Softwords

A&L Computer Software Limited — *March 2003*

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The Future Is Now

Security Issues: Measures Being Considered In Canada

Security is a growing concern in many fronts. This article focuses on the Internet since that is how many of us become exposed and with the growing number of offices integrating the Internet in their day-to-day use, some measures should be taken to ensure your security.

The Canadian government, including the 'Department of Justice' and 'Industry Canada' wrote the 21-page blueprint as a near-final step in a process that seeks to give law enforcement agents more authority to conduct electronic surveillance. A proposed law based on the discussion draft, is expected to be introduced in Parliament in early 2003.

Canadian officials say such laws are necessary to fight terrorism and combat even run-of-the-mill crimes. They also claim that by enacting these proposals, Canada will be following its obligations under the Council of Europe's cyber-crime treaty, which the country is in the process of considering.

Items being considered in relation to cyber-security:

- Thinking of having ISPs (Internet Service Providers) have the general requirement of Internet interception capabilities.
- Government involvement in how internet intercepted data is to be regulated.
- Compliance mechanisms to ensure ISPs are following new government regulations.
- Requirements for all ISPs to hold internet related traffic data on all individuals from 3-6 months (data-preservation).
- Charges under the criminal code for the acquisition of intercepted emails.
- Outlawing the possession of computer viruses.
- The most sweeping change the legal blueprint contemplates is compelling Internet providers and telephone companies to reconfigure their networks to facilitate government eavesdropping and data-retention orders. (The United States has a similar requirement called the Communications Assistance for Law Enforcement Act, but it applies only to pre-Internet telecommunications companies.)
- Another section of the proposal says the Canadian Association of Chiefs of Police recommends "the establishment of a national data base" with personal information about all Canadian Internet users. "The implementation of such a data base would pre-suppose that service providers are compelled to provide accurate and current information," the draft says.

Questions to ask:

- What will this mean in the long term?
- Can I continue to do online financial transactions?
- Who will be liable if my information is hacked into at an ISP?
- Is there anyway around this?
- What are the implications?
- Will this make the Internet safe/

Tips and Tools available to protect your PC, home-office or network

1. Remove weak passwords (defaults are not good)
   - Consider alphanumeric. Do not leave default passwords.
   - Consider changing the password on a regular basis.

2. Consider encrypting or protecting sensitive data
   - Windows 2000 or XP are better operating systems with functions that allow users to protect folders and files.

3. Back up all systems weekly and, if possible always have a current copy of the backup stored remotely. (Rotate backup tapes—don't keep using the same one over and over.)
   - There are many ways to back up data. Using CD-RW/DVD-RAM/ZIP drivers, USB keys. We will talk about this more in a future issue, giving you outlines of various ways to store data.

4. Stay up-to-date on software patches. Microsoft and others are always fixing and upgrading their O/S. Windows update tools can help to keep your system up-to-date. See http://windowsupdate.microsoft.com/

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Making The Most With Each Patient Visit

By 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 1-800-458-1900 or fax (888) 339-5975.*

Physicians are in an unenviable position these days. Their status as highly respected professionals is under attack from the media and the public. They can no longer crack a joke to break the tension or lay a sympathetic hand on a patient's shoulder without fearing that someone will take offence. Political correctness has in many ways stifled the physician's ability to show he cares.

Patients today also want to be treated as equal partners in their health care. It's no longer sufficient for a patient to take a doctor's diagnosis or word without question. They find therapies or drugs on the Internet that they want their own physician to endorse, and often demand unnecessary tests because they have read about them or seen them on television. And because of the shortage of family physicians, patients can wait weeks for a routine visit to their doctor, which means that most physicians spend less time with each patient in order to fit in the extra few who need to be seen urgently each day.

Of course, not all these changes are bad, but they do make it harder for doctors to develop a strong patient/doctor relationship, especially with new patients. The first few minutes and the last few seconds of every visit are crucial to how the relationship will develop.

Get into the habit of repeating the following steps at every visit, regardless of how well or how little you know the patient waiting for you in the exam room.

If at all possible, know why the patient is there before you go into the exam room. (Your receptionist should have asked the reason for the visit when booking an appointment.)

- Check the chart before opening the exam room door for important information such as name, lab test results, reason for previous visit - or whether this is a new patient.
- Offer a smile and a warm handshake as you walk in the door, and greet the patient by name. If this is a new patient, tell them your name too, even if you assume they already know it.
- Apologize immediately if you are late and then focus your attention completely on the patient in front of you.
- Sit down so you and the patient are at eye level, even if you need to stand up for the examination within a few seconds.
- Listen for a few moments without interrupting, and maintain eye contact. Don't write notes, look at your watch or check the computer during this crucial 60 or 90 seconds. The average length of time physicians wait before interrupting is 18 seconds, but most patients, especially those who are new or those who are anxious, need more time than this to feel comfortable in the exam room.
- At the end of the visit and before you open the exam room door, shake hands (this is safer than a touch on the shoulder), and say goodbye using the patient's name.

This all sounds very simple, but surveys conducted here and in the United States have reported that the number one complaint patients have about the doctor's behaviour in the exam room is that he/she rushes through the visit. Taking time on the opening and closing of the visit makes the patients feel that the doctor really cares about them, even if the actual exam takes very little time.

This article first appeared in The Practice Manager *in July 2002.*

Security Issues *(continued from page 1)*

5. Check your system security or have a certified person check it for you. Possibly use intrusion-detection software that alerts you when you are being hit.

- There are a host of software-based tools available for free on the Internet from sites like TUCOWS.COM, which provides reviews on various types of firewall protection tools. For example:

  *Zone Alarm
  *Tiny Firewall
  *Norton Internet Security
  *McAffee Firewall

6. Scan e-mail to see what's coming in and going out.

- Get a virus-scanning tool and keep it **up-to-date**. (Norton, McAffee)

7. Remove unprotected networking shares.

- Having an unprotected drive shared on your PC opens it up to the world. Be sure to have a good password or do not share your drive at all.

Important Note: Popular music sharing/swapping programs can require that you share your entire local drive. This is not suggested for your office computer. If you decide to do so, be sure to know what you are doing before loading.

S'PORT FOR KIDS 2003 GALA BALL

Please come and join us at the S'port For Kids 2003 Annual Fund Raising Gala on April 5 at the Premiere Ballroom and Convention Centre in Richmond Hill.

(See details on Page 4)

Users Corner

How to Run a Complete Remittance Advice

Through the service calls A&L has been receiving regarding the A&L HERO* program, we are still seeing some offices not processing their claims properly and subsequently may be losing out on thousands of dollars. Please keep this article for reference and be sure to follow these steps!

Step 1:

Before you can process the R.A. you must download the file into your hardrive. The R.A. can usually be accessed sometime between the 4th and the 14th of the month depending on when the MOH makes them available. To receive your RA, you do not necessarily have to batch before you send. Simply click on the transmit button. If the RA is available, the program will start to download it. While you are connected, you should see the process taking place by looking towards the bottom of the screen. If you pay close attention to the bottom of your screen, you will see "**Rec. MOH PL######. 001.**" flash by. P indicates Remittance Advice File. The second letter indicates month (e.g. A for January, B for February, etc.). .001 indicates 1 file for that month.

Step 2:

Click on the **+** sign to the right of the trillium or MOH symbol (**MOH Batch Claims/Process Reconciliation's**). Click on Process R.A., and click on the physician's name. Click Start. The program will commence to run the R.A. if it has been downloaded. If it is not there, you will see "**No Records Batched**" (When it is finished, you may be asked if you wish to copy the file onto a disk drive. That means the R.A. contains claims from another software program. This is your opportunity to copy the file on to a disk so that you can run the disk on the other software program).

If it processes, you will be asked if you wish to run a R.A. report. If you answer yes, you will have an option of six. They are *Detailed Payment Listing (ALL), Detailed Payment Listing (HERO*), Detailed Payment Listing (Non-HERO*), MOH R.A. Reports, Partial Payments/Exceptions, Summary Payment Listing*.

If you need to re-print the report, click on the trillium, (**List MOH Claims/Reconciliations**), click on the third icon down the left-hand side, **List Doctor's MOH Remittances/Advices (By Type)**. Highlight the RA in question and click on the Printer Icon on the top row of the tool bar. You will get the option of reports.

Step 3:

As far as users are concerned, some may print the **Partial Payments/Exceptions** report. This report will show those that have been rejected or partially paid. Others may not print them at all. The same list can be viewed and retrieved by clicking on '**List Doctors Claims**'. Down the left-hand side click on the icon with the red X (**List Doctor's Rejected Claims**). By double clicking on the claim you will retrieve that claim. The column **Ex**. is the explanatory code for the rejection. If you are not aware of the code shown, double click on the code for an explanation. Be sure to click on Cancel to close the Explanatory Code Listing before continuing. You now have two options:

1. If you choose to accept the claim as is, you can manually reconcile it by clicking on the R next to the rejection code. To save the claim, each service with an explanatory code must be reconciled before the claim can be moved to the Archived File.
2. If you choose to dispute the claim or change something within the claim, simply make the change and click on **OK, SAVE**, or **ADD** (depending on what screen you want to end up in.) A box will appear saying "Is Claim Completed/Corrected?" By answering 'Yes' the claim will go into the Completed or Corrected list. The claim will be resubmitted the next time you batch and transmit the completed or corrected claims

Step 4:

The other list to check is the **List Doctors Reconciled Claims** in **List Doctors Claim** icon. This list contains claims that have been paid less than what you submitted or claims whose service codes have been changed. Similar to the Rejected Claims List you have two choices. Follow options 1 or 2 in Step 3 from above. This will help you reconcile the Remittance Advice which MOH has sent back to you.

*****Step 5:*****

We must be careful of those claims that MOH has not processed yet. The claims transmitted to MOH are not necessarily sent back on the following R.A. As a matter of fact, they may become stale dated if you are not diligent with your claims. By looking at the **List Doctors Claims** and checking **the List Doctor's Batched Claims**, you can see all the claims that have been sent. All claims are listed in reverse chronological order showing the most recent claims first, down to the oldest claims. The ones you see near the top of the list are those claims you have most recently batched. You can scroll down to your oldest claims (on the right part of your screen) or you can drag the square to the down arrow key to take you to the very bottom. You will see your oldest claims. Some of the claims are from your Claims Error Report. The others are those that MOH simply has not looked at yet. You have two choices in how to deal with these claims. They are:

1. Bring up the claim individually, make a change (even if you don't have to, delete something save it and put it back in) and save the claim. By doing that you will put the claim back into completed or corrected status. When you batch, make sure you click on the Corrected claims (it goes without saying you will click on the Completed claims regularly). Transmit.
2. Rebill the claims within the chosen date range. Note the date range of your unpaid claims (oldest to the more recent). Click on the + sign to the right of the trillium (**MOH Batch Claims/Process Reconciliations**). Click on Bill Claims, click on Rebill, and enter starting and ending dates for Rebill Batch Claims From and To. When this is finished, the next time you transmit, those claims will be sent.

You can print out the claims that have been transmitted but not paid. Those claims would include: 1) Claims MOH (Kingston) has in their possession but has not processed yet. 2) Claims that have been rejected in the claims error report (also, see below HERO* program with EDT).

To print this report, click on List Doctors Claims. Click on the printer icon. You should have a report choice of Unpaid Transmitted Claims. Be careful here because all claims that are unpaid will appear including those claims that have been submitted recently but an RA has not been run against them. Chances are that your unpaid claims are within the first two pages of this report. Claims that have not been paid after 5 months should be inquired upon using a Claims Inquiry Form. After 6 months, you cannot request for a claim to be paid because it will be stale dated.

HERO* program with EDT.

When you click on List Doctors Claims, there is an icon down the left hand side that says ERR. Those claims sitting in this file are claims rejected based on your Claims Error Reports. By double clicking on this file, the claim will appear. There is also a button that says ERROR. By clicking on that button, it will tell you what the error for this claim is. To correct, simply click on CORRECT, make the appropriate change and SAVE.