



Council on Aging
of Southwestern Ohio

Answers on Aging

QMCO Provider User Manual

Published Date: March 2012

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Introduction

Welcome!

The purpose of this manual is to provide step by step navigation through the new QMCO computer software designed for the Elderly Services Program.

The intended audience for this manual is the provider network and their staff.

What is QMCO?

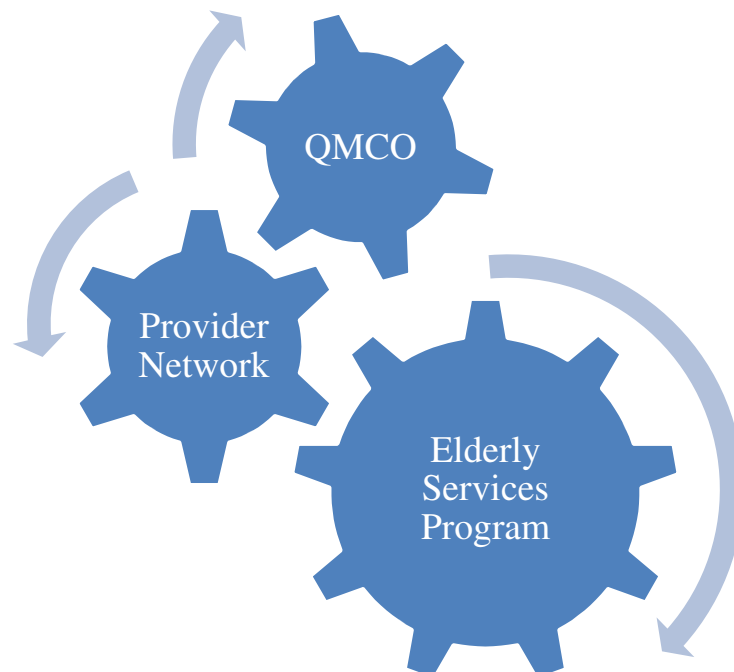
QMCO is the upgraded version of Q the system we use to track all levy client information. QMCO allows contracted providers to manage the services they provide to clients, communicate with ESP Care Managers and bill for the associated services.

In the future, we will use the system to track other clients, such as those who receive care transition services, caregiver support, home grant, service coordination, and intensive care management.

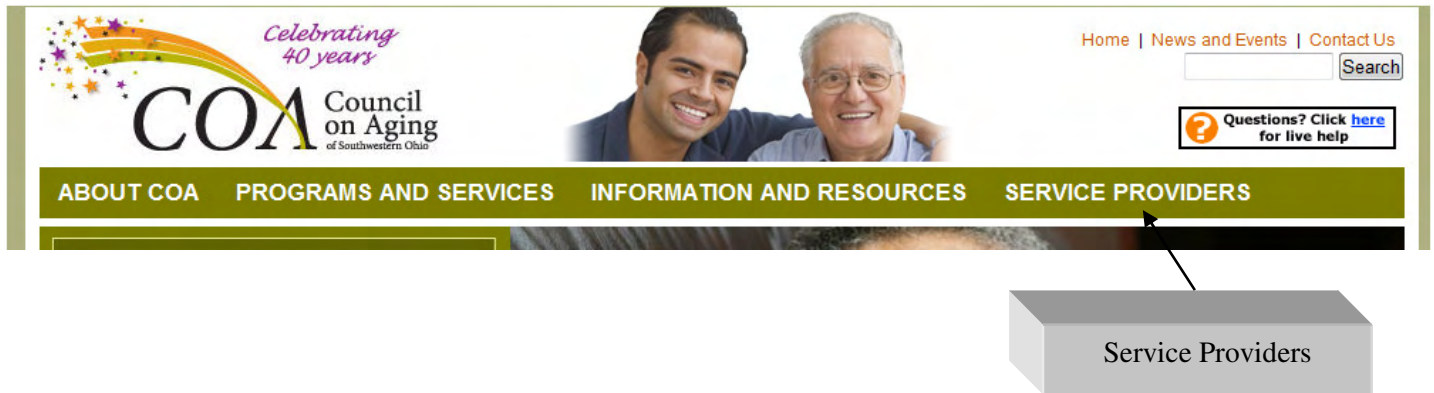
Why Upgrade?

There are a number of reasons why COA elected to upgrade the system, including:

1. COA required a system that supports the strategic direction of the organization. QMCO was built for managed care organization and supports a medical model.
2. Q1.7 is an older system. CH Mack (the software developer) informed us that they will eventually stop supporting Q.



Accessing the QMCO Care Management System



1. First option

- Go to the main COA Website www.help4seniors.org and click on the service providers tab

2. Second option

- Double click the Q icon from your desk top. This option is available for the providers who had Q1.7 previously.
- Enter the User ID and Password you received from your System Administrator
- Click OK

Logging on to QMCO

From the Service Providers Page, the icon to access QMCO is located in the upper right corner. This function allows access to the QMCO application on the COA network.



QMCO User IDs and Password Information

Provider User IDs and Passwords are distributed directly to the provider via mail.

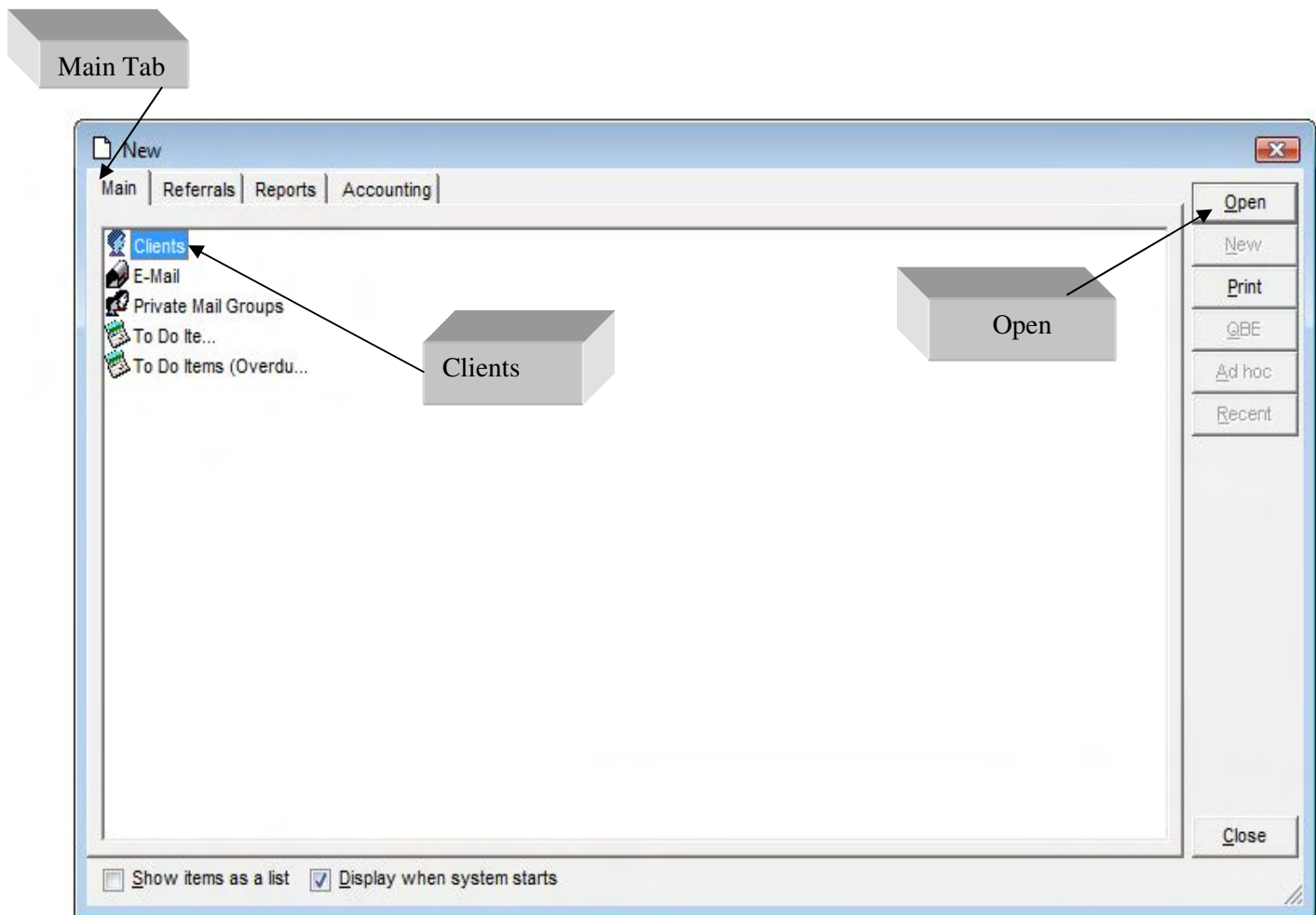
- Each User ID will have an individual Password. The provider must use the corresponding User ID to the individual Password for which it is assigned.
- Enter your Citrix User Name and Password (Your Citrix information remains unchanged)
- Click on the **QMCO Live** icon
- Enter your new QMCO User ID and Password

(QMCO requires each user to have a unique User ID and Password, ex. Username=PROVD1, password=Bluesky3. This is different from the previous Q1.7 system)

How to Query a Client

Providers have the ability to query a list of clients that are actively receiving services from the contracted agency.

- On the Main tab click on “Clients” then “Open”



How to Query a Client (cont.)

The screenshot shows a software window titled "Clients - [Query]". It contains several input fields for search criteria, arranged in a grid-like fashion. The fields are: Client ID, Medicare, Medicaid, Last Name, First Name, MI, SSN, Q Internal ID, Birth Date, Phone, Medical Record #, Authorization Number, Care Manager, Care Manager Unit, Social Service Programs, and Status. Each field has a small button next to it. At the bottom right, there are three buttons: "Query", "Clear", and "Cancel". A callout box with a 3D effect is positioned over the "Query" button, containing the text "Enter query criteria." and "Click Query". An arrow points from the callout box to the "Query" button. At the bottom left, there is a checkbox labeled "Search history".

There are several ways to enter name search criteria. For example, to query for a client with the name Jane Smithson, try:

- Typing Jane in the First Name field and Smithson in the Last Name field.
- Typing Smithson in the Last Name field to retrieve a list of all member's with the last name of Smithson, or Jane in the First Name field to retrieve a list of members with the first name of Jane.
- Typing Sm in the Last Name field to search for all members with a last name beginning with the letters Sm.
- Typing *son in the Last Name field to search for all members who have 'son' as the last three letters of their last name.

Other ways to query a client: Client ID, Birth Date, Phone, SSN

Client Profile

The client profile is completed by the Elderly Services Program Care Manager assigned to the client. The provider should review the client profile for client demographics, physicians, contact information, assessments and services provided to the client.

Tabs located near the middle of the screen contain information pertinent to the client.

- Demographics & Addresses
- Plans/PCR/Physicians – This tab is not used. Physician information is referenced below.
- Primary Concern/Living Arrangements/Legal
- Contacts – Provides Care Manager and Emergency Contact Information
- Social Service Programs – Defines the levy program and the name of the assigned Care Manager
- COB – Currently not utilized for data entry
- LTC – Currently not utilized for data entry

TestESPETE, Beckman (#255407) (Client) - [View Only]

| | | | | | | | |
|--------------------------|--------------|---------------|------------|-----|--------------------------|---------------|-----------|
| First Name | MI | Last Name | Birth Date | Age | Deceased? | Date of Death | Client ID |
| Beckman | | TestESPETE | 09/29/1932 | 79 | <input type="checkbox"/> | | 255407 |
| Current Line of Business | Current Plan | Current Group | COB | IPA | Q Managed Program | | |
| | | | | | Yes | | |

Exception Alerts

Demographics & Addresses | ~~Plans/PCR/Physicians~~ | Primary Concern/Living Arrangements/Legal | Contacts | Social Service Programs | ~~COB~~ | ~~LTC~~

Demographics

| | | | | | | | |
|-------------|----------------|----------------------|---------------------|------------------|--------------------|------------------|-------|
| SSN | Medicare | Medicaid | Secondary Insurance | SYS ID | Medical Record # | | |
| 000-00-0000 | 000-00-0000A | No | ML001-778987 | | | | |
| Gender | Marital Status | Race | Ethnicity | Primary Language | Interpreter Needed | Interpreter Name | Phone |
| Female | Divorced | Black or African ... | NOT Hispanic o... | English | Yes | tina | - - |

Current Physical Location of Member

| | | | |
|------------------------|-----------------|------------------|------------------------------|
| Street/Address | City | Home Phone | Mobile Phone |
| 175 Tri County Parkway | Cincinnati | 513-721-1025 | - - |
| | County | Phone from State | Other Phone |
| | Hamilton County | | - - |
| | State | Zip | Member's Relation to Address |
| | OH | 45246- | |

The member does not have a correspondence address specified. This physical address will be used for mailings.

| | | | |
|--------------|--------------|-------------|------------------|
| Municipality | Neighborhood | Building | Zone |
| Springdale | Avondale | The Meadows | HC Zone 4- North |

Additional Addresses/Address History

| |
|---------------------|
| Address Type |
| Member Residenti... |

Record: 1 of 1

Physicians | Case Notes | Medical Claims | Assessments (MCO) | Custom Assessments | Care Plan | List of Providers | Close

Buttons located across the bottom of the screen provide information concerning physicians, assessments, and care plan.

- Physicians – Physician contact information
- Case Notes – Notes relative to client services
- Medical Claims – Currently not utilized in QMCO
- Assessments (MCO) – ADL/IADL and Nutritional Risk Assessment
- Custom Assessments – Environmental Assessment
- Care Plan – Details of the services your agency provides to each client
- List of Providers - Function associated with only the Care Transitions Program

- **Demographics**

TestESPETE, Beckman (#255407) (Client) - [View Only]

| | | | | | | | |
|--------------------------|----|--------------|------------|---------------|--------------------------|---------------|-------------------|
| First Name | MI | Last Name | Birth Date | Age | Deceased? | Date of Death | Client ID |
| Beckman | | TestESPETE | 09/29/1932 | 79 | <input type="checkbox"/> | | 255407 |
| Current Line of Business | | Current Plan | | Current Group | COB | IPA | Q Managed Program |
| | | | | | | | Yes |

Exception Alerts

Demographics & Addresses | Plans/PCP/Physicians | Primary Concern/Living Arrangements/Legal | Contacts | Social Service Programs | COB | LTC

Demographics

| | | | | | | | |
|-------------|----------------|----------------------|---------------------|------------------|--------------------|------------------|-------|
| SSN | Medicare | Medicaid | Secondary Insurance | SYS ID | Medical Record # | | |
| 000-00-0000 | 000-00-0000A | No | ML001-778987 | | | | |
| Gender | Marital Status | Race | Ethnicity | Primary Language | Interpreter Needed | Interpreter Name | Phone |
| Female | Divorced | Black or African ... | NOT Hispanic o... | English | Yes | tina | - - |

Current Physical Location of Member

| | | | |
|------------------------|-----------------|------------------|------------------------------|
| Street/Address | City | Home Phone | Mobile Phone |
| 175 Tri County Parkway | Cincinnati | 513-721-1025 | - - |
| | County | Phone from State | Other Phone |
| | Hamilton County | | - - |
| | State | Zip | Member's Relation to Address |
| | OH | 45246- | |

The member does not have a correspondence address specified. This physical address will be used for mailings.

| | | | |
|--------------|--------------|-------------|------------------|
| Municipality | Neighborhood | Building | Zone |
| Springdale | Avondale | The Meadows | HC Zone 4- North |

Additional Addresses/Address History

| Address Type |
|---------------------|
| Member Residenti... |

Record: 1 of 1

Address History

Physicians | Case Notes | Medical Claims | Assessments (MCO) | Custom Assessments | Care Plan | List of Providers | Close

The Demographics & Addresses page captures the general demographics associated with each client. Providers have a read-only option. QMCO tracks the current and past addresses of the client.

- **Primary Concern/Living Arrangements/Legal**

TestESPETE, Beckman (#255407) (Client) - [View Only]

| | | | | | | | |
|------------|----|------------|------------|-----|--------------------------|---------------|-----------|
| First Name | MI | Last Name | Birth Date | Age | Deceased? | Date of Death | Client ID |
| Beckman | | TestESPETE | 09/29/1932 | 79 | <input type="checkbox"/> | | 255407 |

| | | | | | |
|--------------------------|--------------|---------------|-----|-----|-------------------|
| Current Line of Business | Current Plan | Current Group | COB | IPA | Q Managed Program |
| | | | | | Yes |

Exception Alerts

Demographics & Addresses | ~~Plans/Programs~~ | **Primary Concern/Living Arrangements/Legal** | ~~Contacts~~ | ~~Social Service Programs~~ | ~~Case~~ | ~~Notes~~

Member's Primary Concern/Reason for Opening Case

Living Arrangements

Type of Residence
House

Client Lives With (Names)
Spouse

Select All That Apply
Alone

Additional Comments

Legal Information

| | | | |
|--|--------------|----------------|-------------------|
| Legal Guardian | Phone | | |
| No | - - | | |
| Power of Attorney | Phone | | |
| Yes Dtr TestESP ETE | 513-721-1025 | | |
| Power of Attorney (Healthcare Decisions) | Phone | | |
| Yes Dtr TestESP ETE | 513-721-1025 | | |
| Adv Directive | DNR | Date AD Mailed | Date AD Completed |
| | | | |
| Copies of AD/DNR provided to your physician? | | | |
| | | | |
| Copies of AD/DNR provided for medical records? | | | |
| | | | |
| Copies of AD/DNR provided to legal guardian? | | | |
| | | | |
| Anyone else having a copy of your advance directives | | | |
| | | | - - |
| | | | - - |
| | | | - - |

Physicians | Case Notes | Medical Claims | **Assessments (MCO)** | Custom Assessments | Care Plan | List of Providers | Close

The Primary Concern/Living Arrangement page gives information on the client's living arrangement and legal information.

- **Contacts**

TestESPETE, Beckman (#255407) (Client) - [View Only]

First Name: Beckman MI: Last Name: TestESPETE Birth Date: 09/29/1932 Age: 79 Deceased?: ☐ Date of Death: Client ID: 255407

Current Line of Business: Current Plan: Current Group: COB: IPA: Q Managed Program: Yes

Exception Alerts:

Demographics & Addresses | Plans/Policies/Physicians | Primary Concern/Living Arrangements/Legal | **Contacts** | Social Service Programs | ~~Care~~ | ~~Notes~~

Staff Members

| Staff Member | Role |
|----------------|--------------|
| Kelly Beckman | Care Manager |
| Jeanne Wallman | Care Manager |

Record: 1 of 2

Contacts

| Contact First Name | Contact Last Name | City | State | Relationship to Client | Home Phone | Emergency Contact |
|--------------------|-------------------|------------|-------|------------------------|--------------|-------------------|
| Chris | Beckman | Hamilton | OH | | | |
| Dtr | TestESPETE | Cincinnati | OH | Child | 513-721-1025 | |

Record: 1 of 2 Selected Records: 1

Emergency Contacts (Derived from above list of contacts)

There are no columns added; please use Add Columns to insert new columns

Record: 1 of 1 Selected Records: 1

Physicians | Case Notes | Medical Claims | Assessments (MCO) | Custom Assessments | Care Plan | List of Providers | Close

The contacts page provides the name of the ESP Care Manager and the names and phone numbers for the client's contact and emergency contacts.

- **Social Service Programs**

Moore, Test (#255671) (Client) - [View Only]

| | | | | | | | |
|--------------------------|----|--------------|---------------|-----|--------------------------|-------------------|-----------|
| First Name | MI | Last Name | Birth Date | Age | Deceased? | Date of Death | Client ID |
| Test | | Moore | 02/03/1930 | 82 | <input type="checkbox"/> | | 255671 |
| Current Line of Business | | Current Plan | Current Group | COB | IPA | Q Managed Program | Yes |

Exception Alerts

Demographics & Addresses | ~~Plans~~ | ~~Physicians~~ | Primary Concern/Living Arrangements/Legal | Contacts | Social Service Programs | ~~COB~~ | ~~LTC~~

Open Social Service Programs

| Program Name | Assigned Care Manager | IADL Score | ADL Score | Total ADL/IADL Score | Enrollment Date |
|---------------------|-----------------------|------------|-----------|----------------------|-----------------|
| Hamilton County ESP | Doris Tribble | 4 | 5 | 9 | 2/3/2012 |

Record: 1 of 1 Selected Records: 1

Closed Social Service Programs

| Program Name | Date Case Closed |
|-------------------------------|------------------|
| There are no items to show in | |

Record: None Selected Records: 0

Physicians | Case Notes | Medical Claims | Assessments (MCO) | Custom Assessments | Care Plan | List of Providers | Close

QMCO_Train (Test Provider 2 @ QMCO Test Provider 1) | No overdue items | 1 new message | 4 new referrals | 2/28/

Using the "Add Columns Feature" we suggest selecting Program Name and assigned Care Manager. A column listing the care manager's phone number does not currently exist.

The Social Service Program page provides information regarding the levy program that supports the client services. A column option is available to display the ADL/IADL and Total ADL/IADL score.

Client Assessments

Assessment (MCO) contains information on ADLs/IADLs and Nutritional Risk. Custom Assessments contains information regarding the Environmental Assessment. The Elderly Services Program Care Manager captures the information during the initial assessment and providers are strongly encouraged to review the screens. Updates to ADLs/IADLs, Nutritional Risk and Environmental Assessments are conducted on an annual basis. QMCO tracks each assessment for historical reference.

- **ADLs/IADLs**

TestESPETE, Beckman (#255407) (Client) - [View Only]

| | | | | | | | |
|--------------------------|--------------|---------------|------------|-----|--------------------------|---------------|-----------|
| First Name | MI | Last Name | Birth Date | Age | Deceased? | Date of Death | Client ID |
| Beckman | | TestESPETE | 09/29/1932 | 79 | <input type="checkbox"/> | | 255407 |
| Current Line of Business | Current Plan | Current Group | COB | IPA | Q Managed Program | | |
| | | | | | Yes | | |

Exception Alerts

Demographics & Addresses | ~~Plans/Physicians~~ | Primary Concern/Living Arrangements/Legal | ~~Contacts~~ | ~~Social Service Programs~~ | ~~DOB~~ | ~~LN~~

Demographics

| | | | | | | | |
|-------------|----------------|----------------------|---------------------|------------------|--------------------|------------------|-------|
| SSN | Medicare | Medicaid | Secondary Insurance | SYS ID | Medical Record # | | |
| 000-00-0000 | 000-00-0000A | No | ML001-778987 | | | | |
| Gender | Marital Status | Race | Ethnicity | Primary Language | Interpreter Needed | Interpreter Name | Phone |
| Female | Divorced | Black or African ... | NOT Hispanic o... | English | Yes | tina | - - |

Current Physical Location of Member

| | | | |
|------------------------|-----------------|------------------|------------------------------|
| Street/Address | City | Home Phone | Mobile Phone |
| 175 Tri County Parkway | Cincinnati | 513-721-1025 | - - |
| | County | Phone from State | Other Phone |
| | Hamilton County | | - - |
| | State | Zip | Member's Relation to Address |
| | OH | 45246- | |

The member does not have a correspondence address specified. This physical address will be used for mailings.

| | | | |
|--------------|--------------|-------------|------------------|
| Municipality | Neighborhood | Building | Zone |
| Springdale | Avondale | The Meadows | HC Zone 4- North |

Additional Addresses/Address History

| |
|---------------------|
| Address Type |
| Member Residenti... |

Record: 1 of 1

Physicians | Case Notes | Medical Claims | **Assessments (MCO)** | Custom Assessments | Care Plan | List of Providers | Close

Click "Assessments (MCO)" to view ADLs/IADLs

- **ADLs/IADLs (cont.)**

Assessments (MCO) - TestESPETE, Beckman (#255407)

| Type/Date Created | Closed | Closed Date |
|----------------------------------|--------|------------------------|
| NY Long Term Care Assessm... | x | 12/16/2011 at 03:40 PM |
| NY Long Term Care Assessm... | x | 2/2/2012 at 10:14 AM |
| NY Long Term Care Assessm... | x | 2/2/2012 at 10:15 AM |
| NY Long Term Care Assessm... | x | 2/2/2012 at 11:21 AM |
| NY Long Term Care Assessm... | x | 12/15/2011 at 12:41 PM |
| CAGE / CAGE-AID Assessm... | x | 12/16/2011 at 04:00 PM |
| Nutritional Risk Assessment -... | x | 2/2/2012 at 10:15 AM |
| ADLs/IADLs - 12/15/2011 | x | |
| ADLs/IADLs - 2/2/2012 | | |

Record: 1 of 9 Selected Records: 1

Close

Highlight and double click the ADL/IADL assessment of your choice. Histories of assessments are maintained for each client.

- **ADLs and IADLs Tabs**

ADLs/IADLs - ADLs/IADLs - 2/2/2012 - TestESPETE, Beckman (#255407) - [View Only]

☒ Closed Closed Closed Date 1/24/2012 at 03:41 PM

ADLs | IADLs

Transferring: Needs Hands On

Indoor Mobility: Needs Mechanical

Grooming: No Help

Hair: Needs Hands On

Nail: Needs Hands On

Bathing: Needs Mechanical

Toileting: Needs Mechanical

Dressing: Needs Mechanical

Eating: No Help

Comments

Skilled Nursing? No

Skilled Rehabilitation Services? No

Needs 24-hour Supervision due to Cognitive Impairment? No

| Program Name | ADL Score | IADL Score | Total ADL/IADL Score |
|---------------------|-----------|------------|----------------------|
| Hamilton County ESP | 1 | 6 | 7 |
| Hamilton County ESP | 1 | 6 | 7 |
| Caregiver | | | |

Close

Double click the ADLs/IADLs tab to open the ADL and IADL list.

- **Nutritional Risk Assessment**

TestESPETE, Beckman (#255407) (Client) - [View Only]

| | | | | | | | |
|--|----------------------------|-----------------------------|--------------------------|-------------------|---------------------------------------|-----------------------------|---------------------|
| First Name Beckman | MI [Redacted] | Last Name TestESPETE | Birth Date 09/29/1932 | Age 79 | Deceased? <input type="checkbox"/> | Date of Death [Redacted] | Client ID 255407 |
| Current Line of Business [Redacted] | Current Plan [Redacted] | Current Group [Redacted] | COB [Redacted] | IPA [Redacted] | Q Managed Program Yes | | |

Exception Alerts
[Redacted]

Demographics & Addresses | ~~Plans/Programs~~ | ~~Physicians~~ | Primary Concern/Living Arrangements/Legal | ~~Contacts~~ | ~~Social Service Programs~~ | ~~Case History~~ | ~~Notes~~

| | | | | | | |
|---------------------|----------------------------|------------------------------|--------------------------------|-------------------------------------|---------------------------|--------------------------------|
| SSN 000-00-0000 | | Medicare 000-00-0000A | Medicaid No | Secondary Insurance ML001-778987 | SYS ID [Redacted] | Medical Record # [Redacted] |
| Gender Female | Marital Status Divorced | Race Black or African ... | Ethnicity NOT Hispanic o... | Primary Language English | Interpreter Needed Yes | Interpreter Name tina |
| Phone [Redacted] | | | | | | |

Current Physical Location of Member

| | | | |
|--|---------------------------|--------------------------------|--|
| Street/Address 175 Tri County Parkway | City Cincinnati | Home Phone 513-721-1025 | Mobile Phone [Redacted] |
| | County Hamilton County | Phone from State [Redacted] | Other Phone [Redacted] |
| | State OH | Zip 45246- | Member's Relation to Address [Redacted] |

The member does not have a correspondence address specified. This physical address will be used for mailings.

| | | | |
|----------------------------|--------------------------|-------------------------|--------------------------|
| Municipality Springdale | Neighborhood Avondale | Building The Meadows | Zone HC Zone 4- North |
|----------------------------|--------------------------|-------------------------|--------------------------|

Additional Addresses/Address History

| |
|-------------------------------------|
| Address Type Member Residenti... |
|-------------------------------------|

Record: 1 of 1

Physicians | Case Notes | Medical Claims | **Assessments (MCO)** | Custom Assessments | Care Plan | List of Providers | Close

Click "Assessments (MCO)" to view the Nutritional Risk Assessment

- **Nutritional Risk Assessment (cont.)**

Assessments (MCO) - TestESPETE, Beckman (#255407)

| Type/Date Created | Closed | Closed Date |
|---|--------|------------------------|
| ADLs/IADLs - 12/15/2011 | x | 2/2/2012 at 10:15 AM |
| ADLs/IADLs - 2/2/2012 | x | 2/28/2012 at 01:28 PM |
| ADLs/IADLs - 2/28/2012 | x | 2/28/2012 at 01:43 PM |
| ADLs/IADLs - 2/28/2012 | | |
| CAGE / CAGE-AID Assessment - 12/15/2011 | x | 12/15/2011 at 12:41 PM |
| Nutritional Risk Assessment - 12/16/2011 | x | 12/16/2011 at 04:00 PM |
| NY Long Term Care Assessment - 12/15/2011 | x | 12/16/2011 at 03:40 PM |
| NY Long Term Care Assessment - 2/2/2012 | x | 2/2/2012 at 10:14 AM |
| NY Long Term Care Assessment - 2/2/2012 | x | 2/2/2012 at 10:15 AM |
| NY Long Term Care Assessment - 2/2/2012 | x | 2/2/2012 at 11:21 AM |
| NY Long Term Care Assessment - 2/2/2012 | x | 2/28/2012 at 01:30 PM |
| NY Long Term Care Assessment - 2/28/2012 | | |

Record: 2 of 12 Selected Records: 1 Sorted by: Type/Date Created

Highlight and double click the NY Long Term Care Assessment of your choice to view the Nutritional Risk Assessment. Histories of assessments are maintained for each client.

- **NY LTCA Object 2**

NY Long Term Care Assessment - 2/2/2012 (Assessment) - TestESPETE, Beckman (#255407) - [View Only]

☐ Closed **Open** Closed Date ☐ Reassessment

Assessment Date **02/02/2012**

Reason for Closing Non-Complete Assessment: _____

| Description | Page Number | Date Changed | Date Created | Closed | Closed Date |
|------------------|-------------|----------------|--------------|--------|-------------|
| NY LTCA Object 2 | 2 | 2/2/2012 at... | | | |

Record: 1 of 1 Selected Records: 1 Sorted by: Closed Date

History **New** Close

Double Click "NY LTCA Object 2"

- **NY Long Term Care to access Nutritional Risk Assessment**

Go to last tab- **Medical Conditions cont. /Medical Nutrition**
Review **Nutrition Status Part 1 and Part 2**

Medical Conditions cont. /Medical Nutrition

NY LTCA Object 2 - NY Long Term Care Assessment - 2/2/2012 - TestESPETE, Beckman (#255407) - [View Only]

☐ Closed ☒ Open Closed Date

ADLs / IADLs | Functional Test/Cognitive/Sensory | Mood/Psych | Behavioral Health/Medical Conditions | Medical Conditions cont. | **Medical Conditions cont. /Medical Nutrition**

Medical Conditions cont.

Bowel Incontinence Frequency: 0 -Never

FALLS

Indicate the number of falls experienced by the member during the past six months: 2

Number of falls resulting in Medical intervention: 1

PAIN

Frequency of pain (interfering with member's activity or movement): 0 - Member has no pain or pain does not i...

Intractable Pain: Is the member experiencing pain that is not easily relieved, occurs at least daily, and affects the member's sleep, appetite, physical or emotional energy, concentration, personal relations, emotions, or ability or desire to perform physical activity? No

Nutrition Status Part 1

Have you lost or gained 10 pounds or more in the past 6 months without trying? Yes

If yes, how much? 98

☐ Gain ☒ Loss

Do you take 3 or more kinds of medicine a day (including over-the-counter AND prescription medicines)? No

Do you have an illness or condition that made you change the food you eat? No

Are you on any special diets for medical reasons? Low fat diet

Do you eat at least two meals a day? No

How is your appetite? Fair

Do you eat fewer than 5 servings (1/2 cup each) of fruits or vegetables every day? No

Do you eat fewer than 2 servings of dairy products (such as milk, yoghurt, or cheese) every day? No

Nutrition Status Part 2

Do you have any problems with your teeth, mouth, or throat that makes it hard for you to chew or swallow? No

Do you eat alone most of the time? No

Are you not always physically able to shop, cook, and/or feed yourself (or get someone to do it for you)? No

Do you have 3 or more drinks of beer, liquor or wine almost every day? No

Are you usually able to eat without help? No

Do you have enough money to buy food you need? No

Assessor: Does there appear to be a need for food stamps? No

Do you smoke or use tobacco products? No

Have you ever smoked or used tobacco products? No

Do you live with others who smoke? No

Household Income: meatballs

Nutrition Status Part 1 & 2

Close

- **Environmental Assessment**

TestESPETE, Beckman (#255407) (Client) - [View Only]

| | | | | | | | |
|--|------------------|----------------------------|-----------------------------|-------------------|---------------------------------------|-----------------------------|---------------------|
| First Name Beckman | MI [Redacted] | Last Name TestESPETE | Birth Date 09/29/1932 | Age 79 | Deceased? <input type="checkbox"/> | Date of Death [Redacted] | Client ID 255407 |
| Current Line of Business [Redacted] | | Current Plan [Redacted] | Current Group [Redacted] | COB [Redacted] | IPA [Redacted] | Q Managed Program Yes | |

Exception Alerts

[Redacted]

Demographics & Addresses | ~~Plans/Physicians~~ | Primary Concern/Living Arrangements/Legal | ~~Contacts~~ | ~~Social Service Programs~~

Demographics

| | | | | | |
|--------------------------|----------------------------|------------------------------|-------------------------------------|-----------------------------|--------------------------------|
| SSN 000-00-0000 | Medicare 000-00-0000A | Medicaid No | Secondary Insurance ML001-778987 | SYS ID [Redacted] | Medical Record # [Redacted] |
| Gender Female | Marital Status Divorced | Race Black or African ... | Ethnicity NOT Hispanic o... | Primary Language English | Interpreter Needed Yes |
| Interpreter Name tina | | Phone - - | | | |

Current Physical Location of Member

| | | | |
|--|--------------------------------|--|---------------------|
| Street/Address 175 Tri County Parkway | City Cincinnati | Home Phone 513-721-1025 | Mobile Phone - - |
| County Hamilton County | Phone from State [Redacted] | Other Phone - - | |
| State OH | Zip 45246- | Member's Relation to Address [Redacted] | |

The member does not have a correspondence address specified. This physical address will be used for mailings.

| | | | |
|----------------------------|--------------------------|-------------------------|--------------------------|
| Municipality Springdale | Neighborhood Avondale | Building The Meadows | Zone HC Zone 4- North |
|----------------------------|--------------------------|-------------------------|--------------------------|

Additional Addresses/Address History

| |
|-------------------------------------|
| Address Type Member Residenti... |
|-------------------------------------|

Record: 1 of 1

Physicians | Case Notes | Medical Claims | Assessments (MCO) | Custom Assessments | Care Plan | List of Providers | Close

Click "Custom Assessments" to view the Environmental Assessment

- **Environmental Assessment (cont.)**

The screenshot shows a software window titled "Custom Assessments - TestESPETE, Beckman (#255407)". It has four tabs: "Caregiver Program Assessment", "Environmental", "Intake Custom Assessment", and "Service Coordination Assessment". The "Environmental" tab is active. On the left, under "Applicable Questions", is a list of questions with a blue highlight on the right column. On the right, there is a large text area for comments. Three callout boxes point to specific parts of the interface: "Environmental tab" points to the tab itself; "Information about Pets" points to the "Pets?" question and its answer "Yes"; "Information about smokers in the home" points to the "Are there smokers in the house?" question and its answer "No".

| Applicable Questions | Answers |
|--|--------------|
| Comments | |
| Are there safety concerns or needed repairs? | Yes |
| Comments | |
| Is home clean free from clutter? | No |
| Comments | |
| Are Pathways clear? | Yes |
| Comments | |
| Are there cords or wires across walkways? | No |
| Comments | |
| Are there loose scatter rugs? | No |
| Comments | |
| Are there working smoke alarms? | No |
| Comments | |
| Are there working CO alarms? | No |
| Comments | |
| Can Client safely use microwave or stove? | Yes |
| Comments | |
| Pets? | Yes |
| Comments | |
| Location of washer and dryer | basement |
| Comments | |
| Primary Phone | Digital Line |
| Comments | |
| Are there smokers in the house | No |
| Comments | |
| Is there oxygen in the home | No |
| Comments | |
| Are there any pests? | No |
| Comments | |
| Location of nearest busline | 2 miles |
| Comments | |

Record: 1 of 1

Show Entries With Sort Criteria Between... through

Quick Filter
Only show the last entries

Close

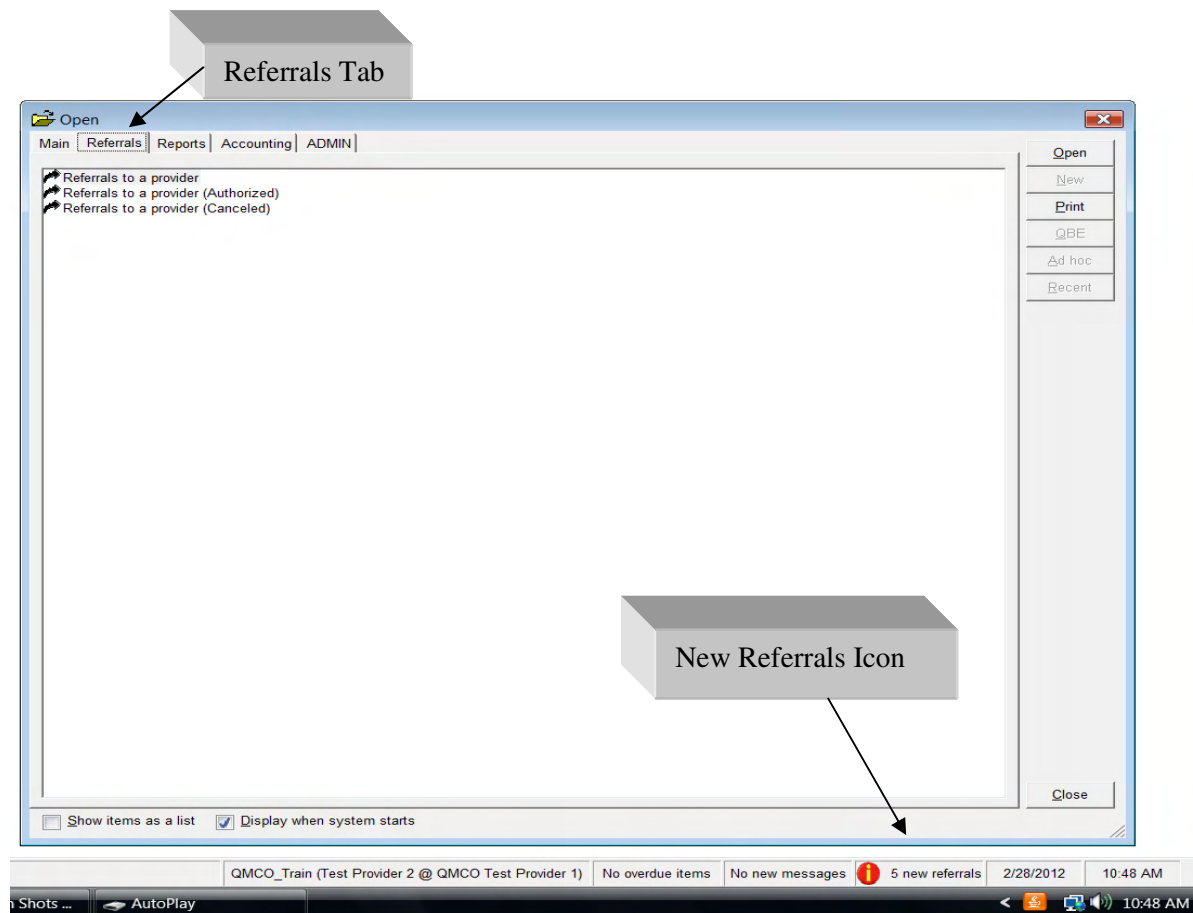
Care Managers complete assessments upon initial enrollment, annually, or more frequently based on changes in the client's conditions. The area located to the right of the questions is the comments from the Care Manager. Histories of assessments are maintained for each client and a filter option is located at the bottom of the screen listed above.

Referrals to a Provider

Providers contracted with the Elderly Services Program are required to use QMCO to respond to referrals for services sent by Care Managers on behalf of clients needing services.

Two ways to view new referrals:

1. Click the red “new referral icon” located at the bottom of the screen
2. Use the “Referrals” tab
 - a. Highlight the “Referrals to a provider” (This report will show new referrals sent to your agency)
 - b. To view past referrals, select the “Referrals to a provider (Authorized)” (This report will be the past referrals that your agency has accepted, acknowledged or declined).
 - c. Click the open button.



- **Agency Referrals**

Referrals to a provider - Provider: QMCO Test Provider 1 (PROV1)

| Date Created | Client Name | Service | Date/Time Activated | Date Responded | Direct Award | Proposed Start Date | Response |
|-----------------------|---------------|---------------------------|-----------------------|-----------------------|--------------|---------------------|----------|
| 2/28/2012 at 09:52 AM | TestESPE... | EMS - Voice | 2/28/2012 at 09:52 AM | 2/28/2012 at 10:16 AM | | 2/1/2012 | Accepted |
| 2/28/2012 at 10:38 AM | TestESPE... | Home Care Assistance | 2/28/2012 at 10:38 AM | | | 3/5/2012 | None |
| 2/7/2012 at 12:22 PM | Test_Myrti... | EMS - Voice | 2/7/2012 at 12:22 PM | | | 2/1/2012 | None |
| 2/3/2012 at 01:48 PM | Diciero_Vi... | Home Care Assistance | 2/3/2012 at 01:48 PM | | | 2/15/2012 | None |
| 2/3/2012 at 03:22 PM | Moore_Tes... | Durable Medical Equipment | 2/3/2012 at 03:22 PM | | | 2/3/2012 | None |
| 2/3/2012 at 01:46 PM | Savannah... | EMS - Voice | 2/3/2012 at 01:46 PM | | | 2/10/2012 | None |
| 1/31/2012 at 02:58 PM | Burlz_Octi... | EMS - Voice | 1/31/2012 at 02:58 PM | 2/3/2012 at 10:47 AM | | 2/7/2012 | Declined |

Record: 1 of 7 Selected Record

Client name

Close

The list includes client's that are in need of services for which your agency is contracted.

To open and respond to a referral for service, highlight the client name and double-click the entry.

• Responding to a Request for Service

There are two tabs on this screen:

- Referral – provides information regarding the service.
- Schedule – provides the day and frequency the client is requesting the service from the provider.

Haymaker, Helen (#255981) (Referral) - [Edit]

Referral | Schedule

Referral Information

| Client | Service | Sender | Sender's Provider |
|---------------------------|------------------------|-----------------|---------------------------|
| Haymaker, Helen (#255981) | Medical Transportation | Carl McCullough | Council On Aging (HCES... |

| Providers | Recipient at Provider | Type | Reason |
|----------------------|-----------------------|----------|--------|
| Buckeye Chuck (BECK) | | Two Step | |

| Status | Response |
|-----------|----------|
| Activated | |

| Date Created | Date Responded | Proposed Start Date |
|--------------|----------------|---------------------|
| 03/21/2012 | | 02/01/2012 |

| Created By | Responded By | Bid Cost |
|-----------------|--------------|----------|
| Carl McCullough | | |

Sender Comments

Client is in need of MT up to 6 units per month. Client is ambulatory but carries oxygen.

Recipient Comments

Provider has the option of inserting comments here.

Links

Acknowledge Accept Decline Go to Client Save Cancel

Providers have the ability to acknowledge, accept, or decline a referral. The screen above outlines text boxes with a white background that are open for providers to suggest a start date, type a note to the Care Manager regarding the service, or enter a bid cost. Access to the client profile is also an option by double-clicking the “Go to Client” button located along the bottom of the screen.

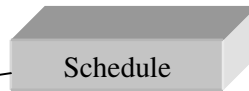
Providers are required to enter a bid cost for the following services:

- Medical Transportation and Non Medical Transportation
- Durable Medical Equipment
- Pest Control, Pest Control Monthly
- Major House Cleaning
- Durable Medical Equipment Monthly Rental

Respond to the referral for service by selecting: Acknowledge Accept or Decline.

Click “Save”. By hitting save, this automatically sends your response to the Care Manager.

- **Responding to a Request for Service (cont.)**



Rita TESTHCESP (#207733) (Referral) - [View Only]

Referral **Schedule**

Proposed Schedule

| Type | Units/Month |
|----------------------|-------------|
| 1W - Weekly schedule | 8.70 |

| Schedule | Units | Comments | Effective Date | Current Date |
|-----------|-------|----------|----------------|-----------------|
| Sunday | | | 11/20/2011... | 1/8/2012 (...) |
| Monday | | | 11/21/2011... | 1/9/2012 (...) |
| Tuesday | | | 11/22/2011... | 1/10/2012 ... |
| Wednesday | | | 11/23/2011... | 1/11/2012 (...) |
| Thursday | | | 11/24/2011... | 1/12/2012 ... |
| Friday | 2.00 | | 11/25/2011... | 1/13/2012 ... |
| Saturday | | | 11/26/2011... | 1/14/2012 ... |

Current Schedule

| Type | Units/Month | Effective Date |
|----------------------|-------------|----------------|
| 1W - Weekly schedule | 8.70 | 11/25/2011 |

| Schedule | Units | Comments | Effective Date | Current Date |
|-----------|-------|----------|----------------|-----------------|
| Sunday | | | 11/20/2011... | 1/8/2012 (...) |
| Monday | | | 11/21/2011... | 1/9/2012 (...) |
| Tuesday | | | 11/22/2011... | 1/10/2012 ... |
| Wednesday | | | 11/23/2011... | 1/11/2012 (...) |
| Thursday | | | 11/24/2011... | 1/12/2012 ... |
| Friday | 2.00 | | 11/25/2011... | 1/13/2012 ... |
| Saturday | | | 11/26/2011... | 1/14/2012 ... |

Acknowledge Accept Decline Go to Client
 Edit Close

The Schedule tab has a view-only option.

Refer back to the Referral tab to send a response to the Care Manager.

Care Plan

After the request for service process is complete and your agency has received the award, the services are outlined in the care plan. The care plan details the service awarded, the schedule and units authorized for the client, any suspensions due to the client not receiving services, overrides, etc. Providers will only have access to care plans authorized to your agency.

TestESPETE, Beckman (#255407) (Client) - [View Only]

| | | | | | | | |
|------------|----|------------|------------|-----|--------------------------|---------------|-----------|
| First Name | MI | Last Name | Birth Date | Age | Deceased? | Date of Death | Client ID |
| Beckman | | TestESPETE | 09/29/1932 | 79 | <input type="checkbox"/> | | 255407 |

| | | | | | |
|--------------------------|--------------|---------------|-----|-----|-------------------|
| Current Line of Business | Current Plan | Current Group | COB | IPA | Q Managed Program |
| | | | | | Yes |

Exception Alerts

Demographics & Addresses | ~~Plans/PCPs~~ | ~~Primary Concern/Living Arrangements/Legal~~ | ~~Contacts~~ | ~~Social Service Programs~~

| | | | | | |
|-------------|--------------|----------|---------------------|--------|------------------|
| SSN | Medicare | Medicaid | Secondary Insurance | SYS ID | Medical Record # |
| 000-00-0000 | 000-00-0000A | No | ML001-778987 | | |

| | | | | | | | |
|--------|----------------|----------------------|-------------------|------------------|--------------------|------------------|-------|
| Gender | Marital Status | Race | Ethnicity | Primary Language | Interpreter Needed | Interpreter Name | Phone |
| Female | Divorced | Black or African ... | NOT Hispanic o... | English | Yes | tina | - - |

Current Physical Location of Member

| | | | |
|------------------------|------------|--------------|--------------|
| Street/Address | City | Home Phone | Mobile Phone |
| 175 Tri County Parkway | Cincinnati | 513-721-1025 | - - |

| | | |
|-----------------|------------------|-------------|
| County | Phone from State | Other Phone |
| Hamilton County | | - - |

| | | |
|-------|--------|------------------------------|
| State | Zip | Member's Relation to Address |
| OH | 45246- | |

The member does not have a correspondence address specified. This physical address will be used for mailings.

| | | | |
|--------------|--------------|-------------|------------------|
| Municipality | Neighborhood | Building | Zone |
| Springdale | Avondale | The Meadows | HC Zone 4- North |

Additional Addresses/Address History

| |
|---------------------|
| Address Type |
| Member Residenti... |

Record: 1 of 1

Physicians | Case Notes | Medical Claims | Assessments (MCO) | Custom Assessments | **Care Plan** | List of Providers

Close

Click on "Care Plan" to view client's care plan

- **Care Plan (cont.)**

Service Plan Tab

Care Plan - TestESPETE, Beckman (#255407) - [View Only]

Service Plan | Current Diagnoses | Goals | Problems/Goals/Interventions | HRS Tasks | Miscellaneous

| Provider | Service | Start Date | End Date | Provider Total Cost | Client Total Cost | Provider Unit Cost | Program | Client Unit Cost |
|----------------------|-------------|------------|----------|---------------------|-------------------|--------------------|---------------------|------------------|
| QMCO Test Provider 1 | EMS - Voice | 2/1/2012 | | \$21.00 | \$21.00 | \$21.00 | Hamilton County ... | \$21.00 |

Record: 1 of 1 Selected Records: 1 Sorted by: Service (Descending)

Client's Copay 50% Client's Cost \$0.00 Service Plan Cost \$21.00

Links

List of Providers

Close

Providers will only use the “Service Plan” Tab. Current Diagnoses, Goals, Problems/Goals/Interventions, HRS Tasks; Miscellaneous Tabs are not currently used. The Service Plan tab will display only services your agency provides to the client.

• Care Plan Details

Tabs

- General –agreed upon start date and comments from the RFS process
- Schedules – service delivery days and units
- Suspensions/Overrides – suspensions in service and overrides(increases or decreases) in services
- Referrals – tracks responses of the request for service
- Service Units – displays of units billed for each month
- Back Up- Screen not being used for QMCO

• General

500/PROV1 (Care Plan Service) - TestESPETE, Beckman (#255407) - [View Only]

| Service | CPT Code | Modifier 1 | Modifier 2 | Modifier 3 | Modifier 4 | Modifier 5 | Start Date | End Date |
|-------------|----------|------------|------------|------------|------------|------------|------------|----------|
| EMS - Voice | | | | | | | 02/01/2012 | |

| Provider | Provider Contact | Provider Contact (Other) | Cost/Unit | Avg Monthly Cost |
|------------------------------|------------------|--------------------------|-----------|------------------|
| QMCO Test Provider 1 (PROV1) | | | \$21.00 | \$21.00 |

| Status | Current System Disposition | Funding Source | Program | Send Referral | Referral Sent Date |
|--------|----------------------------|---------------------|---------------------|--------------------------|--------------------|
| New | Provided | Hamilton County ESP | Hamilton County ESP | <input type="checkbox"/> | |

General | Schedules | Suspensions/Overrides | Referrals | Service Units | Back Up |

Care Plan Information

| | | | |
|-----------------|-------------------|---|--------------|
| Received Date | Place of Service | <input checked="" type="checkbox"/> Pending Service Authorization | |
| Last Assessment | Reassessment Date | Created by | Date Created |
| | | Jeanne Wallman | 02/28/2012 |

Creator Comments

Service Provider Comments

History Edit Close

- **Schedules**

Schedules Tab

500/PROV1 (Care Plan Service) - TestESPETE, Beckman (#255407) [View Only]

Care Plan Item

| | | | | | | | | |
|------------------------------|----------------------------|--------------------------|---------------------|------------|--------------------------|--------------------|------------|------------------|
| Service | CPT Code | Modifier 1 | Modifier 2 | Modifier 3 | Modifier 4 | Modifier 5 | Start Date | End Date |
| EMS - Voice | | | | | | | 02/01/2012 | |
| Provider | Provider Contact | Provider Contact (Other) | | | | | Cost/Unit | Avg Monthly Cost |
| QMCO Test Provider 1 (PROV1) | | | | | | | \$21.00 | \$21.00 |
| Status | Current System Disposition | Funding Source | Program | | Send Referral | Referral Sent Date | | |
| New | Provided | Hamilton County ESP | Hamilton County ESP | | <input type="checkbox"/> | | | |

General | **Schedules** | Suspensions/Overrides | Referrals | Service Units | Back Up |

| Effective Date | Average Monthly Units | Type | Comments |
|----------------|-----------------------|----------------------|----------|
| 2/1/2012 | 1.00 | 1M- Monthly schedule | |

Record: 1 of 1 Selected Records: 1

History | Edit | Close

Double-click the entry with the most recent effective date to display the client's current schedule.

230/ (Care Plan Service) - TestADRC, Mary M. (#255377) - [View Only]

Care Plan Item

| | | | | | | | | |
|----------------------|----------------------------|--------------------------|---------------------|------------|--------------------------|--------------------|------------|------------------|
| Service | CPT Code | Modifier 1 | Modifier 2 | Modifier 3 | Modifier 4 | Modifier 5 | Start Date | End Date |
| Home Delivered Meals | | | | | | | 12/16/2011 | |
| Provider | Provider Contact | Provider Contact (Other) | | | | | Cost/Unit | Avg Monthly Cost |
| | | | | | | | \$0.00 | \$0.00 |
| Status | Current System Disposition | Funding Source | Program | | Send Referral | Referral Sent Date | | |
| New | Referred (3) | Hamilton County ESP | Hamilton County ESP | | <input type="checkbox"/> | | | |

General | **Schedules** | Suspensions/Overrides | Referrals | Service Units | Back Up |

| Effective Date | Type | Summary | Comments | Date/Time Changed |
|----------------|------|---------|----------|-------------------|
| | | | | |

New Care Plan Schedule - 230/ - TestADRC, Mary M. (#255377) - [Add]

Frequency: 1W - Weekly schedule | Effective Date: 12/16/2011 | Units/Month: 30.44 | Units of Measure for this Service: One Meal

| Schedule | Units | Comments | Effective Date | Current Date |
|-----------|-------|---------------------|----------------|--------------|
| Sunday | | | 12/11/2011 | 12/11/2011 |
| Saturday | | | 12/17/2011 | 12/17/2011 |
| Monday | 1.00 | chilled | 12/12/2011 | 12/12/2011 |
| Tuesday | 1.00 | chilled | 12/13/2011 | 12/13/2011 |
| Wednesday | 1.00 | chilled | 12/14/2011 | 12/14/2011 |
| Thursday | 1.00 | chilled | 12/15/2011 | 12/15/2011 |
| Friday | 3.00 | 1 chilled, 2 frozen | 12/16/2011 | 12/16/2011 |

Record: 7 of 7 Selected Records: 1 Sorted by: Units

History | Save | New | Cancel

Schedule

Edit | New | Close

- **Suspensions/Overrides**

500/PROV1 (Care Plan Service) - TestESPETE, Beckman (#255407) - [View Only]

| | | | | | | | | | |
|-----------------------|------------------------------|----------------------------|--------------------------|---------------------|------------|--------------------------|--------------------|------------------|----------|
| Care Plan Item | | CPT Code | Modifier 1 | Modifier 2 | Modifier 3 | Modifier 4 | Modifier 5 | Start Date | End Date |
| Service | EMS - Voice | | | | | | | 02/01/2012 | |
| Provider | QMCO Test Provider 1 (PROV1) | Provider Contact | Provider Contact (Other) | | | | Cost/Unit | Avg Monthly Cost | |
| | | | | | | | \$21.00 | \$21.00 | |
| Status | New | Current System Disposition | Funding Source | Program | | Send Referral | Referral Sent Date | | |
| | | Provided | Hamilton County ESP | Hamilton County ESP | | <input type="checkbox"/> | | | |

General | Schedules | Suspensions/Overrides | Referrals | Service Units | Back Up |

Suspensions

| Start Date | End Date | Reason for Suspension in Service |
|---|----------|----------------------------------|
| There are no items to show in this view | | |

Record: None Selected Records: 0

Monthly Overrides

| Month/Year | Amount | Description |
|---|--------|-------------|
| There are no items to show in this view | | |

Record: None Selected Records: 0

History Edit Close

Suspensions

Monthly Overrides

Suspensions

Services for a client are placed on suspension for various reasons as the information is provided to the Care Manager. Providers should not be providing services to clients while on suspension. QMCO will not allow a provider to enter units for days on which the client was on suspension.

Monthly Overrides

Overrides are awarded when the provider has communicated to the Care Manager a need to provide services over the amount authorized. Pre-authorization of providing additional services must be granted by the Care Manager prior to the services being provided to the client. The Care Manager will add the additional units to the care plan to allow the provider to bill for the additional units.

Communication

Providers have the ability to send case notes or Q emails for communication purposes. In the event of an emergency a phone call is acceptable.

- Case Notes – when you require no response from the Care Manager
 - Documentation must be related to the client/services, i.e. missed services, schedule changes
 - Comments will appear in the permanent record of the client
- Q-Email
 - Dialogue between the provider and Care Manager
 - Questions which require follow-up

- **Case Notes**

Moore, Test (#255671) (Client) - [View Only]

| | | | | | | | |
|--------------------------|--------------|---------------|------------|-----|--------------------------|---------------|-----------|
| First Name | MI | Last Name | Birth Date | Age | Deceased? | Date of Death | Client ID |
| Test | | Moore | 02/03/1930 | 82 | <input type="checkbox"/> | | 255671 |
| Current Line of Business | Current Plan | Current Group | COB | IPA | Q Managed Program | | |
| | | | | | Yes | | |

Exception Alerts

Demographics & Addresses | ~~Plan/Physicians~~ | Primary Concern/Living Arrangements/Legal | Contacts | Social Service Programs | ~~QES~~ | ~~LTP~~

Demographics

| | | | | | | | |
|-------------|----------------|----------------------|---------------------|------------------|--------------------|------------------|-------|
| SSN | Medicare | Medicaid | Secondary Insurance | SYS ID | Medical Record # | | |
| 000-00-0000 | | | | | | | |
| Gender | Marital Status | Race | Ethnicity | Primary Language | Interpreter Needed | Interpreter Name | Phone |
| Female | Single | Black or African ... | NOT Hispanic o... | English | | | - - |

Current Physical Location of Member

| | | | |
|--------------------|-----------------|------------------|------------------------------|
| Street/Address | City | Home Phone | Mobile Phone |
| 6000Townevesta Dr. | Cincinnati | 513-243-4480 | - - |
| | County | Phone from State | Other Phone |
| | Hamilton County | | - - |
| | State | Zip | Member's Relation to Address |
| | OH | 45224- | |

The member does not have a correspondence address specified. This physical address will be used for mailings.

| | | | |
|--------------------|--------------|-----------------|--------------------|
| Municipality | Neighborhood | Building | Zone |
| North College Hill | | Booth Residence | HC Zone 3- Central |

Additional Addresses/Address History

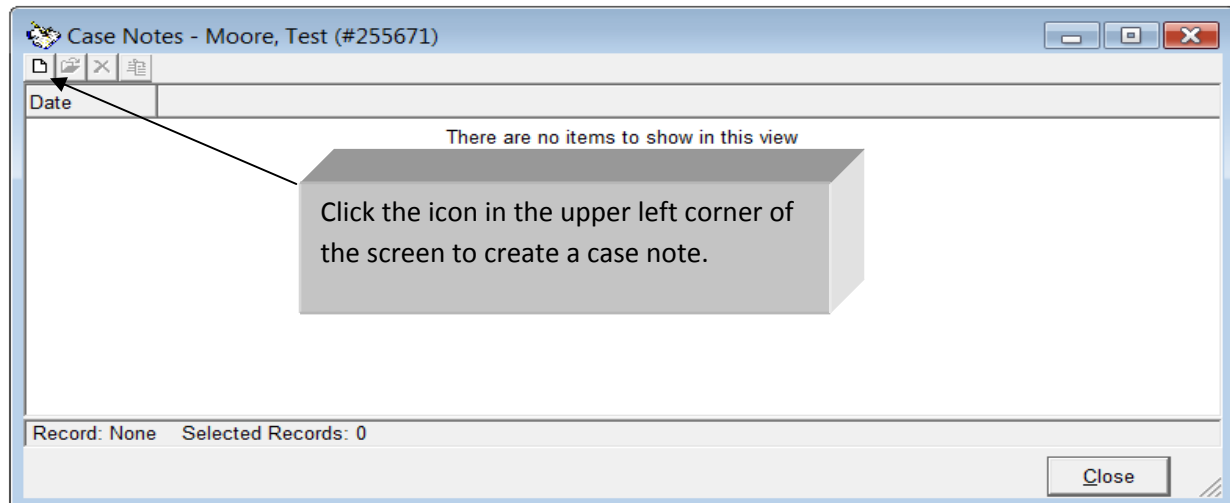
| |
|-----------------|
| Address Type |
| Member Resident |

Record: 1 of 1

Physicians | **Case Notes** | Medical Claims | Assessments (MCO) | Custom Assessments | Care Plan | List of Providers | Close

Click on "Case Notes"

- **Case Notes**



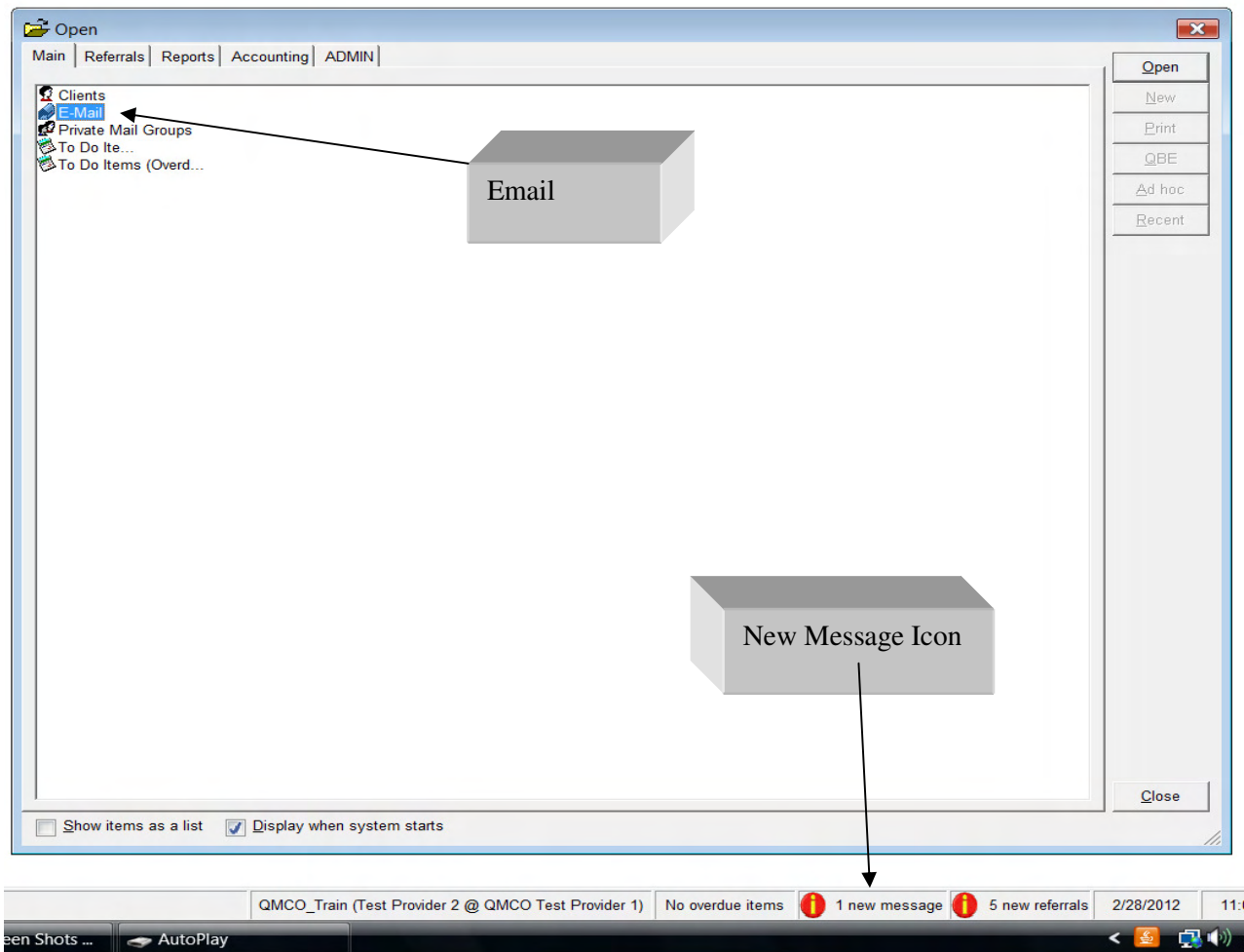
Components of the case note:

- Date is auto-populated
- Public and Restricted options are not being used in QMCO
- Note Template should auto-populate with “Default Note-no text”
- Narrative should only contain information relative to the client and services
- To send the case note to the Care Manager, click “Save” then Close. The case note is automatically directed to the care manager assigned to the client.

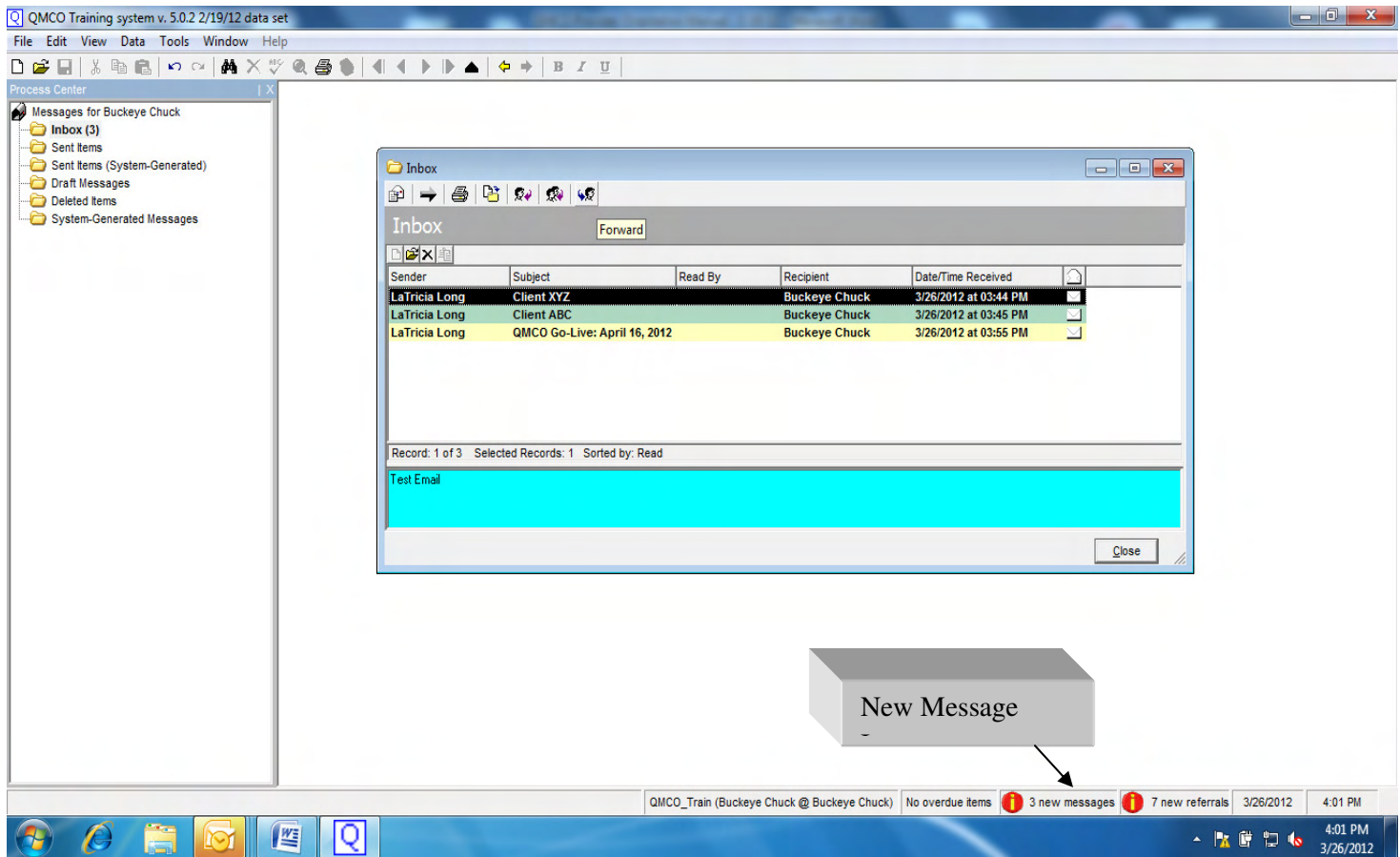
- **Email**

Two ways to view email:

1. Click the red “new message icon” located at the bottom of the screen
2. Double Click “Email” from the Main tab Referrals”



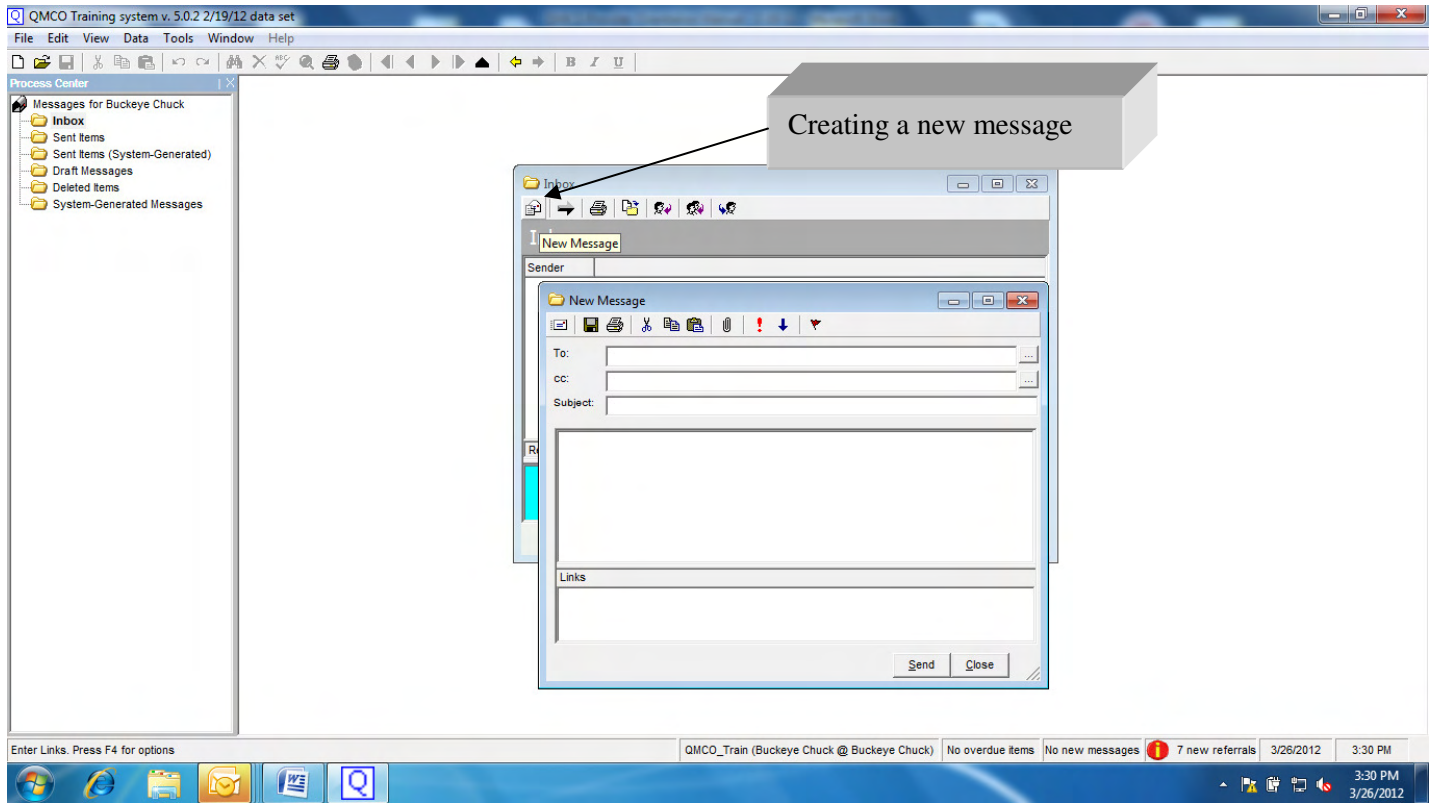
• Email Messages



Email folders which contain messages are viewable under the Process Center located on the left side of the screen. To display the process center, click “View” from toolbar and check process center.

- Items that are bolded indicate the item has been “Unread”. The number beside the bolded message indicates the number of unread messages in the folder.
- Folders are “dynamic” they will be created when the user receives a new type of message and will disappear when the user empties the folder.
- New Message Icon – Alerts appear as messages are added to the Inbox (Q E-Mail) and System-Generated Messages

- **Sending an Email**

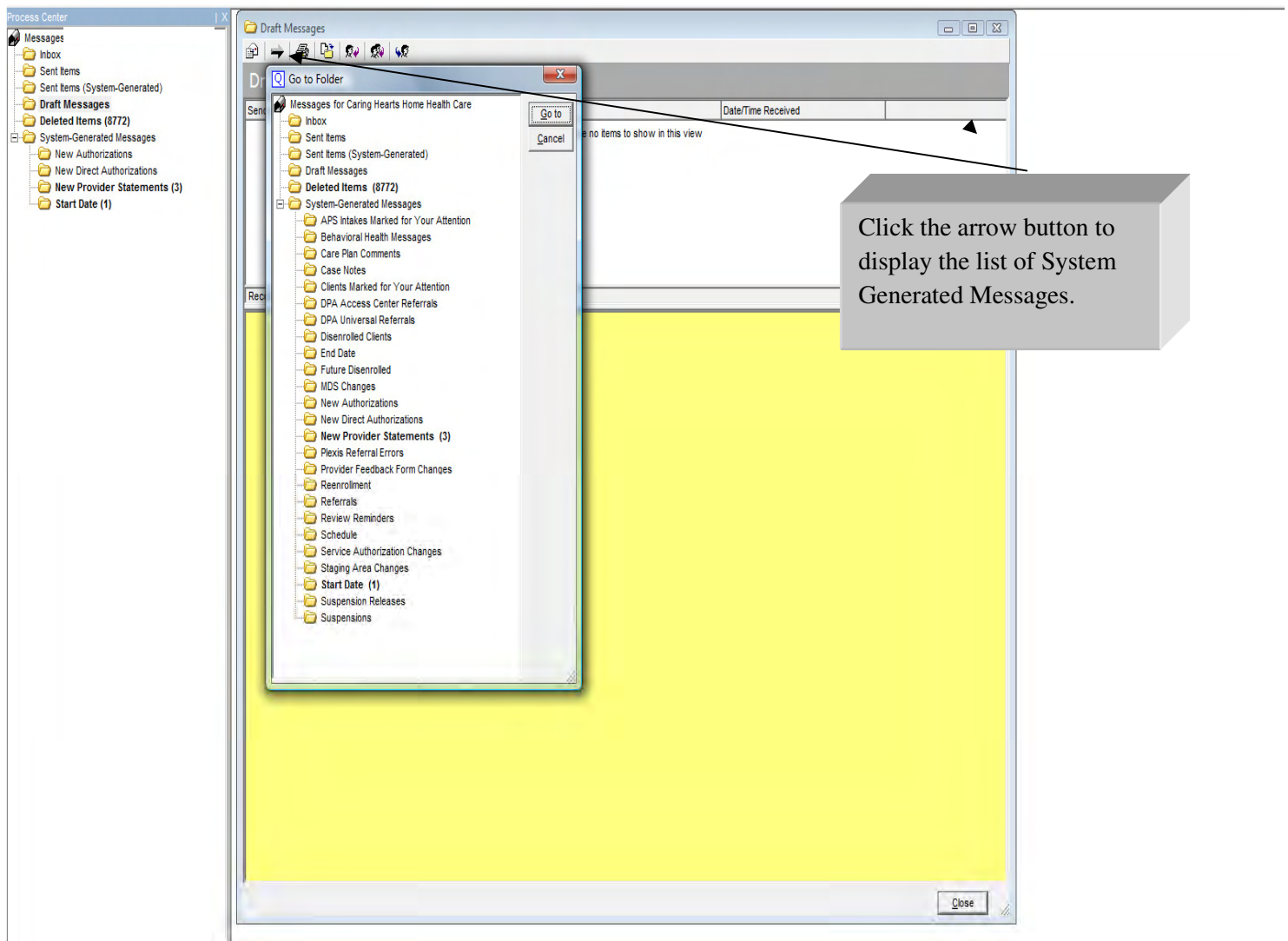


From the Inbox, click on the icon located at the upper left corner of the screen. A new message window will appear. At the far right of the “To” address line is a picker box which displays a list of the available email recipients.

Click Send once complete.

Care Managers receive notification of new emails.

- **System-Generated Messages**

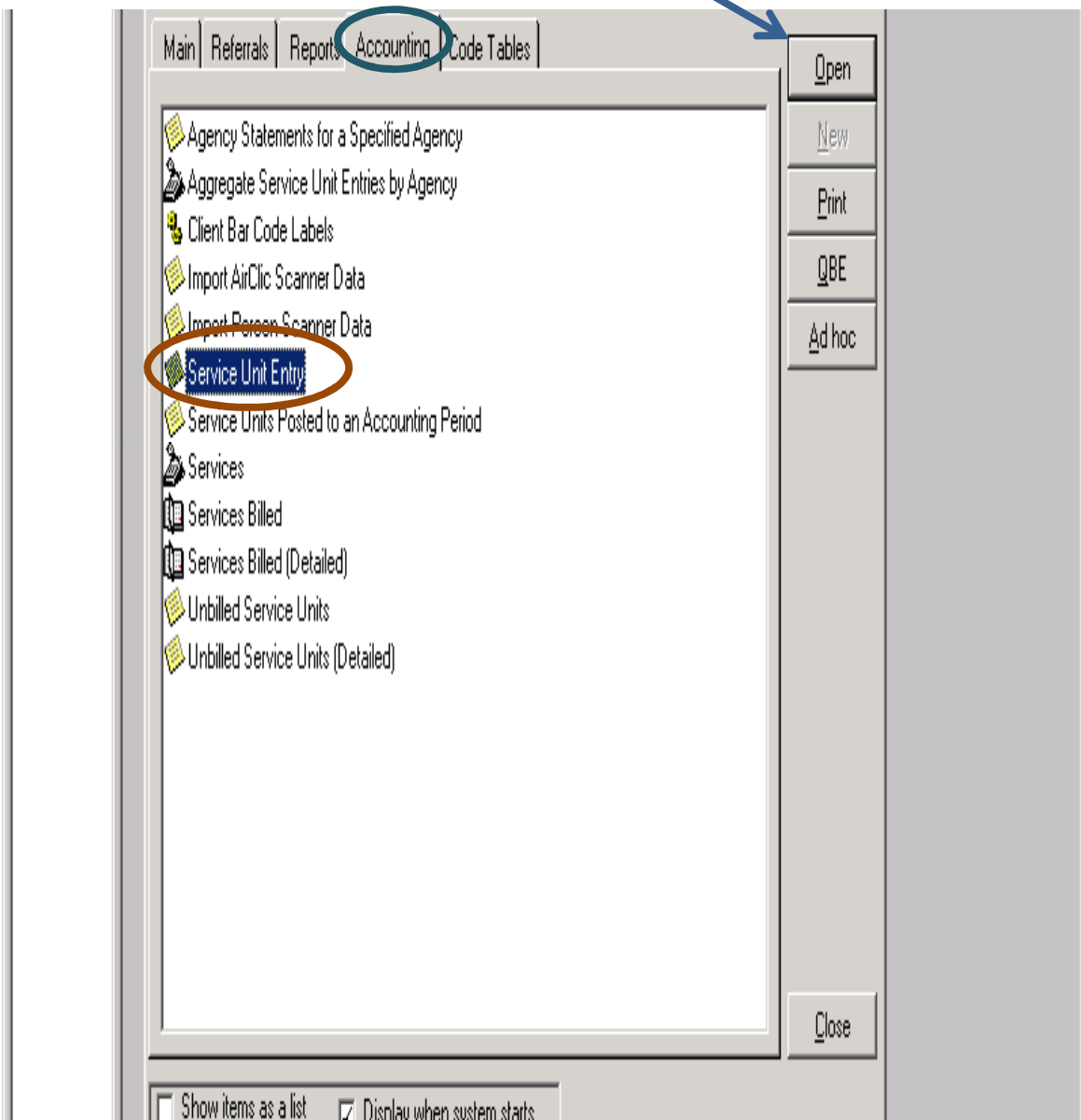


System-Generated Messages are messages that are generated based on actions made by the Care Manager. Changes to a client's schedule, notification of a suspension in service, and authorization to provide services to a client are a few examples of a system-generated message. Messages appear on the left side of the process center.

The list above displays all possible actions which cause a system-generated message to be sent to the provider.

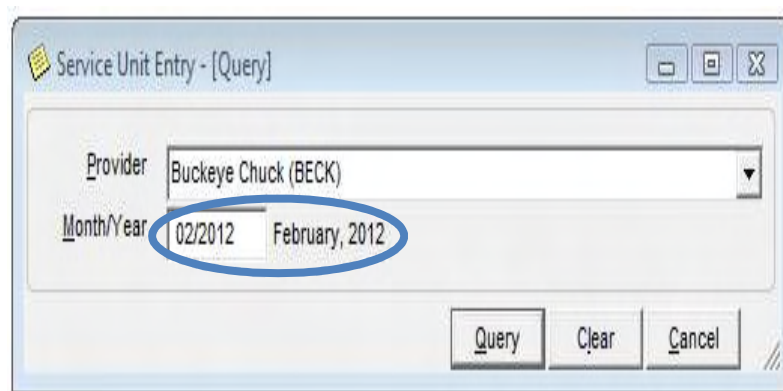
SERVICE UNIT ENTRY AND NAVIGATION

Select the Accounting Tab and double click on “Service Unit Entry” or highlight “Service Unit Entry” and click the Open button.



SERVICE UNIT ENTRY AND NAVIGATION

Your agency name should appear automatically on the screen.



The screenshot shows a Windows-style dialog box titled "Service Unit Entry - [Query]". It contains two input fields: "Provider" with a dropdown menu showing "Buckeye Chuck (BECK)" and "Month/Year" with a text input showing "02/2012" and a secondary label "February, 2012". The "Month/Year" field is circled in blue. At the bottom right are three buttons: "Query", "Clear", and "Cancel".

Enter the “Month/Year” the service was provided to the clients. Enter the 4 digit year or the system will default to 1900. Then click the “Query” button.

SERVICE UNIT ENTRY AND NAVIGATION

This screen displays all of the clients enrolled with your agency for the month that you have selected.



| Service | Client Name | Client Unit Cost | Funding Source |
|------------------------|-----------------|------------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | \$0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | \$45.00 | Hamilton County ESP |
| EMS - Voice | TestESP, Jeanne | \$21.00 | Hamilton County ESP |
| Home Care Assistance | Cat, Betty J. | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Dog, Robert | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Haymaker, Helen | \$20.00 | Hamilton County ESP |
| Home Delivered Meals | Chicken, Otis | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | TestESP, Jeanne | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | Haymaker, Helen | \$6.34 | Hamilton County ESP |
| Medical Transportation | Cat, Betty J. | \$0.00 | Hamilton County ESP |
| Medical Transportation | Dog, Robert | \$0.00 | Hamilton County ESP |
| Medical Transportation | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Chicken, Otis | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Haymaker, Helen | \$0.00 | Hamilton County ESP |

Record: 14 of 14 Selected Records: 1 Sorted by: Service

Close

If you need to add or remove columns from the display, “Right Click” anywhere on the screen displaying your data. This opens a new menu allowing you to change the column settings.

From the new menu, click “Add Columns” to add or remove columns from the report.

SERVICE UNIT ENTRY AND NAVIGATION

Clients Served by Provider Buckeye Chuck (BECK), February, 2012

| Service | Client Name | Client Unit Cost | Funding Source |
|------------------------|-----------------|------------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | \$0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | \$45.00 | Hamilton County ESP |
| EMS - Voice | TestESP, Jeanne | \$21.00 | Hamilton County ESP |
| Home Care Assistance | Cat, Betty J. | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Dog, Robert | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Havmaker, Helen | \$20.00 | Hamilton County ESP |
| Home Delivered Meals | Chicken, Otis | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | TestESP, Jeanne | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | Havmaker, Helen | | |
| Medical Transportation | Cat, Betty J. | | |
| Medical Transportation | Dog, Robert | | |
| Medical Transportation | TestESP, Jeanne | | |
| Pest Control-Monthly | Chicken, Otis | | |
| Pest Control-Monthly | Havmaker, Helen | | |

Record: 8 of 14 Selected Records: 1 Sorted by

Add Columns to Care Plan Services List

Columns

- ☐ Care Plan Service
 - ☒ Client Unit Cost
 - ☒ Funding Source
 - ☒ Service
- ☒ Client Name

Buttons: Save, Find..., Default, Cancel

☒ Show Only Selected Columns

These are the items that I have selected for my report. You can copy my selections or create your own. After you have selected your columns click on the "Save" button.

SERVICE UNIT ENTRY AND NAVIGATION

The grid list can be resorted by clicking the column header you wish to sort by. This list is sorted by Service.

Note: If you see the name of a client that you no longer serve, you will need to contact their Care Manager and have them close the care plan in order to remove the client name from this list.

Service unit entry varies by the service type. Service types are:

1. Monthly contracted rate services – EMS, HDM, etc.
2. Daily contracted rate services – ADS, HCA, ILA, etc.
3. Bid rate services – rate is bid at time of referral and is a one time service; DME, Pest Control, etc.
4. Variable rate services – rate can vary by service unit and is entered at the time of billing; Medical Transportation, Pest Control Monthly, etc.

Clients Served by Provider Buckeye Chuck (BECK), February, 2012

| Service | Client Name | Client Unit Cost | Funding Source |
|------------------------|-----------------|------------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | \$0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | \$45.00 | Hamilton County ESP |
| EMS - Voice | TestESP, Jeanne | \$21.00 | Hamilton County ESP |
| Home Care Assistance | Cat, Betty J. | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Dog, Robert | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Haymaker, Helen | \$20.00 | Hamilton County ESP |
| Home Delivered Meals | Chicken, Otis | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | TestESP, Jeanne | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | Haymaker, Helen | \$6.34 | Hamilton County ESP |
| Medical Transportation | Cat, Betty J. | \$0.00 | Hamilton County ESP |
| Medical Transportation | Dog, Robert | \$0.00 | Hamilton County ESP |
| Medical Transportation | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Chicken, Otis | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Haymaker, Helen | \$0.00 | Hamilton County ESP |

Record: 14 of 14 Selected Records: 1 Sorted by: Service

Close

BILLING ENTRY - Monthly Contracted Rate Services

Clients Served by Provider Buckeye Chuck (BECK), February, 2012

| Service | Client Name | Client Unit Cost | Funding Source |
|--|---------------------------------|------------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | \$0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | \$45.00 | Hamilton County ESP |
| EMS - Voice | TestESP, Jeanne | \$21.00 | Hamilton County ESP |
| Home Care Assistance | Cat, Betty J. | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Dog, Robert | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Haymaker, Helen | \$20.00 | Hamilton County ESP |
| Home Delivered Meals | Chicken, Otis | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | TestESP, Jeanne | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | Haymaker, Helen | \$6.34 | Hamilton County ESP |
| Medical Transportation | Cat, Betty J. | \$0.00 | Hamilton County ESP |
| Medical Transportation | Dog, Robert | \$0.00 | Hamilton County ESP |
| Medical Transportation | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Chicken, Otis | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Haymaker, Helen | \$0.00 | Hamilton County ESP |

Double
click on
that row

To enter the number of units provided for EMS-Voice: Double click on the row showing the 1st EMS – Voice service to open the client's file.

BILLING ENTRY - Monthly Contracted Rate Services

Look over the information to make sure that you have the correct “Service,” “Month,” and “Year”, to be billed, for the client, then click the “Edit” button.

TestESP, Jeanne (Service Unit Entry) - [View Only]

Service Units

| Provider | Service |
|----------------------|-------------|
| Buckeye Chuck (BECK) | EMS - Voice |

| Month | Year | Authorized | Entered | Remaining |
|----------|------|------------|---------|-----------|
| February | 2012 | 1.00 | 0.00 | 1.00 |

Frequency: 1M- Monthly schedule Schedule Summary: M1-1

☒ Calendar View

Units

Schedules Service Unit History **Edit** Close

BILLING ENTRY - Monthly Contracted Rate Services

TestESP, Jeanne (Service Unit Entry) - [Edit]

Service Units

Provider: Buckeye Chuck (BECK) Service: EMS - Voice

| Month | Year | Authorized | Entered | Remaining |
|----------|------|------------|---------|-----------|
| February | 2012 | 1.00 | 1.00 | 0.00 |

Frequency: 1M- Monthly schedule Schedule Summary: M1-1

☒ Calendar View

Units: 1.00P

Enter the service units provided in the "Units" box.

Schedules Service Unit History Save Cancel

For EMS – Voice: enter a “1” for the entire month of service; enter “.5” if the service was provided for less than 16 days during the month.

For Home Delivered Meals: enter the total number of meals that were delivered during the month (the total units available for billing are shown in the “Authorized” box).

Click the “Save” button when you are finished.

If there is an entry mistake and you need to change the information, the change is made from this screen by clicking the “Edit” button again, correcting or deleting the number of units, then clicking the “Save” button to update the changes.

Once the entry is complete, click the “Close” button to return to the grid list of clients.

After entering all of your billing for the month, you need to run a report to double check your work. (See Unbilled Service Units (Detailed))

BILLING ENTRY – Daily Contracted Rate Services

Enter Units Per Day

Clients Served by Provider Buckeye Chuck (BECK), February, 2012

| Service | Client Name | Client Unit Cost | Funding Source |
|------------------------|-----------------|------------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | \$0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | \$45.00 | Hamilton County ESP |
| EMS - Voice | TestESP, Jeanne | \$21.00 | Hamilton County ESP |
| Home Care Assistance | Cat, Betty J. | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Dog, Robert | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Haymaker, Helen | \$20.00 | Hamilton County ESP |
| Home Delivered Meals | Chicken, Otis | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | TestESP, Jeanne | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | Haymaker, Helen | \$6.34 | Hamilton County ESP |
| Medical Transportation | Cat, Betty J. | \$0.00 | Hamilton County ESP |
| Medical Transportation | Dog, Robert | \$0.00 | Hamilton County ESP |
| Medical Transportation | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Chicken, Otis | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Haymaker, Helen | \$0.00 | Hamilton County ESP |

Record: 6 of 14 Selected Records: 1 Sorted by: Service

Close

Double click on the row showing Home Care Assistance for Helen Haymaker.

BILLING ENTRY – Daily Contracted Rate Services

Look over the information to make sure that you have the correct “Service,” “Month,” and “Year” for this client, then click the “Edit” button.

Haymaker, Helen (Service Unit Entry) - [View Only]

Service Units

Provider: Buckeye Chuck (BECK) Service: Home Care Assistance

| Month | Year | Authorized | Entered | Remaining |
|----------|------|------------|---------|-----------|
| February | 2012 | 13.00 | 0.00 | 13.00 |

Frequency: 1W - Weekly schedule Schedule Summary: Mo-1, We-1, Fr-1

☒ Calendar View

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | 1 | 2 | 3 | 4 |
| | | | | | | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | | | | | | |
| 26 | 27 | 28 | 29 | | | |
| | | | | | | |

Schedules Service Unit History

Edit Close

BILLING ENTRY – Daily Contracted Rate Services

Enter the number of service units provided for each calendar date, then click the “Save” button.

Service Units

Provider: Buckeye Chuck (BECK) Service: Home Care Assistance

| Month | Year | Authorized | Entered | Remaining |
|----------|------|------------|---------|-----------|
| February | 2012 | | 13.00 | 12.00 |
| | | | | 1.00 |

Frequency: 1W - Weekly schedule Schedule Summary: Mo-1, We-1, Fr-1

☒ Calendar View

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-------|-----|-------|-----|-------|-----|
| | | | 1 | 2 | 3 | 4 |
| | | | 1.00P | | 0.00P | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | 1.00P | | 1.00P | | 1.00P | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | 1.00P | | 1.00P | | 1.00P | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| | 1.00P | | 1.00P | | 1.00P | |
| 26 | 27 | 28 | 29 | | | |
| | 1.00P | | 1.00P | | | |

Schedules Service Unit History

Save Cancel

BILLING ENTRY – Daily Contracted Rate Services

Notes:

- * You can only enter information in the “White” area. Dates not available for billing are colored Blue.
- * If you look at the top of the screen you will see the units “Authorized” and the units “Entered”. If for whatever reason you need to go over the number of authorized units for a month or change the schedule for a client, you will need to contact the client’s Care Manager in order to change this information in QMCO. Otherwise, you will not be able to bill or receive payment for those days.
- * If there is an entry mistake and you need to change the information, the change is made from this screen by clicking the “Edit” button again, correcting or deleting the number of units, then click the “Save” button to update the changes.
- * Once the entry is complete, click the “Close” button to return to the grid list of clients.
- * After entering all of your billing for the month, you need to run a report to double check your work. (See Unbilled Service Units (Detailed))

BILLING ENTRY – Bid Rate Services

There should be a cost listed on the Service Unit Entry screen, for every bid service.

If no price is listed, call the client's Care Manager and ask them to enter the cost in the care plan. If there is no cost in the care plan, when the service units are posted, then you will be paid \$0.00 for the bid service.

There are 2 clients with Durable Medical Equipment service on this grid screen. One client has a cost showing and one client does not. You can enter the billing for both clients, but need to contact the CM regarding the missing care plan cost for 1 client.

Double click on the 1st Durable Medical Equipment listing to enter the billing for that client.

Clients Served by Provider Buckeye Chuck (BECK), February, 2012

| Service | Client Name | Client Unit Cost | Funding Source |
|---------------------------|-----------------|------------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | \$0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | \$45.00 | Hamilton County ESP |
| Durable Medical Equipment | Haymaker, Helen | \$325.00 | Hamilton County ESP |
| Durable Medical Equipment | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| EMS - Voice | TestESP, Jeanne | \$21.00 | Hamilton County ESP |
| Home Care Assistance | Cat, Betty J. | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Dog, Robert | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Haymaker, Helen | \$20.00 | Hamilton County ESP |
| Home Delivered Meals | Chicken, Otis | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | TestESP, Jeanne | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | Haymaker, Helen | \$6.34 | Hamilton County ESP |
| Medical Transportation | Cat, Betty J. | \$0.00 | Hamilton County ESP |
| Medical Transportation | Dog, Robert | \$0.00 | Hamilton County ESP |
| Medical Transportation | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Chicken, Otis | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Haymaker, Helen | \$0.00 | Hamilton County ESP |

Record: 1 of 16 Selected Records: 1 Sorted by: Service

Close

BILLING ENTRY – Bid Rate Services

Look at the information to make sure that you have the correct “Service” and client.

Haymaker, Helen (Service Unit Entry) - [View Only]

Service Units

Provider: Buckeye Chuck (BECK) Service: Durable Medical Equipment

Date of Service: Funding Source: Hamilton County ESP

2. Enter the service date in the “Date of Service” field.

1. Click the Edit button

Service Unit History History Edit Close Clear

If there is an entry mistake and you need to change the information, you will make the change from this screen by:

1. clicking the “Edit” button again
2. correct or delete the service date
3. click the “Save” button to update your changes.

Once the entry is complete, click the “Close” button to return to the grid list of clients.

Haymaker, Helen (Service Unit Entry) - [Edit]

Service Units

Provider: Buckeye Chuck (BECK) Service: Durable Medical Equipment

Date of Service: 02/24/2012 Funding Source:

3. Click the “Save” button to return to the grid list of clients.

Service Unit History History Save Close Clear

After you have entered all of your billing for the month, you need to run a report to double check your work. (See Unbilled Service Units (Detailed))

BILLING ENTRY – Variable Rate Services

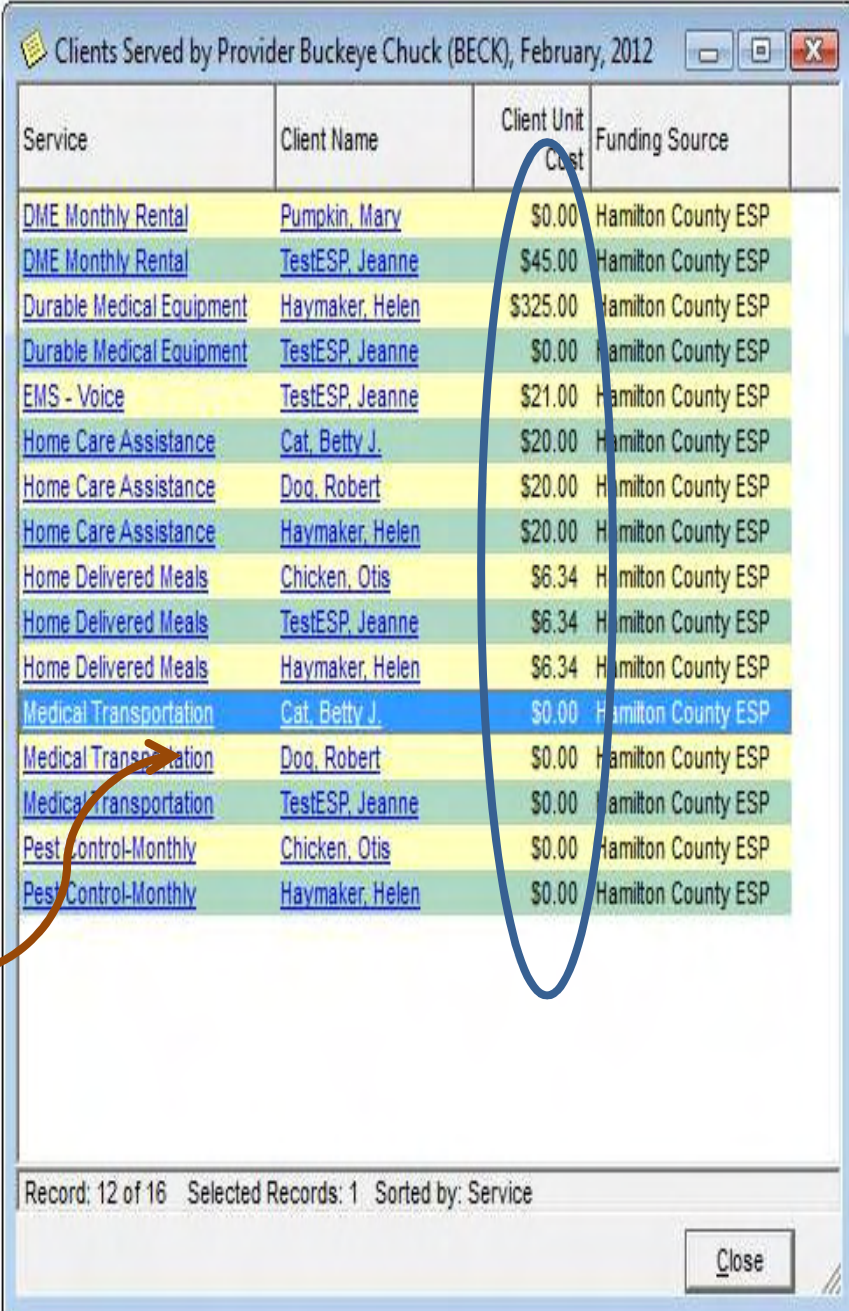
Variable Rate Services

Enter service dates and cost for variable rate services

There may not be a cost listed on the Service Unit Entry screen, for a variable rate service.

If no price is listed or the listed price is not correct, you must enter the rate when billing. If there is no rate, when the service units are posted, then you will be paid \$0.00 for the variable rate service.

DME Monthly Rental, Medical Transportation and Pest Control-Monthly are the variable rate services showing on the grid screen. Double click on a row to enter the billing.



| Service | Client Name | Client Unit Cost | Funding Source |
|---|---------------------------------|------------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | \$0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | \$45.00 | Hamilton County ESP |
| Durable Medical Equipment | Haymaker, Helen | \$325.00 | Hamilton County ESP |
| Durable Medical Equipment | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| EMS - Voice | TestESP, Jeanne | \$21.00 | Hamilton County ESP |
| Home Care Assistance | Cat, Betty J. | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Doo, Robert | \$20.00 | Hamilton County ESP |
| Home Care Assistance | Haymaker, Helen | \$20.00 | Hamilton County ESP |
| Home Delivered Meals | Chicken, Otis | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | TestESP, Jeanne | \$6.34 | Hamilton County ESP |
| Home Delivered Meals | Haymaker, Helen | \$6.34 | Hamilton County ESP |
| Medical Transportation | Cat, Betty J. | \$0.00 | Hamilton County ESP |
| Medical Transportation | Doo, Robert | \$0.00 | Hamilton County ESP |
| Medical Transportation | TestESP, Jeanne | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Chicken, Otis | \$0.00 | Hamilton County ESP |
| Pest Control-Monthly | Haymaker, Helen | \$0.00 | Hamilton County ESP |

Record: 12 of 16 Selected Records: 1 Sorted by: Service

Close

BILLING ENTRY – Variable Rate Services

Cat, Betty J. (Service Unit Entry) - [View Only]

Service Units

Provider: Buckeye Chuck (BECK) Service: Medical Transportation

| Month | Year | Authorized | Entered | Remaining |
|----------|------|------------|---------|-----------|
| February | 2012 | 16.00 | 0.00 | 16.00 |

Frequency: 1W - Weekly schedule Schedule Summary: Tu-2, Fr-2

☒ Calendar View

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | | | |

Schedules Service Unit History **Edit** Close

Look over the information to make sure that you have the correct "Service," "Month," and "Year" for this client.

Uncheck "Calendar View" and click the Edit button.

BILLING ENTRY – Variable Rate Services

Click the
“Blank”
paper icon to
create a new
billing entry.

Cat, Betty J. (Service Unit Entry) - [Edit]



Service Units

| Provider | Service |
|----------------------|------------------------|
| Buckeye Chuck (BECK) | Medical Transportation |

| Month | Year | Authorized | Entered | Remaining |
|----------|------|------------|---------|-----------|
| February | 2012 | 16.00 | 0.00 | 16.00 |

Frequency: 1W - Weekly schedule Schedule Summary: Tu-2, Fr-2

Calendar View

New Variable Cost Service (Ins)

| Date Service | (for Variable Cost Services) |
|--------------|------------------------------|
|--------------|------------------------------|

There are no items to show in this view

Schedules Service Unit History Save Cancel

BILLING ENTRY – Variable Rate Services

Check the “Billed” box. ***This field is new to QMCO and must be selected for the billing to post for payment.**

2/27/2012 (Variable Cost Service) - Cat, Betty J. - [Edit]

Displayed Columns

Date Service: 02/27/2012

Unit Cost (for Variable Cost Services): \$20.50

Additional Columns (in Alphabetical Order)

Billed ☒

Funding Source: Hamilton County ESP

Generated Unit: [Redacted]

In Dispute: ☐

Process Code: [Redacted]

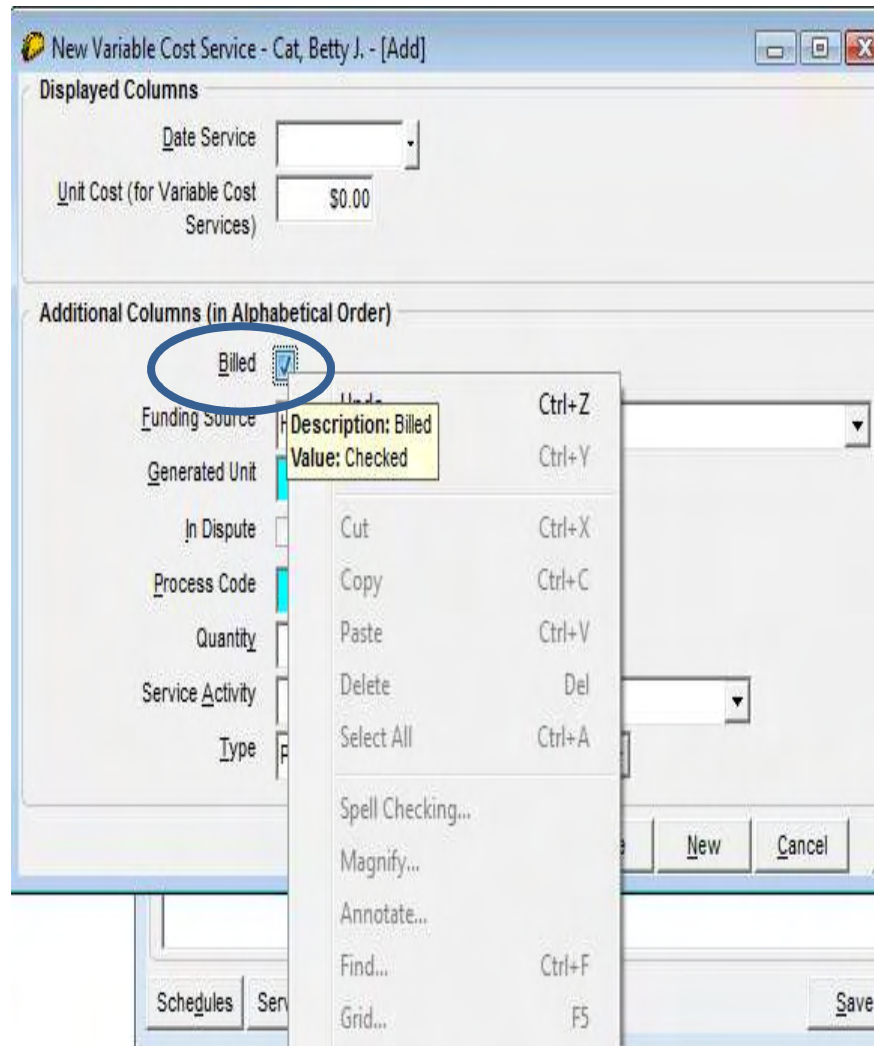
Quantity: 2.00

Service Activity: [Redacted]

Type: Provided

Save New Cancel

BILLING ENTRY – Variable Rate Services



Set the default for this box to checked (recommended):
check the box, with your cursor in the box, right click and select "Set as My Default"

BILLING ENTRY – Variable Rate Services

Now enter the billing information for your client.

The screenshot shows a software window titled "2/27/2012 (Variable Cost Service) - Cat, Betty J. - [Edit]". It contains two main sections: "Displayed Columns" and "Additional Columns (in Alphabetical Order)".

Displayed Columns:

- Date Service:** A dropdown menu showing "02/27/2012".
- Unit Cost (for Variable Cost Services):** A text field containing "\$20.50".
- Billed:** A checkbox that is checked.

Additional Columns (in Alphabetical Order):

- Funding Source:** A dropdown menu showing "Hamilton County ESP".
- Generated Unit:** A text field with a red background.
- In Dispute:** A checkbox that is unchecked.
- Process Code:** A text field with a red background.
- Quantity:** A text field containing "2.00".
- Service Activity:** A dropdown menu.
- Type:** A dropdown menu showing "Provided".

Callouts:

1. In the "Date Field", enter the date you provided the service (using the 4 digit year).
- *2. In the "Unit Cost Field", enter the unit cost for the service.
3. In the "Quantity Field", enter the number of units provided for this service date.
4. Click the save button to return to the client's care plan.

Buttons: Save, New, Cancel

(You must enter an amount in the "Unit Cost Field" or you will be paid at the rate shown. In this case, the rate shown when this screen was opened is \$0.00, as shown on the previous page.

BILLING ENTRY – Variable Rate Services

To add another service date, click the Blank Paper icon again.

It is recommended that you review your work from this screen, to verify that a cost and billed option exist for each entry. You may need to add columns to view the billing information that you entered. Right click on the screen to add columns.

After you have entered all of your billing for the month, you need to run a report to double check your work. (See Unbilled Service Units (Detailed)).

Cat, Betty J. (Service Unit Entry) - [Edit]

Service Units

| Provider | Service |
|----------------------|------------------------|
| Buckeye Chuck (BECK) | Medical Transportation |

| Month | Year | Authorized | Entered | Remaining |
|----------|------|------------|---------|-----------|
| February | 2012 | | 16.00 | 2.00 |
| | | | | 14.00 |

| Frequency | Schedule Summary |
|----------------------|------------------|
| 1W - Weekly schedule | Tu-2, Fr-2 |

☐ Calendar View

| Date Service | Unit Cost (for Variable Cost Services) | Billed |
|--------------|--|--------|
| 2/27/2012 | \$20.50 | * |

Click Save and Close to return to the grid list of clients.

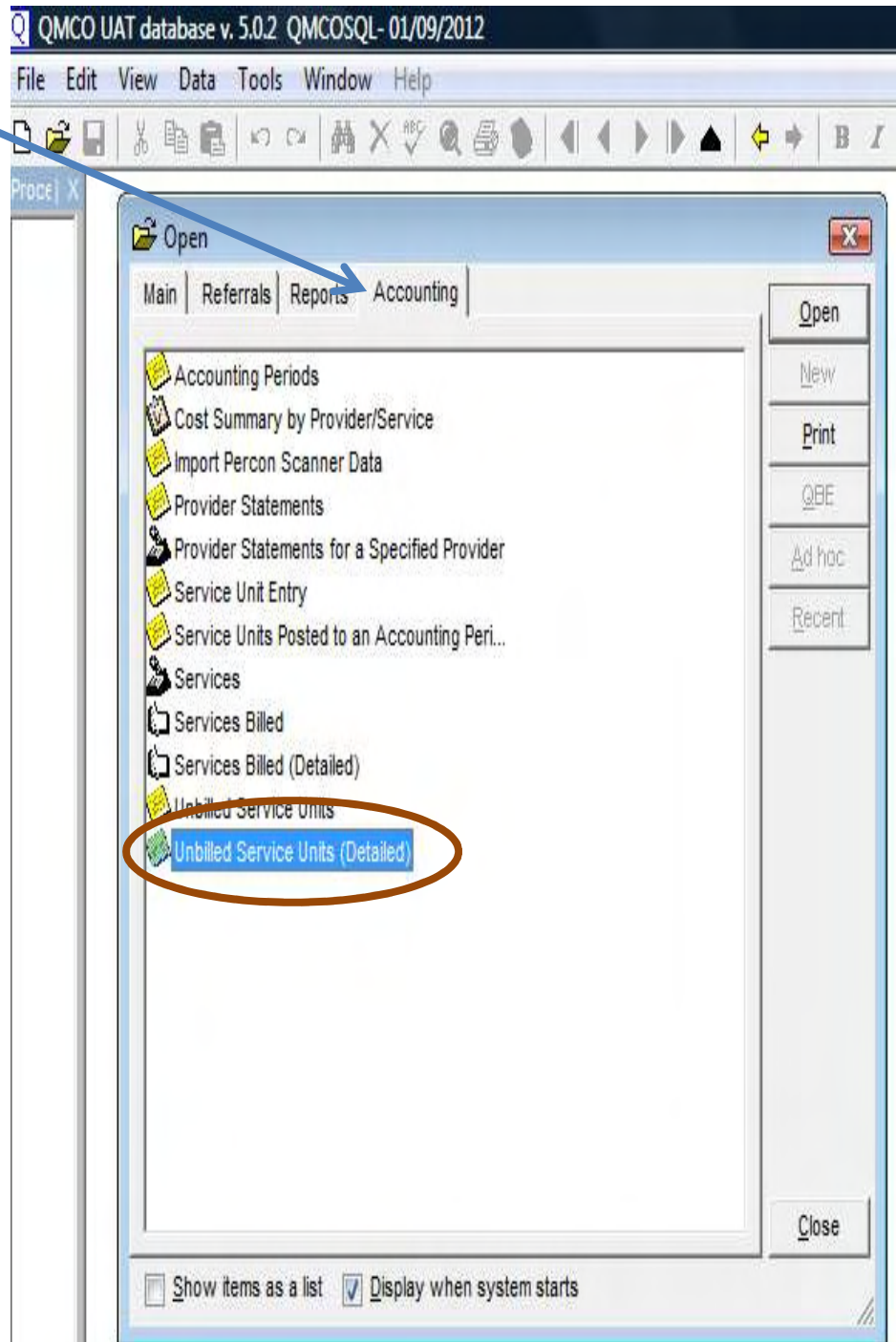
Schedules Service Unit History Save Cancel

BILLING REPORTS -

Unbilled Service Units (Detailed)

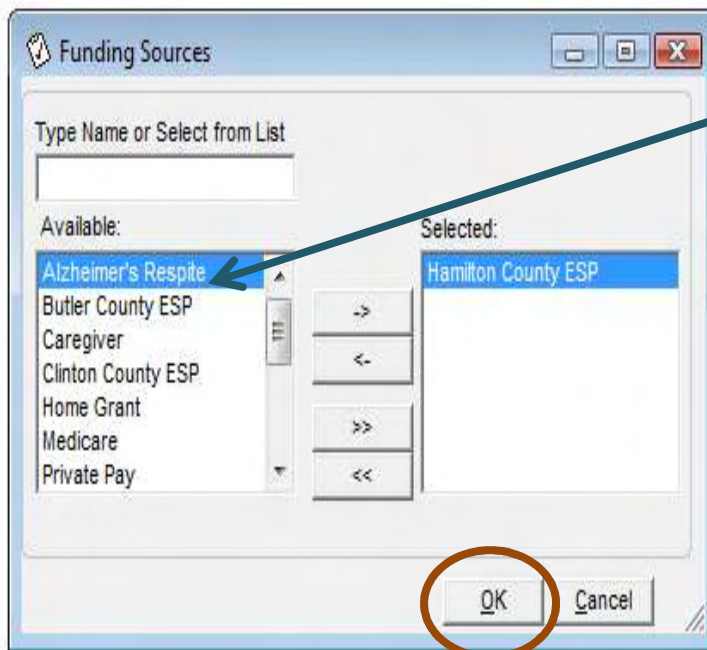
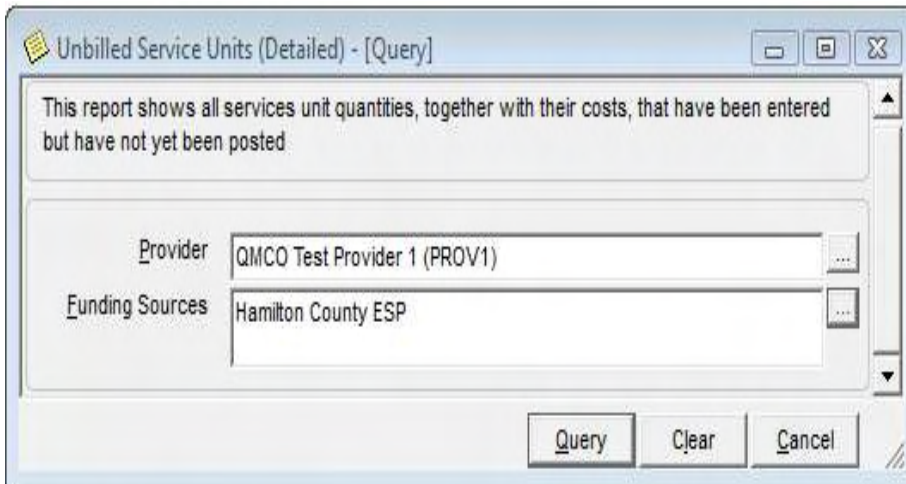
On the Accounting Tab, select the **“Unbilled Service Units (Detailed)”** report.

This report is used to verify: the number of service units entered, that all service units have a cost associated with them and that all service units entered are marked for billing.



BILLING REPORTS – Unbilled Service Units (Detailed)

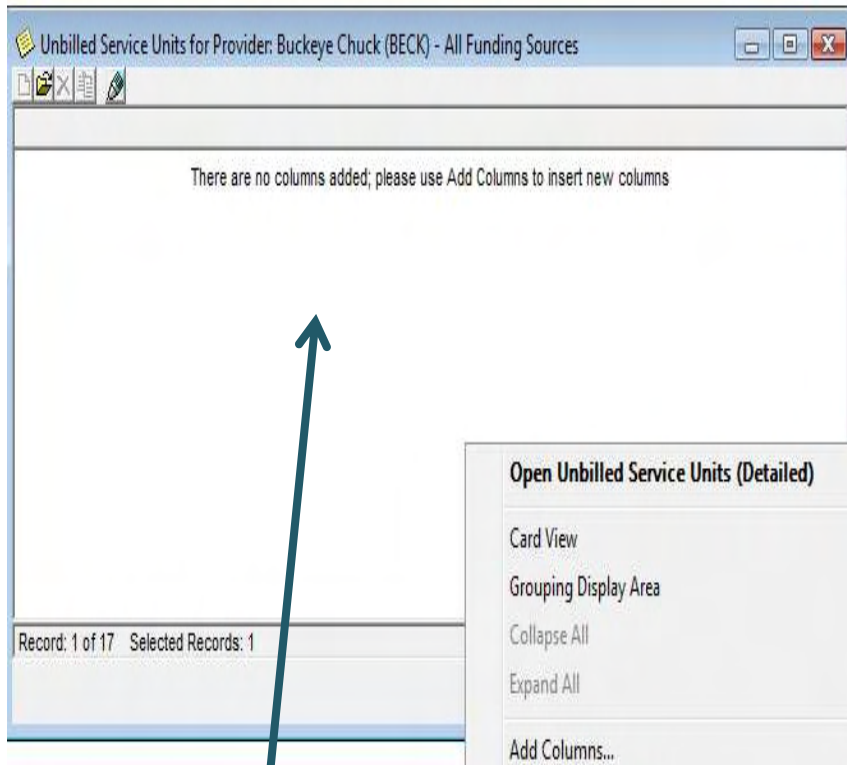
Note: If you provide services in more than one ESP program you have the option of selecting one program, more than one program or all programs. For example if you provide services in both Butler and Warren County ESP, you can select both for one report, or you can select one at a time and run separate reports.



Select an ESP program by highlighting the program in the Available table, and adding it to the Selected table.

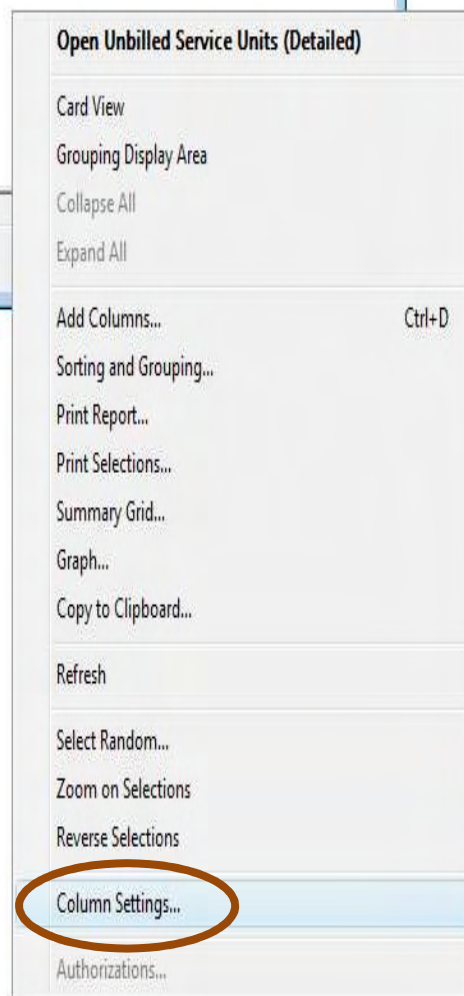
Then click OK to lock in your selections, and then click on the “Query” button to bring up the report.

BILLING REPORTS – Unbilled Service Units (Detailed)

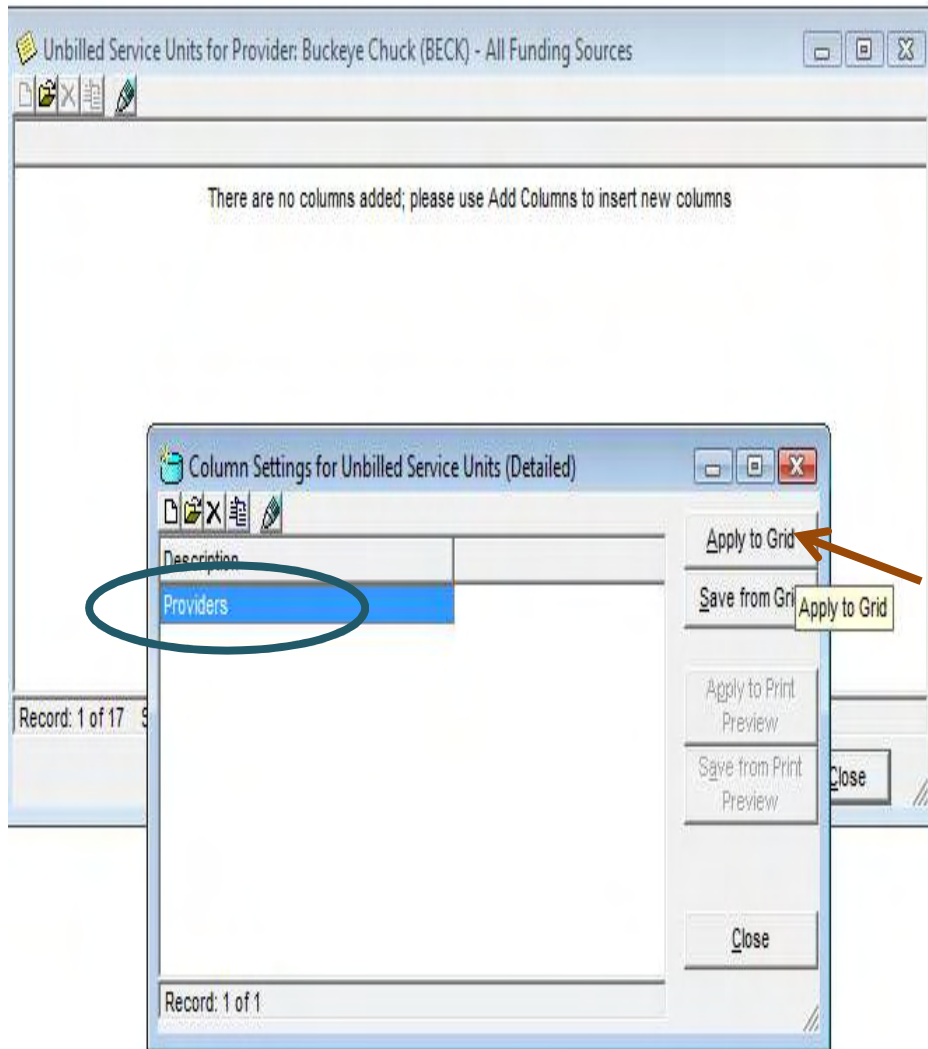


The 1st time this report is run, there will be no columns selected.

Right click on the report and select Column Settings.



BILLING REPORTS – Unbilled Service Units (Detailed)



Select
“Providers”
from the new
menu and
click the
“Apply to
Grid” button.
Close the
Column
Settings
menu.

BILLING REPORTS – Unbilled Service Units (Detailed)

The report is now sorted by Program, Service, and Client.

Click the print icon on the toolbar, or right click on the report and select “Print Report”.

Unbilled Service Units for Provider: Buckeye Chuck (BECK) - All Funding Sources

| Care Plan: Service / | Care Plan: Client Name | Date Service | Quantity | Effective Unit Cost | Unit Cost (for Variable-Cost Services) | Billed |
|-----------------------------|---------------------------|--------------|----------|---------------------|--|--------|
| - Durable Medical Equipment | | | | | | |
| Durable Medical Equip... | Haymaker, Helen (#255981) | 2/24/2012 | 1.00 | \$325.00 | | x |
| - EMS - Voice | | | | | | |
| EMS - Voice | TestESP, Jeanne (#256305) | 2/1/2012 | 1.00 | \$21.00 | \$0.00 | x |
| - Home Care Assistance | | | | | | |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/1/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/6/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/8/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/10/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/13/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/15/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/17/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/20/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/22/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/24/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/27/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/29/2012 | 1.00 | \$20.00 | \$0.00 | x |
| - Medical Transportation | | | | | | |
| Medical Transportation | Cat, Betty J. (#228961) | 2/15/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Medical Transportation | Cat, Betty J. (#228961) | 2/27/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Medical Transportation | TestESP, Jeanne (#256305) | 2/14/2012 | 2.00 | \$20.50 | \$20.50 | x |

Record: 15 of 17 Selected Records: 1 Sorted by: Care Plan: Service, Care Plan: Client Name, Date Service

Close

BILLING REPORTS – Unbilled Service Units (Detailed)

The print preview window will open.

Unbilled Service Units for Provider: Buckeye Chuck (BECK) - All Funding Sources

Print...100%1/1BackForwardExport

Unbilled Service Units for Provider: Buckeye Chuck (BECK) - All Funding Sources

Sorted by: Care Plan: Service, Care Plan: Client Name, Date Service

| Care Plan: Service | Care Plan: Client Name | Date Service | Quantity | Effective Unit Cost | Unit Cost (for Variable-Cost Services) | Billed |
|---------------------------|---------------------------|--------------|----------|---------------------|--|--------|
| Durable Medical Equipment | Haymaker, Helen (#255981) | 2/24/2012 | 1.00 | \$325.00 | | x |
| EMS - Voice | TestESP, Jeanne (#256305) | 2/1/2012 | 1.00 | \$21.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/1/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/6/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/8/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/10/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/13/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/15/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/17/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/20/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/22/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/24/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/27/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/29/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Medical Transportation | Cat, Betty J. (#228961) | 2/15/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Medical Transportation | Cat, Betty J. (#228961) | 2/27/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Medical Transportation | TestESP, Jeanne (#256305) | 2/14/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Total: | | | 20.00 | | | |
| Average: | | | 1.18 | | | |
| Grand Total: | | | 20.00 | | | |

| Care Plan: Service | Care Plan: Client Name | Date Service | Quantity | Effective Unit Cost | Unit Cost (for Variable-Cost Services) | Billed |
|--------------------|------------------------|--------------|----------|---------------------|--|--------|
|--------------------|------------------------|--------------|----------|---------------------|--|--------|

Add Columns...Sort and Group...Format...Column Settings...

Close

BILLING REPORTS – Unbilled Service Units (Detailed)

The 1st time you use this report it will be necessary to assign a report description.

Click on 'Column Settings'.

Unbilled Service Units for Provider: Buckeye Chuck (BECK) - All Funding Sources

Sorted by: Care Plan: Service, Care Plan: Client Name, Date Service

Unit Cost (for Variable-Cost Services)

| Care Plan: Service | Care Plan: Client Name | Date Service | Quantity | Effective Unit Cost | Unit Cost (for Variable-Cost Services) |
|--------------------|------------------------|--------------|----------|---------------------|--|
| Haymaker, Helen | 2/17/2012 | 1.00 | \$20.00 | \$0.00 | |
| Haymaker, Helen | 2/20/2012 | 1.00 | \$20.00 | \$0.00 | |
| Haymaker, Helen | 2/22/2012 | 1.00 | \$20.00 | \$0.00 | |
| Haymaker, Helen | 2/24/2012 | 1.00 | \$20.00 | \$0.00 | |
| Haymaker, Helen | 2/27/2012 | 1.00 | \$20.00 | \$0.00 | |
| Haymaker, Helen | 2/29/2012 | 1.00 | \$20.00 | \$0.00 | |

Record: 1 of 1

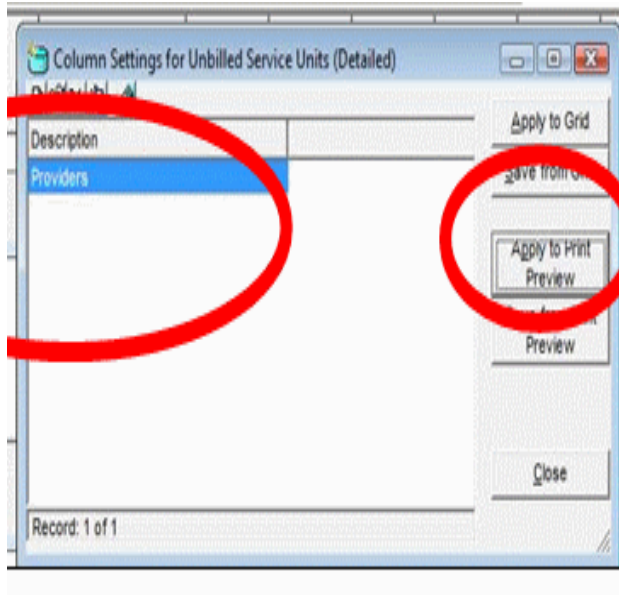
Column Settings for Unbilled Service Units (Detailed)

| Description | Providers | Unit Cost |
|-------------|-----------|------------|
| | | .00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |
| | | .00 \$0.00 |

Buttons: Apply to Grid, Save from Grid, Apply to Print Preview, Save from Print Preview, Close

Buttons: Add Columns..., Sort and Group..., Format..., Column Settings..., Close

BILLING REPORTS – Unbilled Service Units (Detailed)



Click “Providers” (under the Description) and then click “**Apply** to Print Preview’.

Note: Clicking any other button will have an adverse effect.

The Provider format should appear the next time you run this report.

BILLING REPORTS – Unbilled Service Units (Detailed)

Unbilled Service Units for Provider: Buckeye Chuck (BECK) - All Funding Sources

Sorted by: Care Plan: Service, Care Plan: Client Name, Date Service

| Care Plan: Service | Care Plan: Client Name | Date Service | Quantity | Effective Unit Cost | Unit Cost (for Variable-Cost Services) | Billed |
|---------------------------|---------------------------|--------------|--------------|---------------------|--|--------|
| Durable Medical Equipment | Haymaker, Helen (#255981) | 2/24/2012 | 1.00 | \$325.00 | | x |
| EMS - Voice | TestESP, Jeanne (#256305) | 2/1/2012 | 1.00 | \$21.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/1/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/6/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/8/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/10/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/13/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/15/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/17/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/20/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/22/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/24/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/27/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Home Care Assistance | Haymaker, Helen (#255981) | 2/29/2012 | 1.00 | \$20.00 | \$0.00 | x |
| Medical Transportation | Cat, Betty J. (#228961) | 2/15/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Medical Transportation | Cat, Betty J. (#228961) | 2/27/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Medical Transportation | TestESP, Jeanne (#256305) | 2/14/2012 | 2.00 | \$20.50 | \$20.50 | x |
| Total: | | | 20.00 | | | |
| Average: | | | 1.18 | | | |
| Grand Total: | | | 20.00 | | | |

Add Columns... | Sort and Group... | Format... | Column Settings... | Close

The Provider format shows the total units entered per service, listed by client and service date.

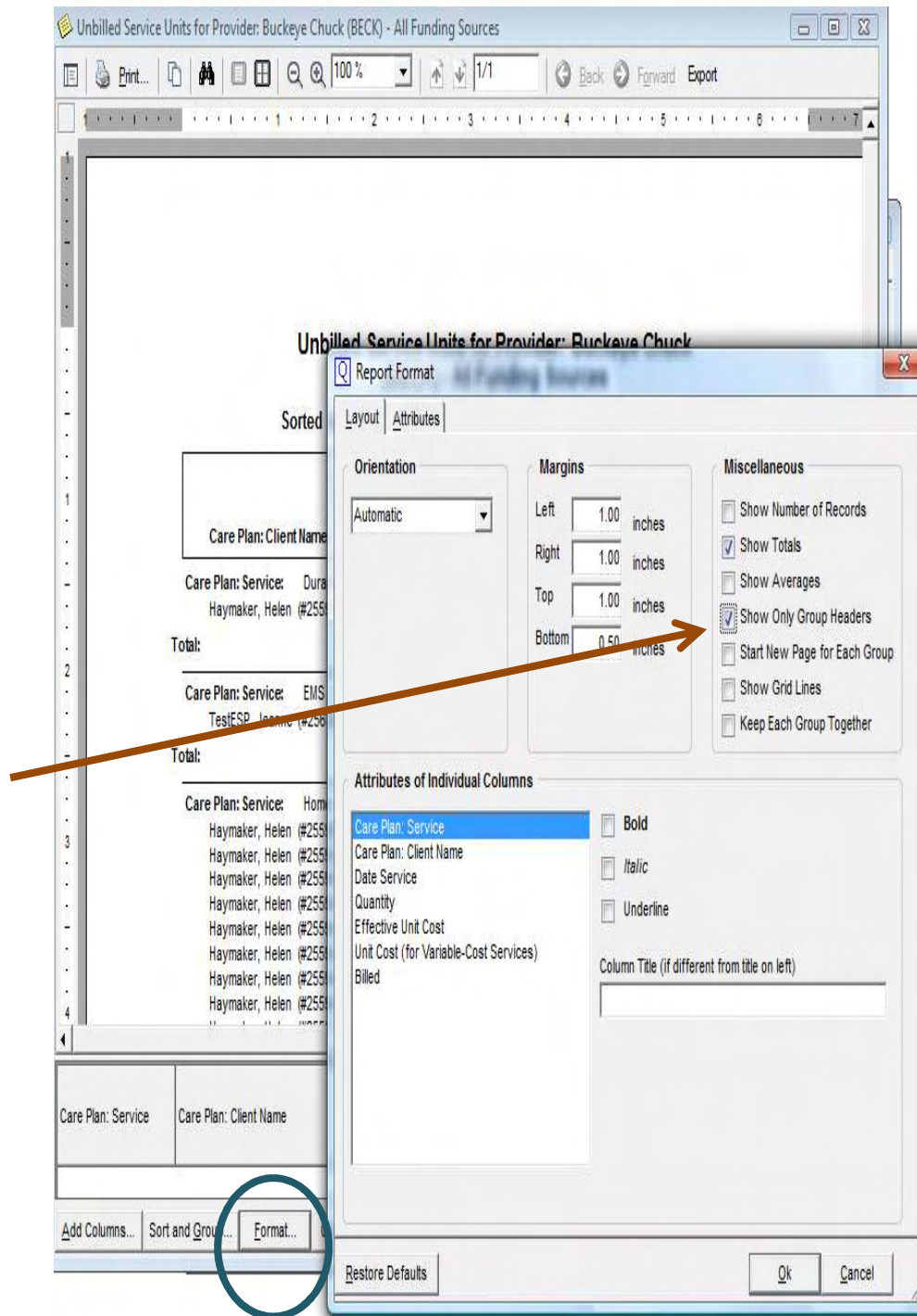
Verify that each entry has a unit cost in one of the 2 unit cost columns and is marked for billing.

This is the time to correct any errors to ensure payment for all service units entered.

BILLING REPORTS – Unbilled Service Units (Detailed)

To view the report in a summary format, click the Format button.

On the new menu, select Show Only Group Headers.



BILLING REPORTS – Unbilled Service Units (Detailed)

Report Format

Layout **Attributes**

Element to Modify: Header (Center)

Caption: 2/29/2012

Font: Arial, Font Size: 12, Bold: ☒, Italic: ☐, Underline: ☐

Alignment: Center, Foreground: Black, Background: White

Sample: ABC...XYZ, abc...xyz, 123...890

☐ Banding, ☐ Solid background (on data items)

Restore Defaults, Ok, Cancel

To add a subtitle to the report:
Select the Attributes tab, then enter the subtitle in the Caption box.

Click OK to save the changes.

BILLING REPORTS – Unbilled Service Units (Detailed)

Now the report only shows summary information.

Click the Print button to print the report.

Unbilled Service Units for Provider: Buckeye Chuck (BECK) - All Funding Sources

Print... 100% 1/1 Back Forward Export

2/29/2012

Sorted by: Care Plan: Service, Care Plan: Client Name, Date Service

| Care Plan: Client Name | Date Service | Quantity | Effective Unit Cost | Unit Cost (for Variable-Cost Services) | Billed |
|---|--------------|----------|---------------------|--|--------|
| Care Plan: Service: Durable Medical Equipment | | | | | |
| Total: | | 1.00 | | | |
| Care Plan: Service: EMS - Voice | | | | | |
| Total: | | 1.00 | | | |
| Care Plan: Service: Home Care Assistance | | | | | |
| Total: | | 12.00 | | | |
| Care Plan: Service: Medical Transportation | | | | | |
| Total: | | 6.00 | | | |
| Grand Total: | | 20.00 | | | |

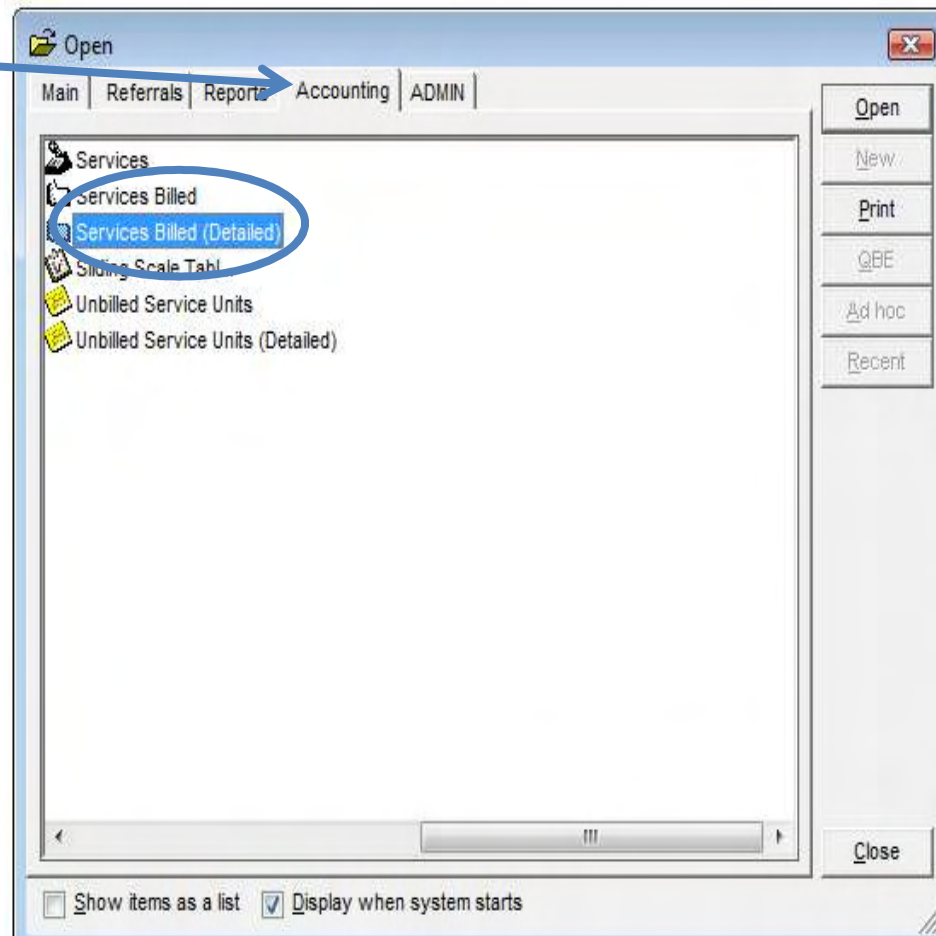
| Care Plan: Service | Care Plan: Client Name | Date Service | Quantity | Effective Unit Cost | Unit Cost (for Variable-Cost Services) | Billed |
|--------------------|------------------------|--------------|----------|---------------------|--|--------|
| | | | | | | |

Add Columns... Sort and Group... Format... Column Settings... Close

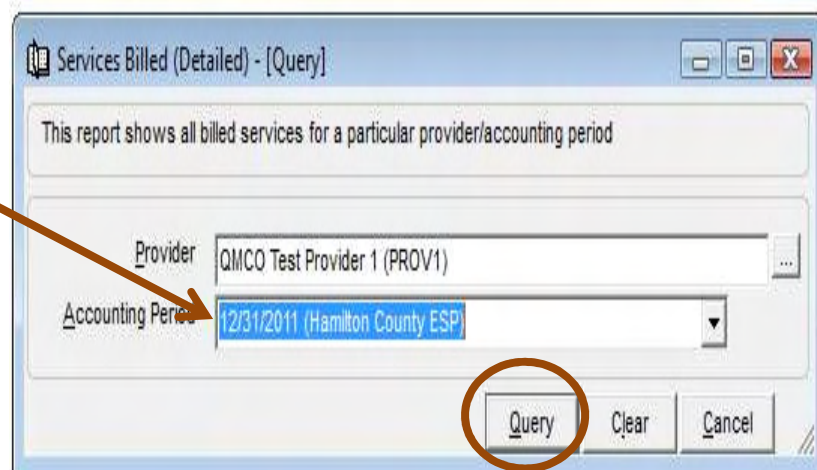
BILLING REPORTS – Services Billed (Detailed)

On the Accounting Tab, select the “**Services Billed (Detailed)**” report.

This report is used to reconcile the service units billed to your check stub. (This report can only be run for one funding source at a time.)



Select the Accounting Period and ESP program. Then click the “Query” button.



BILLING REPORTS – Services Billed (Detailed)

Services Billed (Detailed) - Provider: Buckeye Chuck (BECK) - Accounting Period: 2/29/2012 (Hamilton County ESP)

Print... 100% 1/1 Back Forward Export

Services Billed (Detailed)
 Provider: Buckeye Chuck (BECK)
 Accounting Period: 2/29/2012 (Hamilton County ESP)
 Sorted by: Description, Client Name, Date

| Client Name | Date | Quantity | Unit Cost | Amount |
|---|-----------|----------|-----------|----------|
| Description: Durable Medical Equipment Haymaker, Helen | 2/24/2012 | 1.00 | | |
| Total: | | 1.00 | | |
| Description: EMS - Voice TestESP, Jeanne | 2/1/2012 | 1.00 | | |
| Total: | | 1.00 | | |
| Description: Home Care Assistance Haymaker, Helen | 2/1/2012 | 1.00 | \$20.00 | \$20.00 |
| Description: Medical Transportation Cat | | | | |
| Total: | | 6.00 | | \$123.00 |
| Grand Total: | | 20.00 | | \$709.00 |

Column Settings for Services Billed (Detailed)

Providers

Apply to Grid
 Save from Grid
 Apply to Print Preview
 Save from Print Preview
 Close

Record: 1 of 1

Add Columns... Sort and Group... Format... Column Settings... Close

1. Click on 'Column Settings'.

2. Select Providers

3. Click "Apply to Print Preview",

The print preview window will open. The 1st time you use this report it will be necessary to assign a report description. Click Print from the print preview toolbar, or right click and select Print. The Provider format should appear the next time you run this report. The Provider format shows the total units paid per service, listed by client and service date. You will NOT see \$0 Unit Cost for Variable Cost Service if you did not enter a rate or \$0 for bid service if there is no care plan cost. Those items were paid at a \$0 rate and do not appear on this report.

BILLING REPORTS – Services Billed (Detailed)

The Grand total on this report should match exactly to the amount paid for your services.

To view the report in summary format:

Click the Format button.

Check the Show Only Group Headers box.

Click OK.

Services Billed (Detailed) - Provider: Buckeye Chuck (BECK) - Accounting Period: 2/29/2012 (Hamilton County ESP)

Print... 100% 1/1 Back Forward Export

Report Format

Layout Attributes

Orientation
Landscape

Margins
Left: 1.00 inches
Right: 1.00 inches
Top: 1.00 inches
Bottom: 0.50 inches

Miscellaneous
☐ Show Number of Records
☒ Show Totals
☐ Show Averages
☒ Show Only Group Headers
☐ Start New Page for Each Group
☐ Show Grid Lines
☐ Keep Each Group Together

Attributes of Individual Columns
Description
Client: Name
Date
Quantity
Unit Cost
Amount

☐ Bold
☐ Italic
☐ Underline

Column Title (if different from title on left)

Restore Defaults Ok Cancel

Grand Total: 20.00 \$709.00

Description Client: Name Date Quantity Unit Cost Amount

Add Columns... Sort and Group... **Format...** Column Settings... Close

BILLING REPORTS – Services Billed (Detailed)

Now the report shows total units by service, total dollars by service and a grand total for units and dollars.

Click the Print button to print the report.

Services Billed (Detailed)
Provider: Buckeye Chuck (BECK)
Accounting Period: 2/29/2012 (Hamilton County ESP)
Sorted by: Description, Client Name, Date

| Client Name | Date | Quantity | Unit Cost | Amount |
|--|------|----------|-----------|----------|
| Description: Durable Medical Equipment | | | | |
| Total: | | 1.00 | | \$325.00 |
| Description: EMS - Voice | | | | |
| Total: | | 1.00 | | \$21.00 |
| Description: Home Care Assistance | | | | |
| Total: | | 12.00 | | \$240.00 |
| Description: Medical Transportation | | | | |
| Total: | | 6.00 | | \$123.00 |
| Grand Total: | | 20.00 | | \$709.00 |

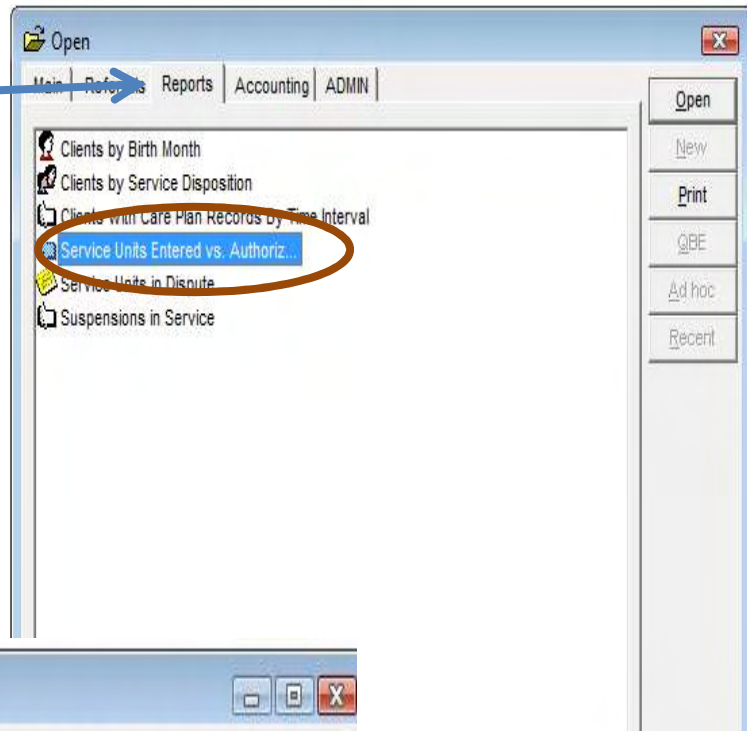
Description Client Name Date Quantity Unit Cost Amount

Add Columns... Sort and Group... Format... Column Settings... Close

BILLING REPORTS – **Service Units Entered vs. Authorized**

On the Reports tab,
double click Service
Units Entered vs.
Authorized

This report is used to
monitor the service
units delivered
compared to the units
authorized.

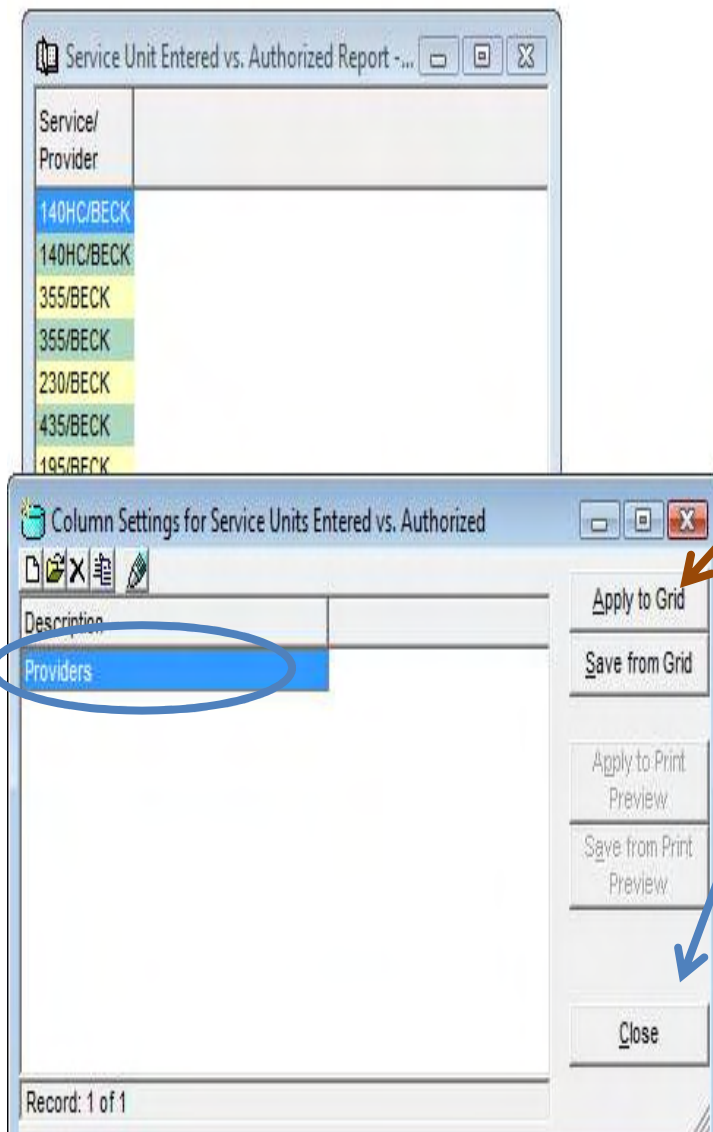


Enter the Month/Year (using
the 4 digit year).

Leave the program and
funding source blank to run
for all programs, or make a
selection to run for a 1
program.

Click the Query button to
run the report.

BILLING REPORTS – **Service Units Entered vs. Authorized**



A Column Setting must be selected the 1st time the report is run.

Right click on the report and select Column Setting.

Highlight Providers in the Description table.

Click “Apply to Grid”

Click the close button to return to the grid screen.

BILLING REPORTS – **Service Units Entered vs. Authorized**

Click Print from the toolbar or right click on the report and select Print Report.

Service Unit Entered vs. Authorized Report - Prov

| Service / | Client: Name |
|---|---------------------------------|
| - DME Monthly Rental | |
| DME Monthly Rental | Pumpkin, Mary |
| DME Monthly Rental | TestESP, Jeanne |
| - Durable Medical Equipment | |
| Durable Medical Equipment | Haymaker, Helen |
| Durable Medical Equipment | TestESP, Jeanne |
| - EMS - Voice | |
| EMS - Voice | TestESP, Jeanne |
| - Home Care Assistance | |
| Home Care Assistance | Cat, Betty J. |
| Home Care Assistance | Doo, Robert |
| Home Care Assistance | Haymaker, Helen |
| - Home Delivered Meals | |
| Home Delivered Meals | Chicken, Otis |
| Home Delivered Meals | TestESP, Jeanne |
| Home Delivered Meals | Haymaker, Helen |
| - Medical Transportation | |
| Medical Transportation | Cat, Betty J. |
| Medical Transportation | Doo, Robert |
| Medical Transportation | TestESP, Jeanne |
| - Pest Control | |
| Pest Control | Cat, Betty J. |
| | 1.00 0.00 Hamilton C... |
| - Pest Control-Monthly | |
| Pest Control-Monthly | Chicken, Otis |
| | 1.00 0.00 Hamilton C... |
| Pest Control-Monthly | Haymaker, Helen |
| | 2.00 0.00 Hamilton C... |

Record: 14 of 17 Selected Records: 1 Sorted by: Service

Close

Grouping Display Area

- Collapse All
- Expand All
- Add Columns...
- Sorting and Grouping...
- Print Report...
- Print Selections...
- Summary Grid...
- Graph...
- Copy to Clipboard...
- Refresh
- Select Random...
- Zoom on Selections
- Reverse Selections
- Column Settings...
- Authorizations...

BILLING REPORTS – **Service Units Entered vs. Authorized**

The 1st time you use this report it will be necessary to assign a report description.

Click on 'Column Settings'.

Click "Providers" (under the Description) and then click "Apply to Print Preview".

Note: Clicking any other button will have an adverse effect.

The Provider format should appear the next time you run this report.

Service Unit Entered vs. Authorized Report
Provider: Buckeye Chuck (BECK); All Services
February, 2012; Social Service Program: Hamilton County ESP
All Funding Sources
Sorted by: Service

| Service | Client Name | Units Authorized | Units Delivered | Funding Source |
|---------------------------|-----------------|------------------|-----------------|---------------------|
| DME Monthly Rental | Pumpkin, Mary | 0.00 | 0.00 | Hamilton County ESP |
| DME Monthly Rental | TestESP, Jeanne | 1.00 | 0.00 | Hamilton County ESP |
| Durable Medical Equipment | | | | |
| Durable Medical Equipment | | | | |
| EMS - Voice | | | | |
| Home Care Assistance | | | | |
| Home Care Assistance | | | | |
| Home Care Assistance | | | | |
| Home Delivered Meals | | | | |

Record: 1 of 1

Column Settings for Service Units Entered vs. Authorized

Description
Providers

Apply to Grid
Save from Grid
Apply to Print Preview
Save from Print Preview
Close

Add Columns... Sort and Group... Form... Column Settings... Close

BILLING REPORTS – **Service Units Entered vs. Authorized**

Using the
report
toolbar,
Print or
Export the
report.

Service Unit Entered vs. Authorized Report - Provider: Buckeye Chuck (BECK); All Services - February, 2012; Social Service Program: Hamilton County E...

Print... 100 % 1/2 Back Forward Export

Service Unit Entered vs. Authorized Report
Provider: Buckeye Chuck (BECK); All Services
February, 2012; Social Service Program: Hamilton
County ESP
All Funding Sources
 Sorted by: Service

| | Client Name | Units Authorized | Units Delivered | Funding Source |
|-------------------------------|---------------------------|---------------------|--------------------|------------------------|
| Service: | DME Monthly Rental | | | |
| | Pumpkin, Mary | 0.00 | 0.00 | Hamilton County ESP |
| | TestESP, Jeanne | 1.00 | 0.00 | Hamilton County ESP |
| Total: | | 1.00 | 0.00 | |
| Number of records in section: | 2 | | | |
| Service: | Durable Medical Equipment | | | |
| | Haymaker, Helen | 1.00 | 1.00 | Hamilton County ESP |
| | TestESP, Jeanne | 1.00 | 0.00 | Hamilton County ESP |
| Total: | | 2.00 | 1.00 | |
| Number of records in section: | 2 | | | |
| Service: | EMS - Voice | | | |
| | TestESP, Jeanne | 1.00 | 1.00 | Hamilton County ESP |
| Total: | | 1.00 | 1.00 | |
| Number of records in section: | 1 | | | |
| Service: | Home Care Assistance | | | |
| | Cat, Betty J. | 12.00 | 0.00 | Hamilton County ESP |
| | Dog, Robert | 0.00 | 0.00 | Hamilton County ESP |

| Service | Client Name | Units Authorized | Units Delivered | Funding Source |
|---------|-------------|---------------------|--------------------|-------------------|
| | | | | |

Add Columns... Sort and Group... Format... Column Settings... Close