



# Softwords

A&L Computer Software Limited

February 2000



A&L's Head Office: (905) 886-8066  
 Oak/Miss/Bramp/Ajax: (416) 520-3238  
 Ottawa Office: (613) 737-0677  
 Timmins Office: (705) 268-4922  
 Windsor Office: (519) 977-6050  
 California Office: (760)-723-8121  
 Malaysia Office: 011-603-777-1905  
 Web Link Address: www.anl.com

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## ◆ The Future Is Now...

### What Is A USB?

A Universal Serial Bus is a standardized method of connecting peripherals to the computer. It's a terrific new technology that makes it a breeze to attach devices such as modems, cameras, scanners, monitors, zip drives, etc. to your PC. USB plays a key role in three fast-growing areas: digital imaging, PC telephony and multimedia games. The presence of USB means that PCs and peripherals will work together, with a high degree of reliability, in these exciting new application areas. USB opens the door to new levels of innovation and ease of use for input devices, and brand new opportunities for all types of peripherals from printers to scanners to communications such as Ethernet, DSL, ISDN or satellite communications.

All USB peripherals come with a cable that features the same type of connector on the end. This connector plugs into a small rectangular USB outlet on your computer "one-size-fits-all." It eliminates the need to install cards into dedicated computer slots and reconfigure the system. USB is really an ultimate plug-n-play specification that **no switches or jumpers** are required to configure. Users can install hardware **without rebooting** (shutting down & starting up) their computers. In other words, with USB-equipped PCs and peripherals, just plug them in and turn them on—they are automatically configured and ready for use.

USB also provides a much higher transfer rate than the traditional RS-232 (serial port) or parallel-port devices, in fact, ten times faster than traditional serial ports. This is sufficient for "speed peripherals". This broad category includes telephones, digital cameras, mode mice, digital joysticks, some CD-ROM drives, tape and floppy drives, digital scanner printers. USB data rate also accommodates a whole new generation of peripherals video-base products, data gloves and digitizers.

Will I need special software, you ask. Windows 98 Second Edition provides the most complete USB support. Windows 98 also supports USB. Many devices get all the support they need from the Operating system, but there are some that will come with a floppy or CD with specialized drivers for that particular device. Don't worry about getting the right software because the operating systems that support USB always know how to

determine if anything else is needed and they will help you get the software loaded so the device works correctly.



### Dr. Gene Pommier M.D. Joins The A&L Family!

#### A few words from Gene:

I have been associated with A&L for the past 11 years. During that time I moved from being a computer novice or as the book publishers describe, "A Dummy" to someone who could make DOS do a few tricks. During that time Alex taught me to make his program do a few tricks revealing some of the secrets of Revelation (the database manager, not the book). Since that time Windows 3.0 has come and gone and OS/2 as a popular platform like DOS followed the lead of Blood Sweat and Tears singing, "Another One Bites the Dust". I am currently wading my way through, "The Complete Idiot's Guide to Windows NT". Like the practice of medicine it seems that the more that I have learned the more that I need to know.

Until now I worked in a busy emergency department at the Sudbury General Hospital, restructured as the St. Joseph's Health Centre of the Sudbury Regional Hospital where I was president of the medical staff and medical director of the air ambulance programme responsible for the air paramedics on the helicopter called Bandage Two. My two boys ages 26 and 23 are now on their own, working in Toronto, leaving me free to take a holiday from practicing emergency medicine.

Joining the staff at A&L is my version of a mid-life crisis as I embrace, full-time, this new mistress, the computer world. At A&L I will be providing some technical support while devoting most of my time to improving the already excellent Document Console program. I am hoping that my five years experience in general practice and 20 years in emergency medicine will combine with my computer knowledge to produce a favourable mix.



## TEN STEPS TO CONTROLLING OFFICE COSTS

- Don Price, B.Sc., M.B.A.

*This is one of a series of articles by Don Price on Practice Management which have been appearing in recent issues of Softwords. Don Price, B.Sc., M.B.A., is a Practice Management Consultant based in Ottawa, Ontario. He travels extensively throughout Canada helping physicians and their staff tune up and revitalize their offices through consultations and seminars. In addition, Mr. Price publishes workbooks and two bi-monthly newsletters for physicians and medical office staff. He can be reached at (613) 247-8705 or fax (613) 247-8706.*



**P**hysicians aren't trained nor do many have the inclination to be financial experts. Most of them leave the running of their offices to staff, who don't have a vested interest in the business, so cost control isn't high on their priority list.

Here is a 10 point checklist to help physicians maintain better control over their office finances:

### 1. Develop a business plan.

All businesses need a business plan, even medical offices. Know what you will need in the way of equipment and supplies for the year, and the direction you want the practice to take (i.e., fully computerized, new telephone system with voice mail, etc.) If you know what you will need to spend in advance, you can take advantage of special discounts your suppliers may offer, or negotiate for a lower price for equipment that you know will need replacing.

### 2. Develop an annual budget.

Too many people, doctors included, make impulsive purchases, or on the other hand, neglect to replace old or worn out equipment and furnishings because it's "too expensive". With a budget to complement your business plan, you can estimate what you can afford and set goals for future purchases. Without a budget, it is very easy to overspend on non-essential items, or fall prey to hard-sell pressure tactics to buy things you really don't need.

### 3. Always review your monthly statements.

You need these so you can see where you are in relation to your business plan and budget. If you don't understand an item on a statement, ask your bookkeeper or office manager for an explanation. If there are unexpected expenses, which can happen in even the best run offices, you want to know immediately if you need to make changes to your business plan or budget.

### 4. Assess your financial situation annually.

Most people develop a system initially and follow through with the same pattern through the years, regardless of any changes to the economy. However, practice and family responsibilities change, so your financial plan needs to reflect these changes.

### 5. Know your fee-for-service schedule thoroughly.

Most doctors leave their staff to decipher their billings, but staff tend to err on the side of caution and will often under-bill if they aren't sure of the procedure that has been provided. This can lose you thousands of dollars over the course of your career. Make sure that you itemize every component of each service you provide, so that billings are accurate.

### 6. Develop a solid uninsured billing program.

This ties into the point above. Make sure that you bill for every service that you provide, and I'm for a 100% collection rate on uninsured services. There will always be some patients who can't pay, maybe even some who won't, so don't concentrate your collection efforts on those few. Instead, concentrate your collection efforts on those who can and will pay. Make sure that you are not under-charging for your services, and try to collect payment at the time of the patient visit.

### 7. Train your staff well.

This is especially true of staff who do your billing or handle your uninsured services collections. Meet regularly with your staff to ensure that you are collecting on 100% of all billings. Help your billing staff reduce the number of rejections they receive by going over any points they don't understand. It may sound obvious, but find staff who enjoy working with numbers and computers to do your billings, and assertive staff with strong public relations skills to collect the uninsured payments. Many staff are forced, by default, to handle these aspects of a practice, but if they don't enjoy it, they won't be as diligent in ensuring accuracy as someone who likes the work.

### 8. Hire an excellent bookkeeper.

Many doctors use their office manager or a spouse to keep their books. This is fine if these people have the expertise and time to do so. Many spouses do the work for income splitting purposes, and not because they have the experience, and an office manager, although responsible over-all for the financial side of the practice, should be spending his or her time running the day-to-day business of the practice. Also, don't use your accountant to do your books. This professional makes a very expensive bookkeeper. An experienced bookkeeper with excellent credentials will be able to help you establish tighter controls of your financial system and should more than pay for him or herself through moneys saved with better cost control.

### 9. Hire the right professionals to avoid unnecessary costs.

Many physicians, like the rest of the population, try to cut

**Don Price***(Continued from previous page)*

costs by hiring "pseudo-experts". By that, I mean they may bring in a cousin with a diploma in drafting to offer advice on redesigning the office, or a friend who can get them "a good deal" to install new carpeting. Or they'll wait until a minor management problem turns into crisis before bringing in a consultant. Keep a list of professional experts that you might need to use at some time during your career, from interior designers to financial management consultants, lease negotiators to practice management consultants. And don't wait until there is a crisis to call the expert in. It costs far less in the long term to bring someone in for a few hours earlier on to help you get back on track than to wait until you are in a crisis situation and need several days and thousands of additional dollars to help solve the problem.

**10. Hire good staff and pay them well.**

This point is really the culmination of most of the previous points - if you want to be the best, you have to be prepared to spend money first. Too many physicians hire inexperienced staff because they don't want to pay the higher salaries necessary for excellent staff. Inexperienced staff cost you money in lowered efficiency and productivity. Be prepared to pay for courses to have satisfactory staff trained to excellence. Once you have excellent staff in your practice, don't risk losing them because of a few hundred dollars a year. Excellent staff will keep your costs down through higher productivity, better office management, more efficient scheduling and billing procedures, and greater patient satisfaction with your practice.

**Don't Wait 'Til The Last Minute!**

***UNLESS OTHERWISE NOTIFIED BY MOH, THE CUT OFF FOR CLAIMS SUBMISSION IN THE HERO PROGRAM IS ALWAYS NOON ON THE 18<sup>TH</sup> OF THE MONTH. IF THE 18<sup>TH</sup> FALLS ON A WEEKEND THE CUTOFF IS NOON ON THE FOLLOWING MONDAY***

The cutoff for disk submission in the A&L Medical System is also the 18<sup>TH</sup> OF THE MONTH but you have until 4pm to deposit the disk at the MOH.

Claims may be submitted/transmitted in HERO\* or by EDT in the A&L Medical System at any time of the day or night so it's best to submit more often than not. A&L recommends that submissions be made a minimum of once per week. More often would be better. The more frequently submissions are made the more frequently you receive error reports and the more likely claims can be resubmitted within the same billing period, allowing payments to be as up to date as possible.

**DID YOU KNOW?*****Maintenance Contract Notes***

A&L Computer Software Limited offers a software maintenance contract for both the **A&L Medical Billing System** and the **HERO\*** program. Software maintenance is optional for the A&L Medical Billing System. That means, if you do not have a software maintenance contract, all service calls and any updates would be a billable service. On the other hand, the HERO\* program software maintenance contract includes electronic transmission of MOH claims and therefore, is not optional. Neither maintenance contract includes support for hardware, operating system (Windows 95/98/NT), non A&L application software programs (e.g. Word processing, ACCPAC) or support for transferring data from an old to a new computer.

Some clients have upgraded their hardware to a new Y2K computer and the vendor has moved the A&L Medical Billing program to the new system. Contacting A&L before this is done could save you time and frustration. A&L makes every effort to assist your office if possible but remember, this service is **not** covered by the software maintenance contract.

When we speak of hardware we mean the equipment used to run your programs, print labels/reports etc. Most systems in a doctor's office include a CPU (central processing unit), a monitor, a modem (internal or external), especially if transmitting claims electronically, and a printer. Now some offices have more equipment, (a second printer, a scanner etc.) but that would be the doctor's choice. The CPU contains the "hard drive"; a "floppy drive" and the newer computers now come with a CD drive. For backing up the program some offices use the 3 1/2 " floppy drive, or a special zip drive, or even a CDROM(re-writeable)!

Next comes the operating system. This is the hardware's system program that supports the application programs such as A&L Medical, A&L HERO\*, and A&L Document Console.

***Important Notice***

A&L HERO\* clients may have noticed an email from HTN Inc. regarding their selling stock in the company. Please consult with your accountant regarding this matter. These shares are not part of A&L Computer Software Limited. This solicitation is not a part of or any relation to A&L Computer Software Ltd.

***Announcing...***

**Mr. Alex Yuan**, President of A&L Computer Software Ltd., has been appointed a Director on the Board of Directors of the Ontario Medical Association for the Student Bursary Fund. Congratulations Alex!

## User's Corner

Now that the Y2K scare is over, with not much, if any, upsets, doctors are now concerned with fiscal year end. **A&L HERO\*** users are finding the choice of reports for the fiscal year end to be somewhat confusing. The balances in the **Financial Summary** will frequently be different depending on the day the report was run. For example, the report run on January 1 will have different balances than if it was run on January 18 after reconciling the January remittance advice. For the same reason one year's closing balance will not equal next year's opening balance. The following is a breakdown of the financial reports summary:

**FINANCIAL SUMMARY (BY CLAIM DATE):** lists all claims sorted by default date not service date.

**FINANCIAL SUMMARY (BY ENTRY DATE):** lists all claims sorted by the date entered in the system.

**OPENING BALANCE:** Is the total of the invoiced amount of any and all claims with a DEFAULT DATE which is earlier than the "START DATE" minus the sum of all payments which were received before the "START DATE".

**BILLED:** Is the sum of the invoiced amount of any and all claims with a DEFAULT DATE which meets the following criteria:

1. The same as or later than the "START DATE."
2. The same as or earlier than the "END DATE."

**PAID:** Is the sum of the payments with a "DATE PAID" which meets the following criteria:

1. The same as or later than the "START DATE."
2. The same as or earlier than the "END DATE."

**ADJUSTMENTS:** This is the total difference between the amount invoiced for those claims which meet the "BILLED" and the payments received for those claims which meet the "PAID" criteria.

**CLOSING BALANCE:** Is the "OPENING BALANCE" plus "BILLED" minus "PAID" minus ADJUSTMENTS."

**UNPAID TRANSMITTED CLAIMS:** Are any and all claims which are either in the "BATCHED BIN" or the "ERROR BIN."

Using the same report (Financial Summary by entry date or by claim date) will give you the most consistent information. Basically what most users want is the total amount billed, the total amount paid, the adjustments and the total amount outstanding. For a total of outstanding unpaid claims, add the batched total, plus the reconciled total, plus the rejected total. These reports are found in the reports/query CLAIMS IN PERIOD (status=) DR.

### User Hints: ←—————→

**Lezah Crosbie** from the **South Millway Medical Group** writes to pass on a hint for Flu shot season next year for A&L HERO\* users. Lezah writes "When I was using the DOS system I used to use query language to print out a list of everyone who needed a flu shot but this is not available in MYO. I found a report called Patient List (fee code =). It allows for the input of the flu shot code (G590,G591, and my own private patient code I104). The printed list included patient's name, chart number, both home and work numbers and the last seen date. I then printed out a patient list by birth date and this listed everyone who is over 65 years. This allowed me to catch those patients over 65 who had joined our practice in the last year. Unfortunately, this list also prints out my inactive and deceased patients, so it is a good thing that I put "inact" in front of all my inactive patients so I can see this at a glance. The only problem with the fee code patient list is that it prints out by last service date and not in alphabetical order. I wanted to share this idea with any other A&L HERO\* users out there that were faced with the same dilemma that I was."

*Thanks for your input Lezah. We appreciate hearing from our users and would be pleased to pass on to our readers any other hints from our users that you might feel would be useful for A&L's clients.*

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