then clears the attachment reference so that the program can open successfully the next time. This avoids having to start again with a freshly downloaded program file.

Modified the behaviour of the control key on the Notes page so that the copy/paste keys (CTRL C/V) do not cause the cursor to jump back to the start of the field.

Modified batch payment function to correct a situation where the amount owing may not be automatically inserted when an account number is inserted

(added Nz function in Amount\_AfterUpdate event). Also removed SendKeys function which may fail in A2003.

Corrected a problem where a password had to be entered twice when opening AA.

Added indexing functions to the 'update to V3.4 process' to replace missing indexes. Table indexes may be missing from multi-user files created in earlier versions.

Added indexing functions to the new multi-user file creation process.

### 15.1.16 Access 2003 Issues

Microsoft implemented a new security policy in Access 2003 which caused some issues on opening any database.

Modified a recordsource security issue in the Letters form which caused errors with the Access 2003 Sandbox.

Adjusted menu bar widths for List of Accounts and Payments so they would stay same size in A2003.

Checked the function of all aspects of the system for any A2003 Sandbox issues (with sandbox setting on 3).




Removed the automatic column width adjustment in the Payment Summary report (query) since it didn't work properly in Access 2003 (dialog box stayed on screen and prevented report dialog disappearing). This may be a SendKeys issue.

Removed the SendKeys function from the batch payments subform - appears not to work in A2003.

## 15.2 Older Versions

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### 15.2.1 Summary

- Version 3.34 - 2003 July 22 
- Version 3.33 - 2003 Mar 9 
- Version 3.32 - 2003 Feb 28 



For information on older versions see [www.healthbase.com.au](http://www.healthbase.com.au)

### **15.2.2 Version 3.34 - 2003 July 22**

In the multi-user version it was not possible to create or modify a user-defined health fund. This was fixed.

Showed the item description in the Health Fund Fees form for reference when editing fund fees.

### **15.2.3 Version 3.33 - 2003 Mar 9**

Changed the SelectProvider form to be NOT modal, to avoid crashing problem in Win XP if user clicked outside Access window while AA was reattaching tables.

Removed reference to table MBS-RVGT in multi-user data file splitting procedure, to avoid object not found error during registration process.

Disabled table refreshing process during startup to try to reduce lengthy delay in opening AA when used on a network.

### **15.2.4 Version 3.32 - 2003 Feb 28**

Re-saved all reports with 6P printer as default so that printer setup would use 'First available tray' (ID7) as its paper source. This was to fix a problem where accounts would print to the manual tray on multi-tray printers.



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