

MICRO-OFFICE SYSTEMS, INC.

PatientMerge: Configuration & Usage

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Basic PatientMerge Configuration

Installation & Setup

For installation & setup, refer to the “MicroMD Utility” documentation that came with this application. This documentation will provide the application-specific features of the product.

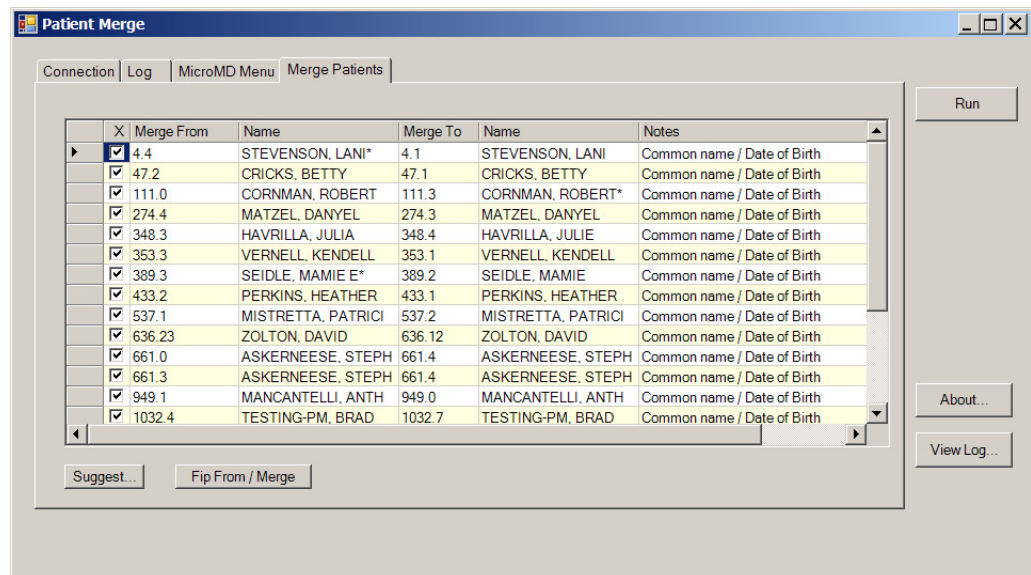
Menu Tab

There are two options at the bottom. One adds a menu option and one adds a hot key. Since Patient Merge is only used occasionally, usually you do NOT want to check these options. Instead, Patient Merge should be called directly when it is needed.

The Concept Behind PatientMerge

PatientMerge will use a number of different algorithms to determine potential duplicate patients in MicroMD. These patients can then, under certain conditions, be merged together.

Using Patient Merge



The “Patient Merge” utility is used to merge patient accounts where duplicates have accidentally be created. MicroMD has a number of facilities in place to prevent this situation, such as a check for duplicate social security numbers, but duplicates can occur for a number of reasons, including:

- Converted data
- Data imported from an interface
- Incomplete data (causing the duplicate account not to be caught)

Account Filters

A number of conditions have been placed into the Patient Merge Module. These will prevent some accounts from merging into other accounts.

First, the account being removed must have a balance of \$0. This condition is in place to insure that the account is, in effect, an “old account”.

Second, all sequences in the account being removed must have a pending payor status of ‘A’ or ‘Z’. These indicate either “Patient – Insurance Filings Complete” or “Patient – No Insurance”. This restriction is necessary to insure that there are no outstanding insurance payments due. Any incoming insurance information would have the “old” account information, and MicroMD would not be able to reconcile the ANSI 835 with the new account.

Note that these account filters are checked both at load time (via the ‘Suggest’ button described below) and at run-time. If an account selected for merging does not meet these conditions, an error message will appear and the account will be skipped from the merge process.

Determining Which Accounts to Merge

There are two ways to choose which accounts to merge:

- a) Use the ‘Suggest’ button to have the interface determine which accounts to merge
- b) Manually enter values into the appropriate columns

Using the “Suggest” button

The “Suggest” button will remove all values currently in the display (if there are any), and then load suggested merge options from the database. There are two methods that will be used to match accounts: Social Security and Name / Date of Birth.

If two or more accounts have the same social security number, then they will be listed in the display as potential accounts for merging. Note that the “Merge” checkbox at the beginning of the line will only be selected if the names of the patients are similar. *One exception: if the first name of the merging account is ‘DO NOT USE’, then the accounts will automatically be selected for merging as long as the last names are similar.* Since very often a duplicate social security number may be the result of a typo, this is an extra check put in place to prevent accidentally merging patients. See the screen print above for examples of this. When the duplicate social security numbers are the result of a typo, the information should be verified by calling the patients and having the mistaken social security number either corrected or erased.

If two or more accounts have similar names and the same date of birth, then they will be listed in the display as potential accounts for merging. In this case, the “Merge” checkbox will always be checked, as these accounts are highly likely to be duplicates.

Note that all of this is subject to the account filters described above. If there are two accounts with the same social security number, for example, but both have non-zero balances, then neither of these accounts will appear in the Patient Merge Module when the “Suggest” button is selected.

In the case where there are two accounts with matching social security number or matching name / date of birth, the account which is “older” is considered as the one for merging. To determine which account is “older”, the last visit date, last payment date, etc... are used. If those dates are all the same, then an account is picked “randomly”. Also, if both accounts are “old”, and in only one of them the patient has the first name “DO NOT USE”, then that account will generally be picked as the account to merge into the other.

Comparing Patient Information

Once the suggested patients have been displayed in the window, you may want to quickly compare to see if the accounts should be merged at all, and if so, in that order (i.e. merge account A into B as opposed to B into A). The simplest way to do this is to double-click on the grey area at the beginning of the row. That will bring up a dialog box that will compare the account information for the two accounts side by side. Note that this will only show patient demographic information and very basic financials (like total balance). It will not show detailed transaction information.

Flipping Patient Information

If you determine that the accounts should be merged “in the other order”, you can select the row and then click on the “Flip” button to reverse the order of the merging. Keep in mind, however, that once the accounts are flipped, if the “merging” account does not meet the filter criteria described above, then the merge will fail when you attempt to run it.

Manually entering Account Information

You can also manually enter in account information. Only the inactive and active columns can be entered. The name and notes columns are read-only. Keep in mind that your account number must have the form “xxx.n”, where ‘xxx’ is the account number (guarantor ID) and the ‘n’ is the patient number (usually 0 unless the account is a dependent). The account filters described above will be verified at the time the actually update occurs.

Understanding the Merge Process

A number of different pieces of information are updated in the merge process. This section explains how each of the various patient modules is updated.

Simple Update

The following patient modules perform a simply update from the old account ID to the new account ID:

- Hospital Rounds
- Patient HIPAA Notes
- Prescriptions
- Clinical History (if using the toolkit Clinical History module)
- Patient Recall
- Patient Referral
- Planned Visits

Emergency Contact Information

If the inactive account has emergency contact information and the active account does not, that information is merged into the active account. If the active account already has emergency contact information, no information is updated.

Policy Information

The highest level of policy information in MicroMD is the “plan set”, which is a group of insurance plans. A “plan set” cannot have, on any given date, more than one primary, one secondary, and one tertiary insurance. For each plan set in the inactive account, the AdminUtil application looks for a plan set in the active account with the same active primary / secondary / tertiary information (on the day of the merge). If such a plan set is found, that information is “mapped” internally, which means that all references to the old plan set will map to the existing plan set in the active account when the other modules that reference policy information are mapped. Note that if the plan set in the inactive account has different expired policy information, or if there is a different insured party, that information will be lost. The matching is done strictly based on the primary, secondary, and tertiary plan numbers for the plan set.

If a plan set in the inactive account does NOT have a corresponding entry in the active account, a new plan set is created. The ‘Description’ field for the new plan set will contain the original ‘Description’ field from the old plan set with the old account number following in parenthesis. This is so that if two plan sets in the two accounts had the same name, the operator will be able to distinguish between them. Of course, these plan sets can have their descriptions changed in MicroMD after the merge process has occurred.

When the new plan set is created, all of the policies in the plan set, along with any possible insured party information, are also brought over from the original account.

Case Information

When case information is merged, the “Default Case” in the inactive account will always be merged with the “Default Case” in the active account. In MicroMD versions 4.x and 5.x, this will always be case #1. All other cases in the inactive account will be appended at the end of the list of cases in the active account.

Note that Case UB information will also be brought over (with the new case numbers assigned).

Case / Policy Sensitive Modules

Some patient modules in MicroMD refer to a case number and a plan set number. In some cases, this information is mandatory, while in other cases, the information is optional. When information from these modules is brought from the inactive account over to the active account, the case and plan set information is mapped to the corresponding values in the active account. These modules are:

- Appointments
- Superbill
- Wait List

Note that it is highly unlikely that there will be an entry in the Wait List module for the inactive patient, but this module is mapped anyway for the sake of completeness.

Financial Information

Every sequence in the inactive account is appended to the end of the sequences in the active account. Note that this may cause sequences to be out of order (with respect to date) in the merged account. Policy and case information is mapped appropriately. Along with the sequences, any old “insurance header paid” records are converted as well.

When the sequences are moved over, all payments with their allocations to the charge are of course moved over as well, as are any associated documents or anesthesia information. All day sheet information is updated as well, though in most cases the inactive account will not have any information on an active day sheet.

Patient Notes

All patient notes are also appended to the active account’s list of notes, whether they are patient-level or sequence-level notes.

Patient Data

In general, patient data from the active account is maintained, while patient data from the inactive account is lost. However, there are exceptions. The table below notes how various fields are merged during the merge process:

<i>Merge Process</i>	<i>Affected Fields</i>
If the value in the active account is undefined or blank, the value in the old account will be used. Otherwise, the value in the active account will remain.	Phone Work Phone Alternate Phone Social Security Number Date of Birth Death Date Personal Message Medical Alerts E-mail Address
If a well-defined code is defined in the active account, it will remain unchanged. If the active account contains an “undefined” or “other” code, then the value from the old account will be used.	Marital Status Gender Race
If the value in the active account is undefined or 0, use the value in the old account; otherwise, keep the current value in the active account.	Patient Category Employer Referring Doctor Provider Location
Compare the date in the old account and the active account and use whichever one is more recent. <i>* The amounts for these fields will be merged also with the values in the old account as appropriate.</i>	Last Visit Date Last Personal Date* Last Insurance Date* Last Statement Date Last Recall Date
Add the two values together. <i>Note: one of the conditions for merging is that the old account has a balance of zero, so this should never be necessary, but is included for completeness.</i>	Total Balance
Concatenate the two values together	Patient Remarks