

## Version 2016.3 What's New, Notes, and Friendly Reminders

**MDS Questions Q0490 and Q0550B** reflect the new valid answers in the text on the form. **Reminder**, you may press **F1** while on any question in the MDS to pop up an MDS manual. Also, if you **right click** on any question, a list of valid responses for that question will display.

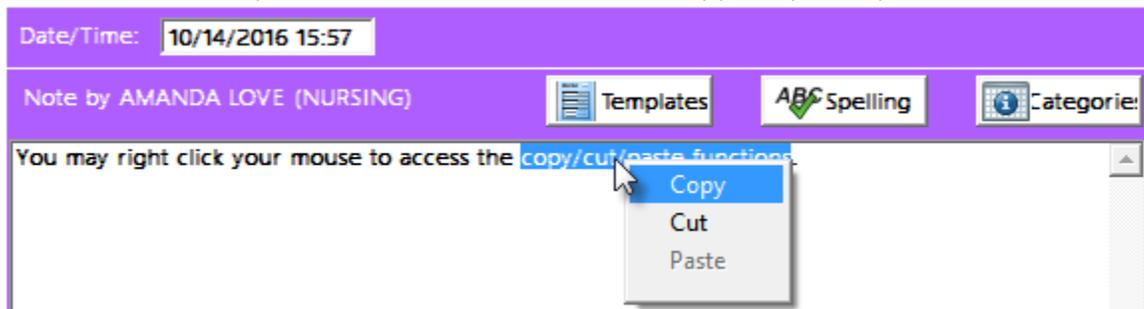
**MDS Section GG for TPHI.** It is up to the individual insurances whether or not they want section GG data. If they do not, and your facility elects not to collect the data, you may dash all of those questions. Since PPS assessments for TPHI are *not sent* to CMS, the dashes will not be counted against you.

**e-SIGNATURES.** We now have a two-factor authentication that utilizes a cell phone. If your facility allows personal cell phones or assigns a facility cell phone to you during working hours and that phone is capable of receiving text messages, the system can send you a code, "token", that can be entered with your username and password into the attestation page.

This method may be combined with the electronic scanners so that those without approved cell phone use in their offices, can still electronically sign-off using the biometric readers. If a reader/scanner is detected on the machine, it will ask you to scan your fingerprint. If one is not detected (and you have provided the information in the password module), it will send a text to your phone. This "token" then provides one of the factors. Your login and password provide the other.

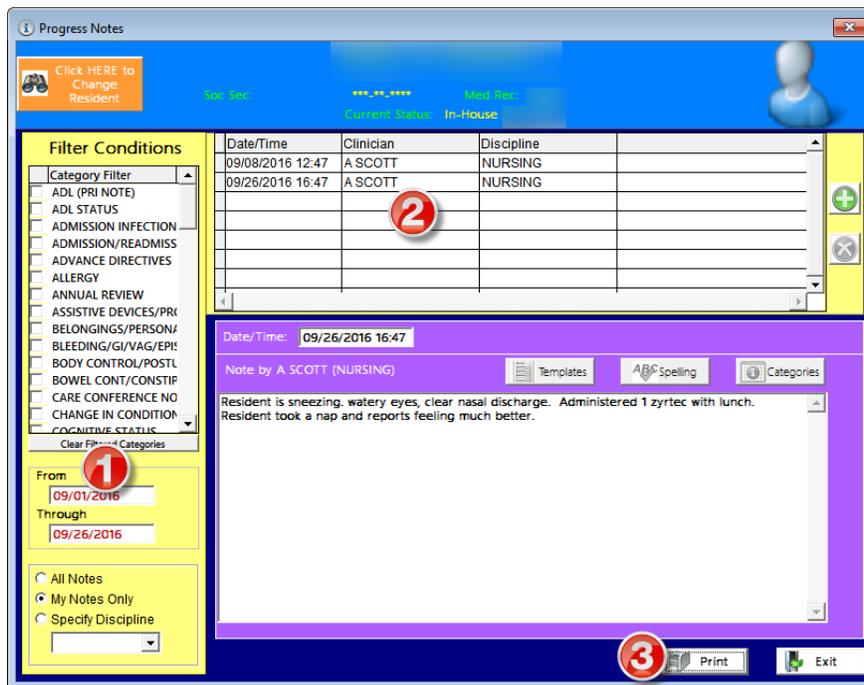
See separate documentation for more information on the setup and use.

**PROGRESS NOTES** now allow you to RIGHT MOUSE CLICK for the copy/cut/paste options.



Note, if the time to edit a note has expired, when you right click on that note you will only have the copy function available to you (The cut and paste will gray out so that you may not edit a closed note.). When working in a current note, you will have access to all options. Ctrl-C (copy), Ctrl-V (paste), and Ctrl-X (cut) will continue to work.

**PROGRESS NOTES** has a new button, PRINT, at the bottom of the screen. Whatever notes you have gathered in your list at the top of the window will be displayed in a document. You may send them to a printer or you may save them in a pdf. Printing from here or through the reports will again display AM/PM with the time.



1. Use the filters to gather the notes you wish to see. In the example, we asked for My Notes for September to date.
2. Those notes that fit your filters will display in a list at the top of the window.
3. The print button will display all of the text for the notes listed (2). You may then either send them to the printer or export to a pdf.

**PROGRESS NOTE categories** – You may now type the FIRST letter of your category to move quickly up and down the list. When you open the Progress Notes screen, click on Category Filter (in the Filter Conditions on the left). Type the first letter of the category you are looking for. The list will automatically scroll through your list so that items beginning with that letter are visible. Click in the box next to the one you want. If it is not visible, use the scrollbar to move further down the list. This also works when assigning categories to your notes.

**PROGRESS NOTE analytics/reports** – in addition to being able to filter on date, you now have the option of adding a time filter in order to capture notes for a specific shift or time period on any day.



**CASH RECEIPTS error checking.** After installation of the 2016.2 patches, a few facilities reported continuing to see the “you have not specified a receivable account” when entering cash receipts. The system does look for very specific words to be in the descriptions. Do NOT abbreviate the following in your GL descriptions –

- Receivable,
- Revenue,
- Contractual,

- Bed-hold or Bed hold,
- Part B,
- Part D,
- and Co-pay.

If you are seeing this message, and you actually do have a specified receivable GL account number, check to see if the word “receivable” is in the description. If not, use **AR – Utilities – Maintain GL Account Link** to update the description. “Why did it work before?” A prior bug was not completing the entire error check and that has now been repaired.

**CASH RECEIPTS automatic 835** when using My Ability to process third party insurances, it does not seem to recognize the insurance. Reminder,

- You must have the insurance set up correctly in the ADT – Utilities – Maintain Databases – Insurances. Not only do you need the Ability insurance payer identification number, you also need the Payer Code. A Medicare Advantage plan must be assigned 16. Many have called to ask what they should call the MMC and MLTC. That is insurance specific but at this point we hear that many of them are simply CI (commercial insurance).
- You must match EXACTLY the format of the resident’s policy number for the insurance. If the insurance doesn’t use a – (dash) then you must not either. If the insurance always ends with two 00, then you must also, don’t leave them off. The system finds the person, then finds the policy number. That is used to match the insurance (remember you may have more than one insurance name associated with that payer identification number). Your database specifications on that insurance will be used for the revenue, receivable, and contractual GL accounts. If it can’t find the resident or the specific policy number, then you will have errors. Be sure that you review the reports when you do the import. You can preview many times, but you only want to post once.

**FACE SHEETS will now show you the primary payor** by inserting \* with the name of the insurance. Many of you had asked for this change so that when you sent out Face Sheets, the information would be available. The top example is from the single page and the bottom example is from the 2-sided (highlight added for illustration only).

SS:		
Medicare:	*120	A
Part A:	06/01/2000	B: 06/01/2000
Part D:		
Medicaid:	0	
County #:	0	County:
EXCELLUS BC/BS	#	VYM20
	#	
	#	

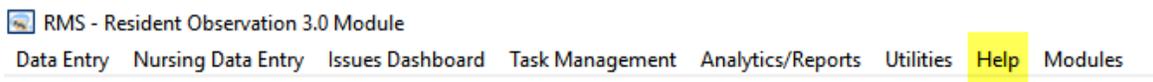
INSURANCE INFORMATION				ID
Medicaid BR: [redacted]	Effective 02/01/2016	Part B 09/01/1997	Part D 02/01/2016	PDP (if known)
Medicare 07 [redacted]	Part A	Policy # YOM [redacted]	Policy Holder self	Payer ID [redacted]
Other Insurances * EXCELLUS BC/BS				

**Reminder**, you may print Face Sheets with either Admitting acute diagnoses or Current acute diagnoses. If you are sending the resident out for medical care, you may want a Current acute diagnoses Face Sheet. The *chronic* diagnoses are always the ones from the most *current* census record.

**Reminder**, you also have the option of printing a 2-sided Face Sheet. As more and more information is requested to be on the Face Sheet, the font on the single page has had to get smaller. The 2-sided version allows for a larger font and you may find it easier to read. It also interfaces with the Advanced Directives and Allergy add-ons. Check it out!

**RESIDENT ACCOUNT statements exported as pdf.** There was an error in the pdf previewer that caused the address to not display on the previewer. We have worked with Adobe and now have a resolution for that.

**RESIDENT OBSERVATIONS 3.0 module has new HELP manuals.** These can be accessed directly from within the modules menu system.



**RESIDENT OBSERVATIONS 3.0 and the MDS observations** – the CANCEL and RETURN buttons have been moved to separate corners so that it is not as easy to cancel your data inadvertently. Several confirmation questions have also been inserted to make sure that you intend to cancel.

**e-CARE PLANS, a reminder.** When using the SHOW ALL button, remember that it will default to show all for one year. Now that most of you have been using the system longer than that, you may find that you need to go back further. Right click the SHOW ALL button and reset the calendar back to the appropriate begin date for display.

**e-CARE PLANS, button for copying from another resident** was not always responding to the rights level 3 or 4 and would appear grayed out. This has been fixed.

**CARE PLANS (BOTH)** – a few adjustments to help maintain focus. Reported bugs.

**MEDICARE ADVANTAGE PLANS** historically have been identified with a payor code of 16. However, recently some third parties have required a different code for their electronic billing. In order to accommodate that, the system will now look for either a Payer Code = 16 or Follow PPS Schedule = yes. This does not mean that you should just put any code into the payer code. It just means that you have more flexibility in meeting the demands of the various insurance companies. Do not use MA or MB – those are reserved for traditional Medicare only.

**MMC and MLTC INSURANCES** need to be set up with the appropriate tick box on the insurance screen. They also need the correct payer code. This code is driven by the insurance companies themselves. Facilities report that CI (commercial insurance) seems to work for most. MC should not be used for this purpose – it is reserved for traditional Medicaid only.

**INSURANCE PAYER CODES** can be listed by pressing the F1 key while in the field. If your “help” is no longer linked, here is a copy:

## Maintain Insurance - Payer Code

If applicable, enter one of the known payer codes for proper identification of the insurance.

**Possible codes are:**

- 09** - Self pay
- 10** - Central Certification
- 11** - Other Non-Federal Programs
- 12** - Preferred Provider Organization (PPO)
- 13** - Point of Service (POS)
- 14** - Exclusive Provider Organization (EPO)
- 15** - Indemnity Insurance
- 16** - Health Maintenance Organization (HMO) Medicare Risk
- AM** - Automobile Medical
- BL** - Blue Cross/Blue Shield
- CH** - Campus
- CI** - Commercial Insurance Co.
- DS** - Disability
- HM** - Health Maintenance Organization
- LI** - Liability
- LM** - Liability Medical
- MA** - Medicare Part A
- MB** - Medicare Part B
- MC** - Medicaid
- OF** - Other Federal Program
- TV** - Title V
- VA** - Veteran Administration Plan- Refers to Veterans Affairs Plan
- WC** - Workers' Compensation Health Claim
- ZZ** - Mutually Defined

*Thank you to all who took the time to provide us with feedback. We continue to evaluate all of the suggestions on your lists.*