LSChart

Getting Into the Details

This document supplies in depth explanation of various LSchart features and procedures.

MSP Claims

MSP claims may be created from the either the schedule or the patient chart view. Follow the steps below to create MSP claims:

For a new patient first enter patient information into the database.
Either:
- select Patient Information from the MD, MOA or Billing tab
- click the "New" button on the ribbon while viewing patient information
- enter information
- Click the Save button

If working with a patient chart follow these steps:
- open patient chart by selecting open patient chart from the file menu or type Control + P
- or click the open patient chart icon on the toolbar

If using the schedule follow these steps:
- enter start and end time for appointment
- enter patient's surname and first name in appropriate spots
- enter fee item and diagnostic code

Select MSP claim from the billing tab
- click the new msp claim icon on the toolbar
- press Control + B

Fill in MSP claim data. When finished click the SAVE button

When a number of claims have been entered and you wish to send them to MSP follow these steps:
- select Send MSP Claims from the billing tab
- click the Send Claims To MSP button (make sure you know the name of the MSP send file)
- Log on to Teleplan via the Internet
- Use Teleplan to submit claims

Date Considerations

There are several points to be aware of related dates after January 1, 2000. All dates are stored internally as 4 digit years (Y2K compatible) but the display depends on your Windows control panel settings.

To see all 4 digits click Start--Settings-- Control panel, then select Regional settings. If you select the date tab, the short date style should be changed to show all 4 digits (by having the year set to "yyyy"). For example, if it is set to "mmm/d/yy" change it to "mmm/d/yyyy".

For new dates entered into the computer-with 2 digit years if the year is 30 or greater (e.g. 5/5/45) - 19 is assumed to be the century. For dates less than 30 (e.g. 5/5/15), 20 is assumed to be the century. If this is not what you want make sure you type in all 4 century digits (e.g. 5/5/1945).

System Requirments

Computer and processor   500 MHz or faster processor

Memory 256 MB RAM; 512 MB recommended for graphics features and certain advanced functionality.1

Hard disk   3.0 GB available disk space

Display 1024x576 or higher resolution monitor

Operating system Windows XP (must have SP3) (32-bit), Windows 7, Windows Vista with Service Pack (SP) 1, Windows Server 2003 R2 with MSXML 6.0 (32-bit Office only), Windows Server 2008, or later 32- or 64-bit OS.

Graphics   Graphics hardware acceleration requires a DirectX 9.0c graphics card with 64 MB or more video memory.

## 1.1. Set up Networking For LSchart (SQL server version)

SQL Server and SQL Server Management Studio Express should be up and running on your server computer. On each computer that will link to the Medchart database (SQL server:

each computer/ user should have a log on name and password for Windows
- go to control panel-- user accounts and select the current user
- make sure there is a password (or add a password if there is none).
- The new user's account type should be administrator (this can be changed later)
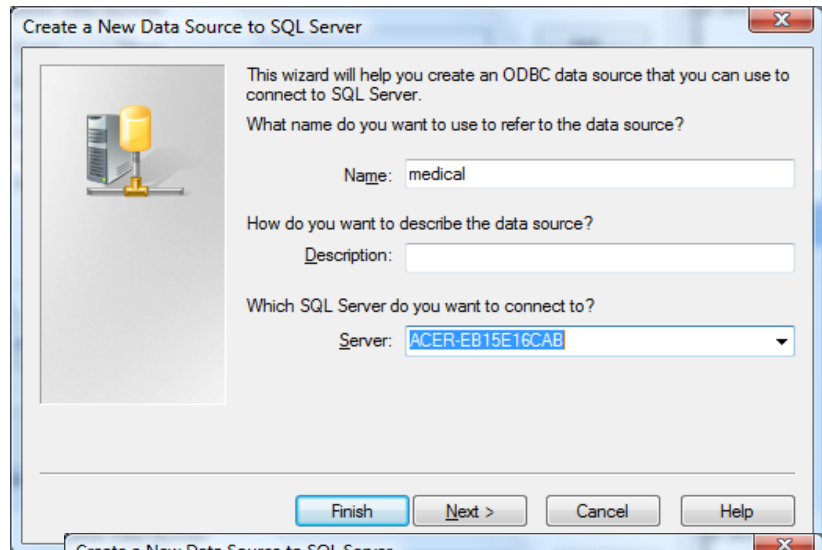- make a note of the exam spelling of the user as well password

On your server computer follow these steps

- go to control panel-- user accounts and select add the user from the previous step (if not already listed
- make sure the password for this user is the same as on that user's computer
- The new user's account type should be administrator
- start SQL Server Management Studio Express
- click the + next to security
- click the + next to logons
- if the new user is not seen in the list
  - right click logons
  - select 'new logon'
  - enter a name for the user (click the 'search' button for a list of users that can log onto Windows)
  - click OK
- click the + next to databases
- find the "medical" database, click the + to expand the properties list
- click the + next to security
- if you do not see your new user in the list
  - right click security and select new user
  - enter the user's name (a search button is near the top right
  - check the boxes for database roles as in the example
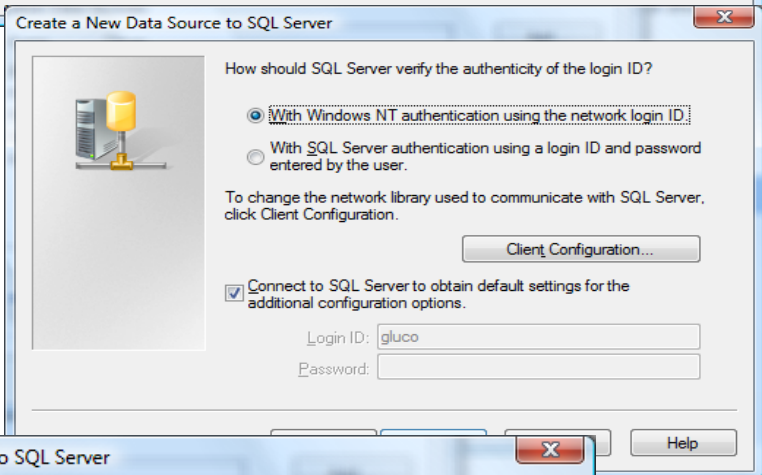 - click OK
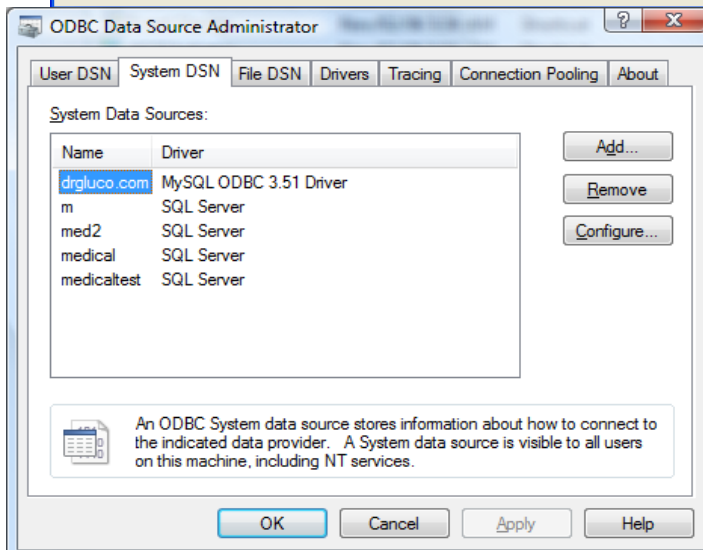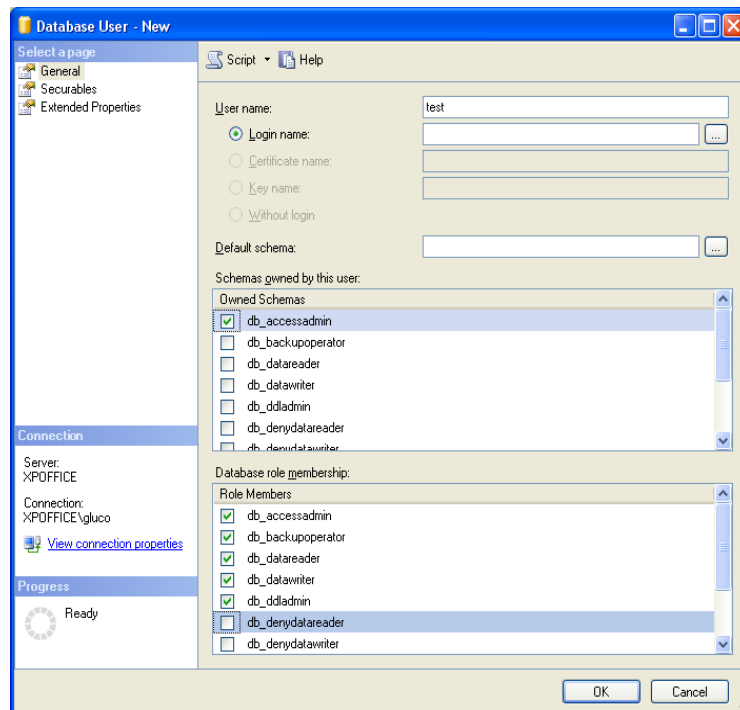
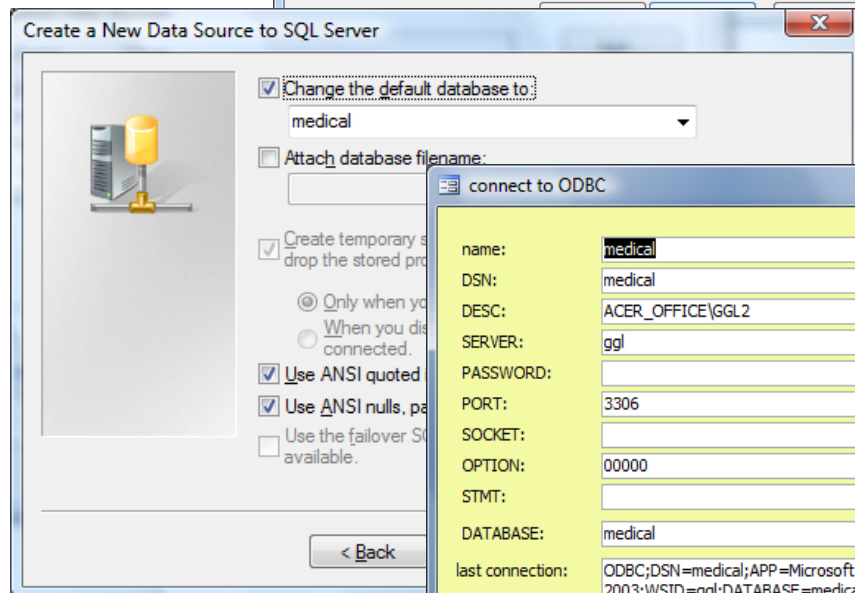**You now need to setup the network to access the database**

- click Start- Control panel and click Administrative Tools
- select data sources
- select the system DSN tab
- click Add
- select SQL server from the list of drivers
- click finish

Create a New Data Source to SQL Server

This wizard will help you create an ODBC data source that you can use to connect to SQL Server.

What name do you want to use to refer to the data source?

Name: medical

How do you want to describe the data source?

Description:

Which SQL Server do you want to connect to?

Server: ACER-EB15E16CAB

Finish   Next >   Cancel   Help

- name the new data source medical
- select your server from the server list
- click Next

Create a New Data Source to SQL Server

How should SQL Server verify the authenticity of the login ID?

- With Windows NT authentication using the network login ID.
- With SQL Server authentication using a login ID and password entered by the user.

To change the network library used to communicate with SQL Server, click Client Configuration.

Client Configuration...

☑ Connect to SQL Server to obtain default settings for the additional configuration options.

Login ID: gluco

Password:

- setup authenticity similar to the example to the right
- click Next

Help

Create a New Data Source to SQL Server

☑ Change the default database to:

medical

☐ Attach database filename:

☑ Create temporary s drop the stored pro

◉ Only when yo
○ When you dis
connected.

☑ Use ANSI quoted
☑ Use ANSI nulls, pa
☐ Use the failover S available.

< Back

connect to ODBC

name:	medical
DSN:	medical
DESC:	ACER_OFFICE\GGL2
SERVER:	ggl
PASSWORD:	
PORT:	3306
SOCKET:	
OPTION:	00000
STMT:	
DATABASE:	medical
last connection:	ODBC;DSN=medical;APP=Microsoft Office 2003;WSID=ggl;DATABASE=medical;Trusted_Connection=Yes

☐ use last connection

Quit   Save

- change the default database to medical
- click **next** twice
- click "Test data Source" before finishing
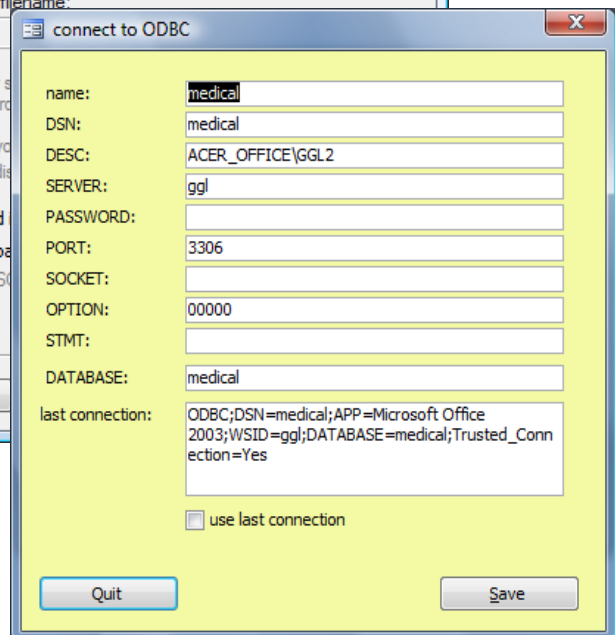
You are now ready to install Medchart from its CD

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- once installed start Medchart and when the welcome screen pops up select **utilities and startup options**
- select network settings
- enter the information from the DSN setup from the last step
- click Save
- click go to the patient files

Medchart is now ready to use.

- Insert the CD - the startup program should auto load
- Click the Start button on the taskbar (bar across bottom of screen)
  - If the startup does not auto load:
  - Click Run
  - Enter the command (assuming "D" is your CD ROM drive) `D:Setup` (for the floppy version type a:Setup)
  - Click OK
- Follow the instructions on the screen

A default directory is suggested by the program. You should use this directory if possible unless there is a conflict with another program. This will simplify support and updates in the future.

Keyboard Shortcuts

Although a mouse is the usual way to access most of the features of Medchart, at times keyboard entry is more efficient. Some Keyboard shortcuts are listed below:

Action	Short cut
New MSP Claim	Control + B
Search for patient chart	Control + O
Print	Control + P
Enter a new record	Control + N
Refresh records or view all records	Control + U
Undo changes	Esc key- press once to under last field, twice to undo all changes to record
Save record	Control + S

Some of these shortcuts are different from the previous version of Medchart

Entering Patient Demographic Data

Before claims may be submitted to, MSP basic patient information must be entered into the database. The following patient data should be entered:

- Surname: use same as Carecard

- First name: use same as Carecard

- Middle Name or initial:

- Sex: Enter "M" or "F" for this box.

- Birth Date: The exact format for this entry will vary depending on the Windows setting for your computer. Birth Date may be a full birth date such as "June 12, 1985 or may be abbreviated "6/12/85" or may be abbreviated "06/12/85". If you receive an error message in this stage please ensure that the format of date corresponds to the settings present in the WINDOWS CONTROL PANEL **(the error message will suggest several possible formats for the date based on the settings for your computer).** To check or change these settings the control panel may be accessed by the Windows control panel- regional settings. If you have problems with the control panel information, please check your WINDOWS DOCUMENTATION or check Windows HELP

- Address: This is mandatory for OUT-OF-PROVINCE claims.

- Postal code: Six characters without a space.

- City:

- Province: used on reports and labels. Set to the same as the patient's mailing address

- Province code: This is automatically defaulted to BC. **If the patient is from another province select the appropriate code from the list and select it by clicking with the mouse or using the keyboard keys. Use the arrow key to move down the list. For patients with out of province coverage who reside in BC enter the province where coverage originates.**

- If you have two Manitoba patients from the same family (with the same medical numbers), check the "Twin/ Manitoba" check box. This allows you to use the same medical number for both patients.

- Doctor: This will list billing doctors entered in the database-- simply select the appropriate doctor for the patient. When the claims are created this doctor's billing number and practitioner number will be automatically entered in the blank claim.

- PHN or medical number: For BC claims this is a ten-digit number. Do not leave any spaces when entering this number. For out-of-province patients, enter the appropriate medical registration number. **If the patient does not have a phn or medical number please enter another unique number such as SIN, hospital number, etc.**

- File number: any number you wish to use. This could correspond to the file number in the patient's paper chart.

- Hospital number: for your reference

- Newborn: If the patient is a newborn and not yet registered with MSP, enter the mother's PHN and check the **NEWBORN** box (this adds the dependant code "66" to the claim). Take note of these guidelines from MSP:

  - *WHEN BILLING FOR SERVICES TO AN UNREGISTERED NEWBORN REMEMBER THESE BILLING GUIDELINES:*

- Bill with the mother's phn

- Use the mother's surname

- For first name use "newborn female" or "newborn male"

- It is very important to provide baby's correct "date of birth"

- Indicate mothers first name and initial in the note record or claim comment field

- Use of these guidelines will help to avoid unnecessary refusals of dep 66 claims. Once the baby is registered, please discontinue submitting with dep 66 and bill using baby's own name and phn.

- **You don't need to enter the code "66" after the phn- the program enters this number automatically if the "newborn" box is checked.**

- To enter multiple births such as twins or triplets use the mother's phn and affix a letter such as "A" or "B" to the end of the baby's phn (e.g. 9012345678A). The extra letter will be discarded when the claim is sent. This needs to be done, as it is not possible to enter duplicate phns into the database.

- Status: such as active, new etc. You may modify these choices.

- Date last referral: for specialist's offices enter the date this patient was last referred. When claims are sent this date will be checked to make sure it is no more than 6 months ago.

- Referred by: for specialists-, if you select a referring physician here his or her billing number will be entered in new MSP claims for this patient. To add a new referring physician please select "referral physicians" from the Billing menu.

- Premium assistance: allows you to track which patients are eligible for premium assistance as well as number of visits. You can also enter a note for your own information (none of these details are sent to MSP)

- The tabs for "Details" allow you to save more information such as employer, contacts, smoking status etc.

Once all the information has been entered click the SAVE button and the patient information will be saved in the database. If any errors are detected, they will be indicated at this time.

Creating MSP Claims

Once a patient's chart has been selected, a claim may be created to send to MSP. To does this, either select MSP CLAIM from the BILLING MENU, press Control +B, or click the MSP CLAIM button from the TOOLBAR. You will now see the MSP Claim form.
It is a good idea to ensure that the correct patient is listed. Listed below are text boxes that need to be filled in with appropriate data. *Several fields are not in use yet. They are indicated by blue colored labels*.

To move to the next text box either press the TAB KEY, ENTER KEY or use the MOUSE to skip longer distances. Press SHIFT + TAB to move back one box. Some of the text boxes have information filled in as DEFAULT and these need not be changed for most simple claims.

Once you have filled in the appropriate information, click the SAVE button (or Press ALT+V) to create the claim. At this time, it will be checked for common errors and appropriate messages will be displayed at this time if some corrective action is suggested. You may choose to ignore these messages and send the claim without correction, however it will very likely be rejected by MSP.

Listed below are descriptions of the information required for the claim:

- FEE ITEM: This is a 5-digit number that is an MSP fee item. If you are not sure of the correct fee item, you may search for an appropriate fee item by clicking the SEARCH button to the right of this text box. Enter a description of the fee item for which you wish to search. For example, to find the fee item for "office visit" enter the word "office" at this point. You will be presented with a list of fee item descriptions that contains the given word. If this is the correct fee item, click ENTER CODE IN CLAIM, or if it is not click the NEW SEARCH button. Once the fee item is entered press TAB and Medchart will calculate the billed amount and skip to the:

- SERVICE CLARIFICATION CODE: Select the appropriate code as indicated by MSP. This code is required by some specialists. Check with MSP to see if it applies to you.

> Medchart is able to automatically find the correct fee item for age based general practice fee items such as "00101". If you would prefer to do this manually, go to the preferences tab on the MSP Claim form

- Number of claims billed: a number from 1 to 99

- Amount billed: filled in automatically if you enter a correct fee item

- X ½ check box: check it off is you are billing the claim at 50% value.

- DIAGNOSTIC CODE. In this space, enter the three, four or five digit ICD9 DIAGNOSTIC CODE. Only numeric or A-Z characters may be entered but do not enter DOTS, DASHES or other punctuation characters. **To search for a diagnostic code click the SEARCH button or type in a few letters into the diagnostic code box to search (e.g. "wart" to search for codes containing "wart".** If your search comes up blank either uncheck the quick search button or try another word. To enter the code in the current MSP claim click the ENTER CODE IN CLAIM button.

- To bill a claim at 50% check off the x1/2 check box

- SERVICE DATE: In this space enter the date the service was performed. This must be less than or equal to the submission date. If the service was performed in the hospital enter the last day of the hospital services in the **'TO'** text box. The date "To" must be the same month as the service date. For example if the patient was in hospital from June 29 to July 4 first make a claim billing from service date 6/29/00 with a to date of 6/30/00. Them bill the July claims with a service date of 7/1/00 and a "To" date of 7/4/00.

- After hours: change to evening, night or weekend if billing a fee item that requires a time to be entered. The program will remind you to enter a start or end time.

- Payment mode: Change to code "E" when the payee is registered with MSP alternative payment section. This code is normally left as "0"

- Payee and Practitioner: filled in automatically if the patient has a doctor listed. Otherwise, fill in the five character codes.

- If the visit involved an EMERGENCY VISIT or an AFTER OFFICE HOURS visit the START and FINISH TIME must be entered. The time format depends on the Windows 95 control panel settings. The finish time should be after the start time. If claims were sent on the same, day provision of different times for identical claims can prevent refusal of these claims.

- SERVICE LOCATION: Select from the drop down list.

- TYPE OF CLAIM: This area identifies the type of claim being sent. Simply select the appropriate option for the type of claim being sent. A short description of each code is listed followed by the actual code.

Submission Code	Type of Claim
O	Normal Claim
D	Duplicate Claim
R	Resubmitted Claim
W	Claim was not accepted by Worker's Compensation Board
X	Resubmit previously or partially paid claim that was refused. A note record and original MSP file number are required.
E	Cancel previously submitted claim
B (changed to "0" when transmitted to MSP)	WCB claim
A	Requested pre-approval. This claim must match a pre-authorized record created by MSP staff. Important-- wait 24 hours after approval before submitting claim
I	ICBC over 90 days
9	WCB over 90 days- changed to "W" when transmitted
C	Subscriber coverage problem. A note record and original MSP file number are required.

- Sub code extension: A future use item. Check with MSP when activated.

- Prov code: Select the appropriate code for the insurer. Normally set to "BC" unless the patient is out of province. *For opted out practitioners such as chiropractors select either "PP" to send the payment to the patient or "PD" to sent the payment to the practitioner. This may be automatically set if you set a default code for each practitioner under "Tools-users settings- doctors".*

- Create second claim: keeps the claim form open after saved so you can create a second claim

- Remember date: uses the same date for the next claim

- Check '0120': if this box is checked the program will ensure you have not exceeded the maximum number of "00120" or "00101" claims (and their age based equivalents). You may wish to leave this box unchecked if you have a slow computer.

- Don't hide: keeps the claim visible after it is saved

- Remember location: uses the same location for the next claim

- If a claim involves a referral, enter the referral physician's billing number in the referral physician's section. To access this feature, click the "referral tab at the top of the claim. Click the arrow to the left of the appropriate physician to indicate whether the patient is referred **TO** or **BY** the physician listed.

- Date Last Referral: For specialists this date may be used to indicate the last date a referral was made (may also be entered from the patient information form). If this date is more than 6 months ago, the program will notify you when saving the claim.

- More details tab:

  - Time called: time call placed

  - Start time: time service started

  - Finish time: time service finished

  - Diagnostic code 2 and 3: a future use item

  - MSP anatomical: a future use item

  - MVA: check if claim is billed to ICBC

  - ICBC #: the ICBC claim number: to look up the last number click the "search" button.

- TO SEND AN ELECTRONIC NOTE (or note record) with the claim click the "correspondence" tab at the top of the claim. Then select electronic (note) record from the correspondence list. This allows you to submit an electronic note to clarify the reason for the claim being submitted or any other explanation required. Submission of a note may delay payment of the claim. It should only be submitted when it is required by MSP or if an explanation is felt to be needed to prevent refusal of the claim. When you select this option, a text box will open below where you may enter the note to be electronically transmitted to MSP. It may be up to 400 characters in length.

- SHORT COMMENT: In this text box, you may enter a short explanatory comment up to 20 characters long. If you have a longer note check, the "SEND ELECTRONIC NOTE" box instead. For anesthesia's this box may be used to indicate the surgical fee item.

- MVA: Click the "ICBC claim" tab then check the MVA box if treatment was for an injury resulting from a motor vehicle accident. If known enter the eight-character code that is supplied by ICBC. **If the ICBC claim number is not known, leave the code as zeroes (00000000).**

- B.C. INSTITUTIONAL CLAIM: Details are filled in automatically by the program.

- PAYEE: This box will list the payee normally assigned to the patient. If this number is different for this claim, it may be changed in this spot.

- PRACTITIONER: This box lists the practitioner normally listed for the patient. If the service was performed by another physician, such as another physician in the clinic or a **locum**, change this code to the appropriate billing number. **This number and the above practitioner number should be changed if the patient is being seen by a physician different from his or her usual physician or a locum. You can also use the locum wizard (under billing menu) to simplify this task.**

- FOR RESUBMITTED CLAIMS: Click the More details tab. Enter the "ORIGINAL BILLING DATE" and "PREVIOUS SEQUENTIAL NUMBER". These numbers will be automatically filled in if you are resubmitting the claim from the database of CLAIMS PREVIOUSLY SUBMITTED. If you wish to use the phn from the original claim, (e.g. If it was billed as out of province and the patient now has BC coverage) check the "use old phn" box and fill in the old medical number. If you resubmitted the claim automatically then the old medical number will be filled in by the program.

- The "use old phn" box allows you to resubmit a claim using another medical number. This is useful if you need to resubmit a claim for out of province patients who later obtain BC coverage.

Opted Out Practitioners

Medchart is able to transmit claims to MSP for opted out practitioners. There are two types of opted out practitioners:

1. Check sent to patient directly (code "PP")

2. Check sent to practitioner (code "PD" in Medchart- *changed to "PP" when sent to MSP*)

You can set the option for each claim on the MSP claim form (under province code) or for all claims of a practitioner. To set all claims for a practitioner to opted out go to Tools-User Settings- Doctors and set the opted out status to the appropriate selection.

For opted out practitioners please change the province code on the MSP claim form to the correct type of "opted out". This will submit claims in the reciprocal format with the code "PP" as required by MSP. **If payment is being sent to yourself, make sure you have entered your full name, address, and postal code under Tools-User Settings-Doctors.** If any part of your address is missing, the claim will be rejected.

Teleplan Web Access (claims via the Internet)

To use this feature you need to contact Teleplan support and obtain a web access user id and password.

Once you are ready to send claims:

- select Billing—Send Claims to MSP.
- Click the button "SUBMIT CLAIMS RECEIVE REMITTANCE DATA".
- Click the "send claims" button
- After following the prompts given by the wizard your web browser will start and take you to the log on section of Teleplan.
- Log on to Teleplan
- Click on "Send Claims"
- You will then need to indicate the name of the MSP send (batch) file you created. To save typing, this file name will be copied into the Windows clipboard to allow you to paste it in the appropriate text box. (press Control +V to paste the file name into the "select file to send" box)
- Once claims have been sent click "retrieve remittances" to receive any remittance files MSP may have waiting
- If you choose to also receive remittance data (recommended with each connection) Teleplan will prompt you to save the file to your hard drive. Make sure you keep track of the location of this file, as you will need to let Medchart find this file after you have disconnected from Teleplan. This step is not done automatically as in the dial- up Teleplan as the file name of the remittance file is different with each connection. I would recommend saving the file in the same folder each time to prevent loosing it on your hard drive.

If you are not familiar with saving and opening files in a particular folder using Windows, I would highly recommend checking your Windows documentation or even receiving some training on these basic operations. This will save a lot of grief when using this method of sending claims.

Sequential Number

Claims sent to MSP are identified by a unique sequential number (claim number) which is increased by one for each claim sent. This allows tracking of claims and subsequent reconciliation. If this number is incorrect, claims will be rejected. Sequential number errors will normally be picked up at the step where claims are sent to MSP. If you need to reset the sequential number select **check the sequential number** from the Billing tab

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sequential number wizard

To change your MSP claim sequential number in case of problems please follow the steps below. You DO NOT need to resubmit any claims that were not received- they will be added automatically to your next claim submission.

1. Phone Teleplan support at 1-866-456-6950 —3—2 and ask for the last sequential number they RECEIVED.

2. The last sequential (claim) number committed (received) by MSP was: 85642

3. Click the 'Next' button

CAUTION: Do not add '1' to this number- it will be increased by the program automatically

Close   Next >>

Reconciliation Of Claims

Claims are automatically reconciled by the program. MSP transmits a complete list of claims paid, rejected or on hold bimonthly. Claims rejected by the MSP pre-edit system are normally transmitted back within one or two days. Information is also transmitted bimonthly on payment information to each practitioner and payee on which claims have been transmitted. Any remittance adjustments, such as retroactive increases, etc., will also be transmitted bimonthly.

Medchart will automatically use this information to update the claims submitted database. To see the status of any claim click Claim Log from the BILLING tab. It is possible to either view the report or print the report on any Windows compatible printer.

After claims are processed, they are given a code to indicate their status. A list of the codes is below:

Code	Explanation
U	Unpaid
P	Paid
R	Rejected
I	In hold
N	Note record
B	Re billed
H	Recycle process
L	Paid on later claim
X	Paid on later claim- adjusted up
D	Paid on later claim- adjusted down
W	Written off
J	Resubmitted and rejected
T	Double billed

Resubmitting or Canceling MSP Claims

There are three ways to resubmit or cancel claims.

- The simplest method is to find the previous claim in the claim log Once you have located the claim you wish to resubmit or cancel simply click the appropriate button. A new msp claim will be created. The Type of claim will be set to either resubmitted claim or cancel previous claim. Edit any part of the claim you need to change and click the save button. A comment will be automatically entered on the original claim indicating it was resubmitted (or canceled).

- The second method is to create a new MSP claim and enter the original claim data and previous claim (sequential) number. Make sure you set the type of claim to either resubmit claim or cancel previous claim.

WCB Reports and Claims

WCB uses a rather complicated system to send the WCB reports. Each report is chopped up into up to eight parts. A no charge MSP claim is followed by a note record with a custom format. This is done 4 times for each report for eight records. Each no charge claim has a separate fee item. If the clinical information section is less than 800 characters one or more of the claims and note records may be skipped. Several new fee items have been created for this purpose- they are listed at the top of the "reports" section of the WCB report.

1.1.1. WCB Report Details

Form Field Name	Help Text
Physicians First Report ☐	This field indicates the report is a Physician's First Report (Form 8). It should be submitted to the WCB if the physician thinks there may be time loss beyond the day of the injury or if the claim is for a hernia, back problem, shoulder/knee strain or sprain, or occupational disease. A corresponding fee item of 19937 should be billed.
or The worker's condition or treatment has changed ☐	**This field indicates the report is a Physician's Progress Report (Form 11) and should be submitted if the worker's condition or treatment has changed since last report. A report is not necessary or desired if the worker's condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WCB sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow up every two weeks if the above conditions are met. A corresponding fee item of 19940 should be billed.**
Employer's Name	The full corporate or company name of the worker's employer.
Operating Location Address	The address or description of where the worker was employed on the day of the injury. For example, the branch addresses, campsite location or administrative office. This includes the address information and city.
Employer's Telephone Number	The employer's area code and telephone number
WCB Claim Number	WCB claim number specific to this injury. Do not include the two letter claim prefix. For example claim number would be 99999999 not BB99999999.
Worker's Last Name	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
First Name	The worker's full first or given name. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
Middle Initial	Middle name initial or blank
Gender	The gender of the worker: M for male, F for female
DOB	Worker's birth day in yyyy/mm/dd format
Mailing Address	The worker's mailing address including, where applicable, apartment, street address, rural route, city and postal code.
Telephone Number	A contact area code and telephone number for the worker. Usually this would be the worker's home phone number, but could be a cellular number or work number.
Worker's PHN from Health Card	Worker's Personal Health Number as shown on the British Columbia CareCard.

Form Field Name	Help Text
Date of Injury	The date when the WCB claim injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.
Date of Service	The date when the service described on this report was performed.
Are you the patient's regular physician? Yes ☐ No ☐	If yes, WCB may contact you for medical history.
If Yes, how long has the worker been your patient? 0-6 months ☐ 7-12 months ☐ > 12 months ☐	Select the duration for which the worker has been your patient.
Who rendered the first treatment?	Medical practitioner (physician name) or facility (emergency department, clinic, hospital, etc.) who provides the first treatment. This does not include first aid at the worksite.
Prior/Other Problems affecting injury, recovery and disability	Provide details about pre-existing conditions that may affect injury, recovery or disability. If insufficient space, add remaining information to '**Clinical Information**' (field DR38) box.
Diagnosis:	Provide a text description of the injury diagnosis.
BP:	This is a 5 digit code for the area of injury (body part) from the WCB subset of CSA codes (80/80 list).
SIDE:	This is a 2 letter code for the anatomical position code (side) of the injury from the WCB subset of CSA codes (80/80 list).
NOI:	This is the 5 letter code for the nature of injury from the WCB subset of CSA codes (80/80 list).
ICD9	This is the ICD9 diagnosis code and is entered on the invoice (claim record).
From injury or since last report, has the worker been disabled from work? Yes ☐ No ☐	If the worker has been disabled from work since the injury or the last report, select 'Y' for 'Yes'. Otherwise, select 'N' for 'No'.
If Yes, as of what date? (if known)	If known, enter date when worker was first disabled from the work place in the format yyyy/mm/dd.
Clinical Information	This is an 800 character free form text field for the physician to describe the worker's current situation in the usual fashion clinical notes are constructed. The following information might be included: • Presented injury, disease, complains and etc. • Subjective symptoms • Examination findings • Treatments and medications being used • The name and date of specialist referral
Is the worker now medically capable of working full duties, full time? Yes ☐ No ☐	Indicate yes if the worker can return to their normal pre-injury duties. If no, elaborate in the "Restrictions" area (field DR41).
What are the current physical and/or psychological	Describe the physical and/or psychological restrictions that are barriers to the patient returning to work. This information will be used by the case managers

Form Field Name	Help Text
restrictions?	and medical advisors in verifying the need to remain off work or to determine suitable alternative/modified work.
Estimated time before the worker will be able to return to the workplace in any capacity. At work ☐ 1-6 days ☐ 7-13 days ☐ 14-20 days ☐ >20 days ☐	Estimate the length of time before the worker can return to the workplace in ANY capacity. For example, the earliest possible return to the workplace if suitable duties were available.
If appropriate, is worker now ready for a rehabilitation program? Yes ☐ No ☐	Enter No if worker is not ready for rehabilitation or if a rehabilitation program is not appropriate. If yes, select the type of rehabilitation program in the following field (field DR44).
If Yes, Select Work Conditioning Program ☐ or Other ☐	If 'Other rehabilitation program' is selected, indicate type of program (for example, occupational rehabilitation program, pain program, etc). in the 'Clinical Information' area (field DR38).
Do you wish to consult with WCB physician or nurse advisor? Yes ☐ No ☐	
If possible, please estimate date of Maximal Medical Recovery	Maximal medical recovery (full recovery or best possible recovery) date. This is sometimes also called date of "maximal medical improvement". It refers to date at which no further improvement in condition is expected. At that time the worker may still have significant impairment/disability or may be fully recovered.
Further Correspondence to Follow: Yes ☐ No ☐	
Payee Number	Enter the payee number issued by MSP that uniquely identifies the individual or organization who submits the associated invoice to the WCB and who will be paid by the WCB.
Practitioner Number	The physician's practitioner number issued by MSP.

1.2. Receiving Results From Excelleris ♦

Using Excelleris it is possible to download lab results from participating labs directly into Medchart. . As the results are subject to processing by Medchart, it is strongly advised that you compare the results received with your paper printouts to make sure there are no discrepancies.

Several steps are needed to set up your computer to receive Excelleris results. For more details, please contact your Excelleris support person. Some extra software available from Microsoft's is first needed to enable the download process. Please follow steps below to install the necessary MSXML Version 4 files that you need.

- Go to www.microsoft.com
- On the lower right corner you will see a "More Downloads" link. Click on it...
- On the lower part of the screen you will see a drop-down box labeled "Product Name"
- Choose "Windows Installer"
- The "Operating System" drop-down box should be pre-selected to your operating system. If not, select the appropriate one.
- Click on "Find It"
- Click on "Windows Installer Redistributable for ..." to download the installer, and then run the program.
- You will need to reboot your computer now.
- Go to msdn.microsoft.com
- In the upper right corner, under "Key Topics", click on "XML"
- In the upper right corner, under "Essential Info", click on "MSXML 4.0"
- On the right side, click on the "Installer" link.
- Accept the license agreement, and store the file on your harddisk.
- Right-click the file, select "Install" from the menu, and follow the instructions.

You also need a helper application to connect up to Excelleris and download the results. This program is available from Excelleris

You should now be ready to download results from Excelleris. To actually download the results follow the steps:

- Long on to Excelleris
- Enter your user details
- click the logon button
- click the get messages button
- click the save messages button – this will save messages on your hard drive. Make sure you remember where you saved this file for the next step
- if you click the acknowledge button all the messages you just downloaded will be taken out of your Excelleris inbox
- Back in LSchart go to the Input tab and click **import lab results**
- Find the file you downloaded above from Excelleris
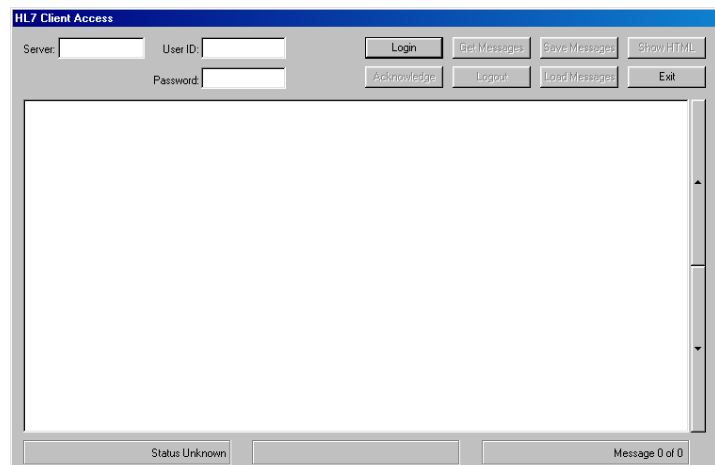
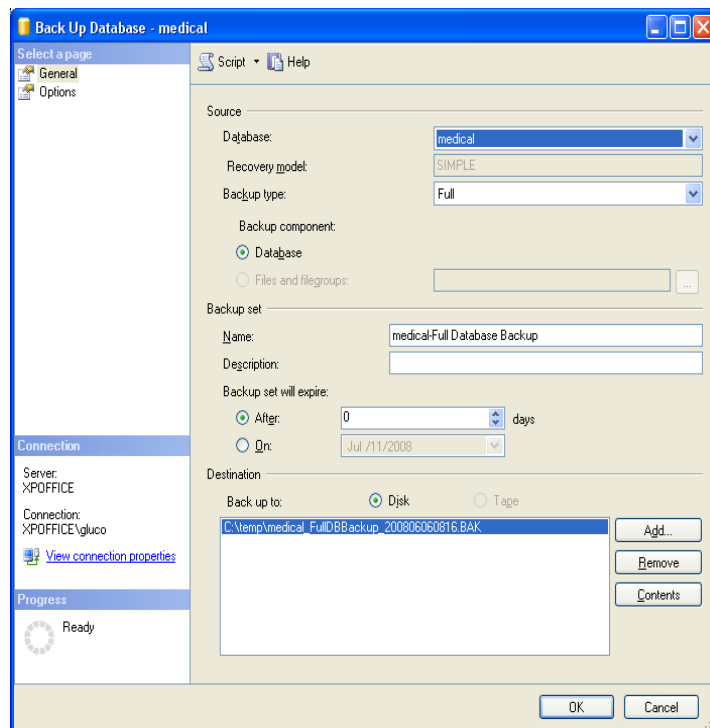# Database Management

Backups

In general, data in a computer database is more secure than printed information but accidents may occur. The computer may be stolen (the security features and data encryption of the program will make it impossible for someone else to view your data unless they know the password), hard drives do not last forever, and other disasters may happen. If you have ever had to restore lost data on a computer you know how time consuming and expensive it may be. On a modern Windows system, many files are interdependent between different programs.

I would recommend the following routine:

- back up your data files daily. This can either be done through Medchart or SQL Server Management Studio Express. Files should be backed up on a different drive than your main "c" drive. I would recommend a removable USB drive
- start SQL Server Management Studio Express
- click the + next to databases
- select the medical database
- right click the medical database and select tasks, then backup
- select a location for the backup
- click OK

1.3. Restoring Backups

To restore a backup follow these steps. I would recommend that you give me a call before restoring data.

✍   start SQL Server Management Studio Express

✍   click the + next to databases

✍   select the medical database

✍   right click the medical database and select tasks, then Restore

✍   click the 'From Device Box

✍   Find your backup file

✍   click OK

I would highly recommend you test your backup files monthly to make sure they work properly. To test your backup :

✍   follow the steps above but change the 'To database' to another name such as 'test restore'

✍   click the options list on the upper left and change the 'retsore to' files to different names than listed

✍   click OK

You can delete this file after the test restore is completed by selecting it in SQL Server Management Studio Express and pressing the 'delete' key on your keyboard
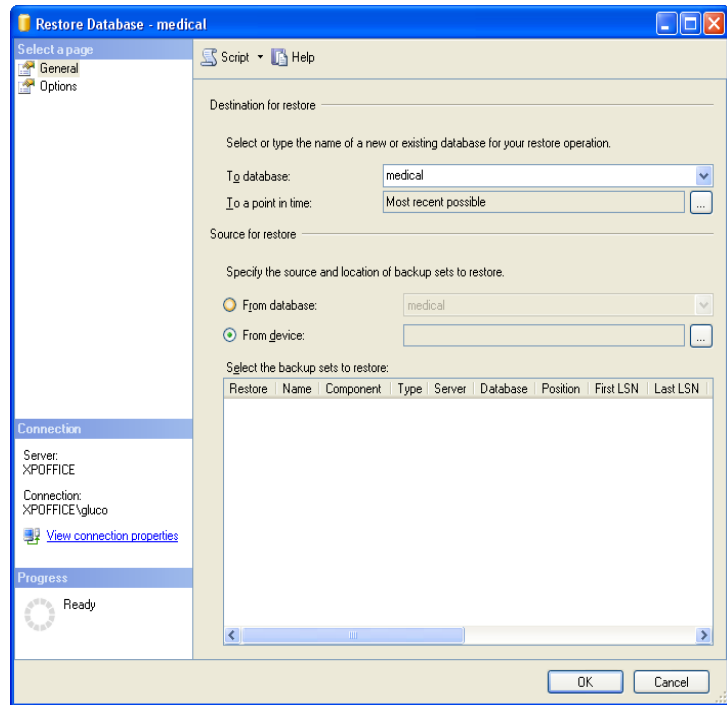
LSchart network setup

- Install Medchart on each other network computer.
- Start Medchart on each other network (client) computer.
- Before you start to to the Windows control panel- select Administrative tools- -then Data sources
- click the system DSN tab
- find your SQL server database int the list
- click configure
- copy the settings from the first screen
- click cancel

- Switch to Medchart
- On each client computer select tools – network settings
- copy the settings into the appropriate places click Save
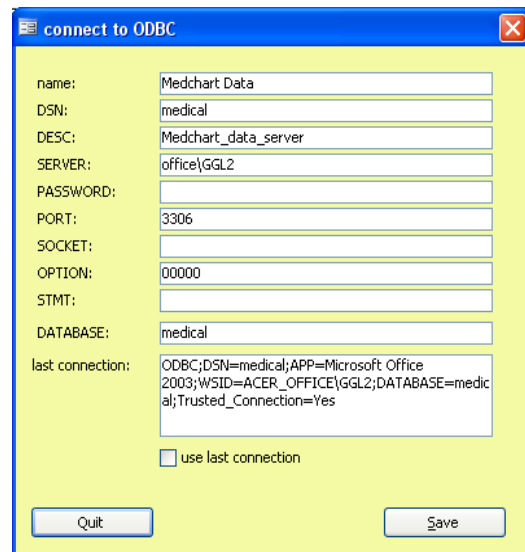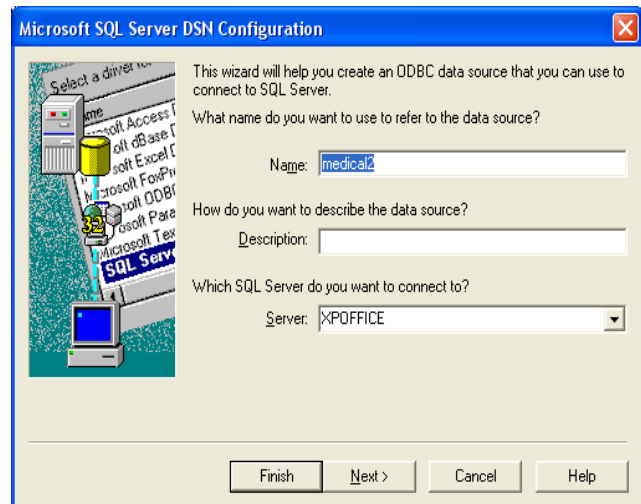
SQL server Tips

Database size

Microsoft SQL Server Express 2005 has a maximum 4 GB database size. This should be sufficient for most users. If you have a large number of scans your file may approach this limit.

The latest version of SQL server express (SQL server express 2008R2 has a 10 GB database maximum. To migrate from 2005- 2008:
- first install SQL server 2008.
- Backup your 2005 database
- Create a new database in SQL server 2008 and import the backup file
- Update the network connections in the ODBC manager and LSchart to link to the new database

 You can also upgrade to the full version of SQL Server. This can accommodate an unlimited amount of data (up to the size of your hard drive). Please give me a call if you need any assistance.

Manage SQL server

Microsoft SQL Server is managed through Microsoft SQL Server Management Studio Express program. This software allows you to backup and restore your database as well as perform other maintenance tasks.

Backups: these can be performed by clicking on the plus icon next to databases and selecting the medical database. Right-click the database you want to back up and select back up from the displayed menu. Other tasks are accessible in the same manner.

Backup Hints

You should perform regular backups. The average hard drive failure rate is **5 -8% per yea**r. I would strongly recommend that you have an alternate computer with SQL Server installed as a backup. If your primary computer was to become available he could load your backup file onto the secondary computer and reconnect your workstations to this computer via the network. Even with a very large data file that takes less than five or 10 minutes to perform this task if the secondary computer is pre-configured.