
User's Guide

WinCare User Guide

Contents

Registration	1
Registration Screen.....	3
WinCare Login	4
Re-Registration	4
Install & Upgrade FAQs	5
WinCare Log In	7
Current Census	9
WinCare Control Panel	11
Control Panels.....	13
Screen colors for resident status	15
Resident List.....	16
Control Panel Help Button	19
PreScreen Main Screen	21
Edit Assessment.....	21
Pre-Admit	23
Pre-Admit Main Screen	25
Screens A-E	26
Policy Forms	27
Reports.....	27
Admit	29
Admit Main Screen.....	31
Admit a New Resident.....	32
Change of Status (Integrated)	33
Census Admission (Integrated).....	34
Delete Records (Integrated).....	35
Add/Edit COS (Integrated).....	36
End MA Stay	38
Change of Status FAQ's.....	39
Temp Discharge (Integrated)	39
Reentry (Integrated).....	40
Discharge	42
Readmit Prior Resident	44
Delete Resident	45
View Census Stats	46
Admission Face Sheets	47
A1 (Face Sheet One).....	47
A2-Clinical (Face Sheet Two).....	48
A2-Integrated (Face Sheet Two)	49
A2-Diagnosis ICD-9 & ICD-10.....	50

A3 (Face Sheet Three).....	57
A4-Integrated (Face Sheet Four)	57
Allergies.....	58
Physician Visits	59
Discharge Reports.....	61
ResTrust Main Screen.....	63
Reports (Resident Trust).....	64
Enter Bank Interest	64
Policy Forms	65
Trans/Rehab Reports.....	65
Patient Transfer Notice.....	65
Rehab Patient Discharge.....	66
Medicaid Liability	68
Prior Authorization Information/TAR Information	69
Payors	71
Therapy Onset.....	73
Billing Address	74
Medicare To Do List.....	75
Completeness Check.....	75
Spell Check (All Free Text fields).....	76
Admit FAQ's.....	76

PO/MAR **77**

PO/MAR Main Screen.....	79
Medications.....	80
Editable and Non-Editable Fields.....	81
Add Medication	82
Customize Medication	84
Invalidate/Invalidation Screen	85
Discontinue Drug.....	85
Insulin Sliding Scale	85
Track Specific Type of Medication	86
Print MAR	86
Sample Orders	87
Treatments	88
MAR Notes.....	89
Physician Orders	90
Lab Orders	91
Telephone Orders.....	92
Telephone Orders Report.....	92
Dietary	93
Diabetes Data.....	94
Allergies.....	95
Fluid Balance	96
Food Intake	97
Hemoglobin/Hematocrit	98
Immunizations	99
Pneumococcal Vaccine/Booster Checkboxes	101

Therapy Notes.....	101
PO/MAR FAQs	104
Vitals	107
Vitals Main Screen.....	109
Add Vital Data.....	110
Invalidate	111
Charts.....	112
Table.....	112
Care Plan	113
Care Plan Main Screen	115
Problems-New	115
Review a Care Plan	116
Archive/Reactivate	116
Related To.....	117
Goals.....	117
Approaches	118
Reports (Care Plan).....	118
Other Resident Information	119
Care Plan FAQs	119
ADL	121
ADL Main Screen.....	123
Add an Approach.....	124
Edit ADL Items.....	124
MDS 2	127
MDS 2 Main Screen	129
Edit.....	130
MDS 3	133
MDS 3 Main Screen	135
Add	136
Edit.....	138
CMS Memo - Use of Dashes	140
Use of Dashes in Completing the MDS 3.0 Assessment:	140
Date Values	143
Calculated Values in Sections C and D	144
Section G - Get ADLs	145
Section I - Active Diagnoses	146
Section S - State.....	147
Section V - Care Area Assessment	148
Section Z - Assessment Administration.....	153
Checking and Closing.....	155
MDS Data Entry Clerk	156
Electronic Signatures.....	157

Copy.....	158
Modify	159
Inactivate	159
Dates	160
Calculator.....	161
Scheduler	162
Create Transmit Files.....	163
Create Transmit File	163
Create Batch Transmit	164
View Transmit File	165
MDS 3 FAQ's	165

Notes 169

Progress Notes Main Screen	171
Add a Note.....	171

CQI 2 173

CQI 2 Main Screen	175
-------------------------	-----

CQI 3 177

CQI 3 Main Screen	179
CMS 672 Census	179
Edit Res	180
Edit Tot (Total).....	181
F-Tag Report	181
Replicate 672 Census.....	181
CMS 802 Roster	182
Replicate 802 Roster.....	183
Acuity Monitoring	183
CQI FAQs.....	184

Reports 187

Reports Main Screen.....	189
Printer Setup	189
General Tab	190
Physician Orders Tab.....	191
Care Plan Tab	192
Pharmacy Tab	193
MAR Tab.....	193
MDS Tab	194
Resident ID Labels (Avery 6150).....	195
Mailing Labels / Envelopes	197
Nutrition Labels	198
Tray Cards	198
Tray Cards Getting Started	199
Tray Cards Main Screen.....	200

Clinical Reports FAQs.....	210
ResTrust	211
ResTrust Main Screen.....	213
Reports (Resident Trust).....	214
Enter Bank Interest.....	214
Phone Book	217
Phone Book Main Screen.....	219
Print / Export Options.....	219
Add/Edit a Physician.....	220
Clinical.....	220
Integrated.....	221
Add/Edit an Insurance Carrier.....	222
Completeness Check-Phone Book.....	223
Utilities	225
Utilities Control Panel.....	227
Admit.....	227
MAR.....	228
MAR Setup.....	228
Medications (Std).....	228
Treatments (Std).....	229
Physician's Orders (Std).....	229
MAR Notes (Std).....	230
Common Lab Tests.....	230
Administration Times.....	231
Continue Orders For.....	232
Routes of Administration.....	233
Physician Codes.....	233
Medication Categories.....	234
Fluid Balance Fluids.....	234
Hemoglobin/Hematocrit Ranges.....	235
Care Plan Setup.....	236
Care Plan Library.....	236
Care Plan Frequencies.....	236
Care Plan Services.....	237
ADL Items.....	237
Facility.....	239
Facility Information.....	241
MDS Options.....	243
MDS 3 Options.....	247
WinCare Security Menu.....	251
Password.....	257
Room Master.....	259
Computers/Care Units.....	263
Max Case Optimizer.....	264
HL7 Subscribers.....	264
HL7 Sources.....	265
WinCare Startup Interface (Clinical Only).....	265
Facesheet Options.....	266
CQI Options.....	266
Payment Sources.....	267
Resident Trust Interest.....	269
Clear RAP Lock.....	271

Add-On Registration.....	273
ICD-10 Effective Date.....	275
Reports (Utilities)	277
Prog Set/Info.....	279
File Maintenance	281
Compact and Repair Database.....	281
Backup Database	281
Restore Data	282
A/R Setup	283
Enter Prior Invoices.....	284
Integrated Overview	287
Ancillaries	291
Ancillaries Main Screen.....	293
Add an Ancillary.....	294
Edit an Ancillary.....	296
Recurring Ancillary Charges	298
Change payor for Medicare Part B Co-Pay	299
Billing	301
Billing Main Screen.....	303
Update Bills For Selected Residents.....	304
Billing Log.....	305
Transaction No. Look Up	305
Check Accounts	306
Create First of Period Census Records for Period Past Working Period	306
Create First of Next Period Census Records.....	307
Export Period to GL.....	307
Close Period.....	307
View Closing Report	308
Bill Notes	309
Bill Notes Main Screen.....	311
Add/Edit a Note.....	311
Claims	313
Claims Main Screen.....	315
Auto Create UB04	316
AutoCreate/Manual Create UB04 Log	318
View/Edit UB04 Bills.....	318
UB04	319
Manual Create UB04	323
Medicare Manual Edits.....	323
EDI (Electronic Billing)	325
EDI (Electronic Billing) Main Screen	327
Create EDI Claim Files.....	329
EDI Setup	330
5010 Technical Settings.....	335
Segment/Element.....	336

Data 336
 User Interface Location 336
 Notes..... 336

Payments Refunds 339

Payments Refunds Main Screen 341
 Single Resident Payment 343
 Add New Line 346
 Batch Payment and C/A..... 347
 Working with Saved Batch Payment Sessions 352
 Add New Line - Batch Payment..... 354
 Customer Credits 355
 Lookup Transactions..... 358
 Overview of 835 Electronic Remittance Advice Import..... 359
 Payments From 835 360
 Browse - Payments From 835..... 362
 Print Report - Payments From 835 363
 Apply Payments from Selected File... - Payments From 835 365
 View 835 Exceptions 369
 View Already Applied Payment Files and Logs..... 370

Adjustments 373

Adjustments Main Screen 375
 New Manual Adjustment 376
 New Census Change Adjustment..... 379
 Sample Adjustments 381
 Retroactive Change in Medicaid Recipient Liability..... 381
 Retroactive Change of Payor 382
 Reverse an Invoice 384

A/R Reports 387

A/R Reports Main Screen 389
 Report Options..... 390
 Census Billing Estimate (Summary) 390
 UB04 Printer Setup..... 391
 Statement Options 391
 A/R Balances by Client 392
 A/R Recap By Payor..... 392
 A/R Aging Detail..... 392
 Specify Aging Buckets 393
 Revenue Journal 393
 Billed Ancillary by Charge Code 393
 Medicare Adv - Charge Summary For Year..... 394
 A/R Adjustments Journal Bad Debt Account No. 394
 Account Activity and Trial Balance 394
 Expired Authorization Setup 394
 Balances/Recaps 394
 Report List/Descriptions 396
 Print UB Claims..... 397

Master Files 399

Master Files Main Screen 401
 Payor Definitions 401
 Edit Paying Agencies..... 402

Chart of Accounts	404
Add/Edit Chart of Accounts	404
Manage Opening Balances	405
Receivables Accounts	406
Billing Rules Sets	407
Billing Rules Set Definitions	408
Acuity Payment Level (Level of Care)	414
Add/Edit Acuity Payment Level (Private Pay)	415
Add/Edit Acuity Payment Level (Medicare Part A)	417
Add/Edit Acuity Payment Level (Medicaid)	418
Enter Rate Change for All APL's at Once	420
Room Master	423
Room Detail	424
Room Rate Detail	424
Census Accounts	425
Edit Census Accounts	425
Discharge Codes	425
Add/Edit Discharge Codes	426
Physician Taxonomy Codes	426
Add/Edit Physician Taxonomy Codes	426
Ancillaries (Master Files)	429
Add/Edit an Ancillary	430
Consolidated Billing	432
Select HPCSC/CPT Code	432
Ancillary Revenue Categories	433
Add/Edit Revenue Codes	434
Ancillary Accounts	434
Edit Ancillary Accounts	434
UB or CMS-1450 Revenue Codes	435
Add/Edit Revenue Code Item	435
Value Codes	435
Add/Edit Value Codes	436
Custom HCPCS/CPT	436
Facility Data	436
RA 835 Options	438
Payment Options	439
Resident Pictures	441
<hr/>	
S-cores	445
<hr/>	
WinCare on the Cloud	449
Saving Reports From the Cloud	455
Changing your cloud password	459
General Information	461
Additional Requirements	463
HIPAA and HITECH ACT Compliance Tips	465
ICD-10 Transition	467
Configuration Files	469
Required Windows Rights	471
Import File Format for Ancillaries	472
Contact Information	473
Contact Information:	473

Mailing address:473
Physical Address:473

Index **475**

CHAPTER 1

Registration

In This Chapter

Registration Screen	3
WinCare Login.....	4
Re-Registration	4
Install & Upgrade FAQs	5

Registration Screen

WinCare **Registration** screen is displayed when the program is started by clicking the WinCare icon on the desktop. Specific information must be completed in order to register the program. This information is encrypted as a unique registration number for each facility.

WinCare Registration	
Purchased By	Justin Parker
Title	Administrator
Facility Name	WinCare Nursing Home
Address	11 N Peach
Address 2	
City	Medford
State	OR
Zip Code	97501
Registration Number	538-8514-1690-2776
Medicare Provider Number	658235
Medicaid/Medi-Cal No. - Skilled	654824
Medicaid/Medi-Cal No. - ICF	
Facility ID	458
Contact Name	Justin Parker
Contact Phone	541-773-3906
Contact Ext.	

Buttons: Proceed to WinCare, Print Registration Info, Help, Exit WinCare

1. Complete the on screen registration form and click **Print**.
2. **Fax** the printed copy to WinCare at 1-541-776-3304.
3. Call technical support at **1-800-889-2349** to receive a registration number.
4. Enter the registration number and click **Proceed to WinCare** and when the registration number is accepted, the log on screen will appear.

Type the default login **sys admin** in the username field. Enter **WinCare** as a default password (not case sensitive.) A password is required for all users that are added in the Utilities module which is accessible from the WinCare Control Panel. The WinCare system is programmed to open only ten times prior to registration and will stop working until formally registered. If you have any problems, comments, or questions, please contact WinCare at:

- Mail: WinCare
- P.O. Box 39
- Medford, OR 97501
- Email: support@wincare.com
- Fax: 1-541-776-3304
- Tel: 1-800-889-2349

WinCare Login



The WinCare Login screen is the first screen to appear when entering the program after registration.

- Until the security system is activated, type **sys admin** into the login field to enter the WinCare program and click the **OK** button. A password is required for the sys admin login. Enter **WinCare** as a default password (not case sensitive.) If the password field is left blank, the screen below will be displayed to enable the user to define a password.

The program assumes that the logged in user is the individual entering data and will audit all entries with that individual's name.

- After security is **activated**, enter a correct name and password (if passwords are in use) to start the WinCare program.

Re-Registration

If the facility needs to re-register due to a change in the information, select the **Utilities** button from the WinCare Control Panel and click the **Facility** button.

1. Click **Facility Information**.
2. **Edit** the necessary fields; at the prompt click **No** to save the changes. Click **Exit** to close the screen.
3. **Log** into WinCare again to display the edited registration screen.
4. Click **Print Registration Info** to print the registration information and **Fax** it to WinCare at 541-776-3304.
5. Call technical support at **1-800-889-2349** to receive a new registration number.

Install & Upgrade FAQs

Q. I am attempting to upgrade my program to the new version but is defaulting to the selection New Install?

A. This problem occurs if one of the variables: path=, lists=, or data= (which are located in the wincare.ini), points to a location that is currently unavailable. The program will then default to the new install selection.

Verify that the machine with the currently logged in user can access all three paths successfully.

Follow the steps below to check the wincare.ini:

Click the Windows **Start** button.

Click **Run**.

Type the text, %AppData%\Wincare\wincare.ini and click **OK**.

Verify the paths and if incorrect, make the appropriate changes.

Verify the paths and if correct, begin the install/upgrade again and it should display the correct option.

Q. Do I have to install or upgrade the WinCare program on each client PC if networked?

A. If the program and the database is being ran from the server then the upgrade needs to be done only on the server. If the program is local and only the database is being ran from the server then the upgrade needs to be done on each workstation.

CHAPTER 2

WinCare Log In

To start WinCare, double click the WinCare Icon on your Desktop.



The actual description under the icon will include the version number and either Clinical or Integrated.

The first screen that comes up is the Log In screen.



Enter your Log On Name and Password, then click OK. If your log in is successful you will be taken to the WinCare Control Panel. If your log in isn't successful check the name you entered, and try your password again. If you still cannot log in, then contact your facility's WinCare administrator.

To insure data integrity when WinCare starts it will check that the program files and the data files are the same version. All workstations need to be running the same version and service release. If the program detects that they are not the same version, the problem must be fixed before access to WinCare will be allowed.

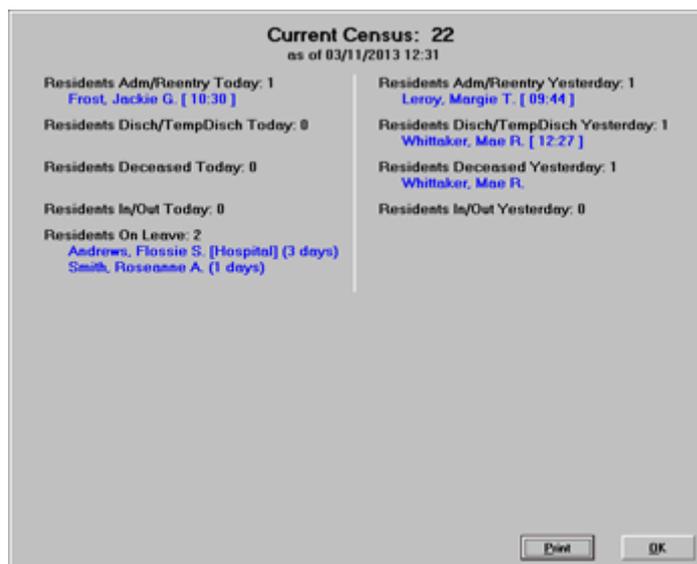
To inform users of WinCare updates, the program will check the WinCare website for the current version of WinCare and display a message if there is a newer version. If there is a newer version the user can contact their computer person (IT professional) to install the update.

After an upgrade or service release is installed the Release Notes are displayed once for each user. To view the release notes again click Help on the main control panel and click Release Notes.

CHAPTER 3

Current Census

Once a user logs into WinCare the Current Census is displayed. The screen displays the Current Census (residents in the facility), any discharges and admits that occurred today or yesterday. Users of our Integrated software will also see the residents that are on leave with how many days that have been out of the facility.



Screen can be displayed again by going into Admit, and then selecting View Census Stats.

CHAPTER 4

WinCare Control Panel

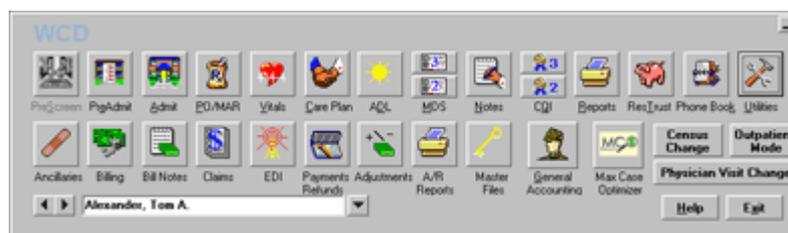
In This Chapter

Control Panels 13

Control Panels

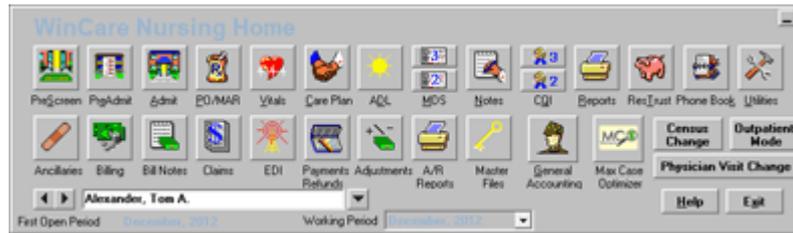
The WinCare program opens with either the Clinical or Integrated Control Panel as displayed below depending on which version has been installed. The Clinical features are on the top row of the control panel, and the Integrated (Billing) features are in the second row of buttons. The second row also contains a button to launch Max•Case•Optimizer.

Clinical:



- **PreScreen** is an add-on module used to determine a cost of care for a potential Medicare resident.
- **PO/MAR** enables data entry and printing of all physician orders pertaining to residents.
- **Vitals** enables entry of resident-specific Vital information.
- **Care Plan** is used to design individualized resident-specific care plans.
- **ADL** is used to maintain records for residents' daily living activities.
- **MDS** is used to assess resident conditions. Use the top MDS 3 button for assessments with a reference date on or after 10/1/2010.
- **Notes** allows documentation of resident's progress.
- **CQI** generates reports for Continuous Quality Improvement. Use the top CQI 3 button to access the CQI reports based on the MDS 3 assessments.
- **Reports** generates individual and summary reports.
- **Res_Trust** tracks the deposits and withdrawals of resident's personal money.
- **Phonebook** includes data per physician, insurance carrier, etc.
- **Utilities** contains options for security and customization of the program.
- **Census Change** turns red when an admission or discharge occurs at another workstation. Clicking the button brings up the Current Census screen showing who was admitted or discharged, and clears the red color on the button.
- **Physician Visit Change** turns red when a Physician Visit change has been made from another workstation. Clicking the button shows significant changes that have occurred in the last seven days.
- **Help** displays a menu which includes User Manual, System Requirements, and Release Notes.

Integrated:

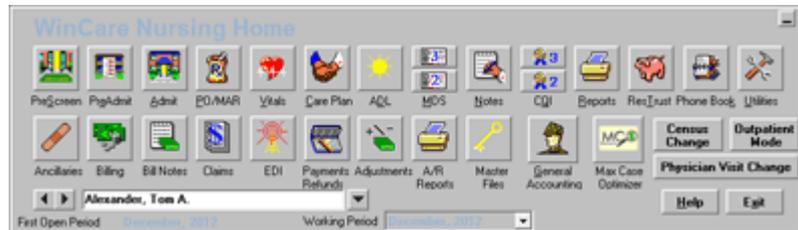


- **Ancillaries** contains the charges for ancillary items.
- **Billing** can generate invoices which are needed to generate UB04s and EDI files in other modules.
- **Billing Notes** enables users to maintain correspondence and tasks regarding resident billing.
- **Claims** enables generating, viewing and locking UB04s.
- **EDI** enables the electronic transmission of the generated UB04s.
- **Payments Refunds** records payments, refunds, and adjustments.
- **Refunds** allow the issuance of a resident's refund in a current billing period.
- **Adjustments** enables users to correct entries in the census for closed billing periods.
- **A/R Reports** enables customization of reports.
- **Master Files** contains settings and data for the facility.
- **Max•Case•Optimizer** - a WinCare add-on to Optimize facility RUG scores.
- **Census Change** turns red when an admission or discharge occurs at another workstation. Clicking the button brings up the Current Census screen showing who was admitted or discharged, and clears the red color on the button.
- **Switch to Outpatient Mode** - an Add-on module to do outpatient billing.
- **Help** displays a menu which includes User Manual, System Requirements, and Release Notes.
- **First Open Period** displays the first billing period that is open.
- **Working Period** allows the selection of an open billing period to be used as the default for the Integrated (billing) modules.

Screen colors for resident status

The screen color is used to identify the current residents status as Admitted, not in the facility on a temporary leave, and discharged.

The gray screen identifies the resident is currently an active resident in the facility.



When the resident is still active but out of the facility the screen changes to yellow (Integrated Only). The change is made by doing a temporary discharge.



Residents who have been discharged from the facility have a green screen.



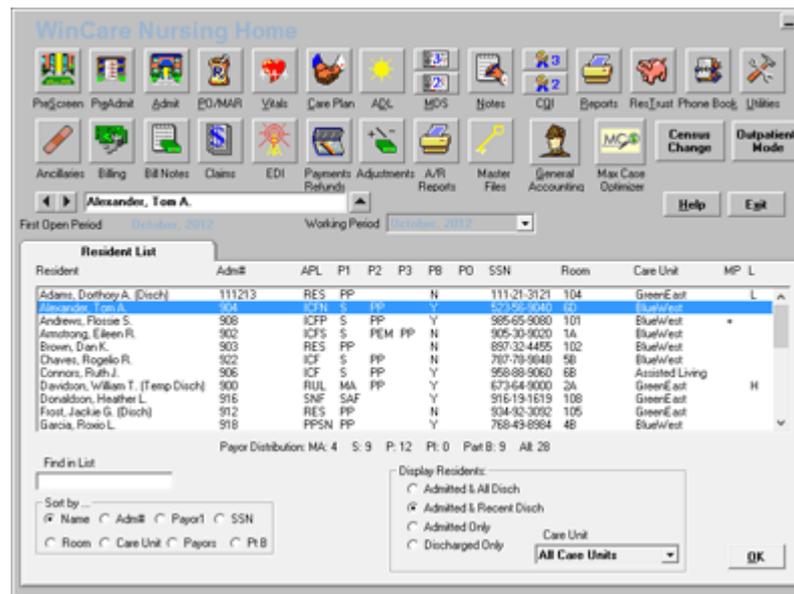
Resident List

To view the Resident List, click the down arrow to the right of the resident name on the control panel.



The Integrated Resident List displays additional census information that is not available on the Clinical-Only Resident List.

Integrated Resident List:



The Resident List displays the resident name; admission number; APL; the primary, secondary, and tertiary payors; SSN, room number, care unit, then flags for Medicaid pending and Leave type. hovering the mouse pointer over the column labels displays a key for the initials in the column heading.

The "Find in List" allows you to search for residents by name or admission number depending on the "Sort by ..." selected. The "Sort by ..." has several other options for viewing the list.

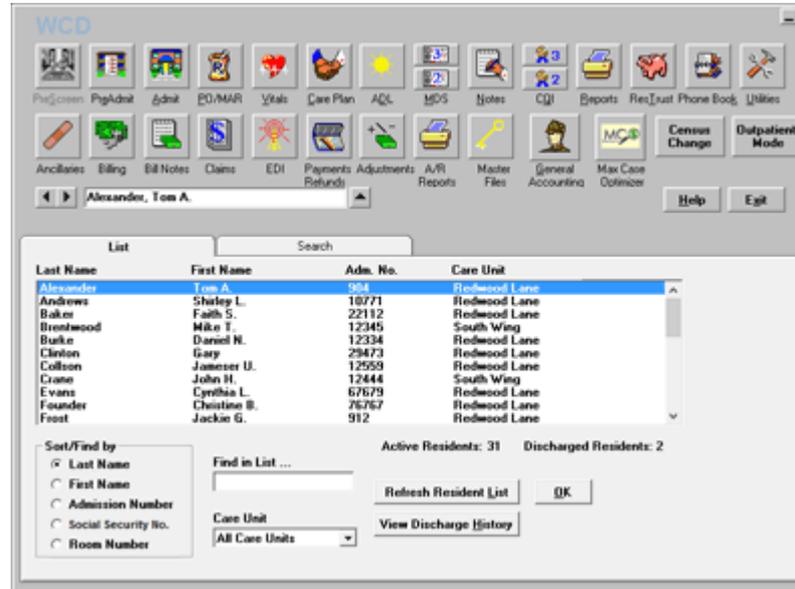
The default view of the resident list is "Admitted and Recent Discharged" residents. Recent Discharged means discharged residents since the last closed period. You can also view "Admitted & All Discharged", "Admitted Only", and "Discharged Only".

This list can also be filter by Care Unit.

To select a resident to work with double-click the resident in the list, or select the resident in the list and click OK.

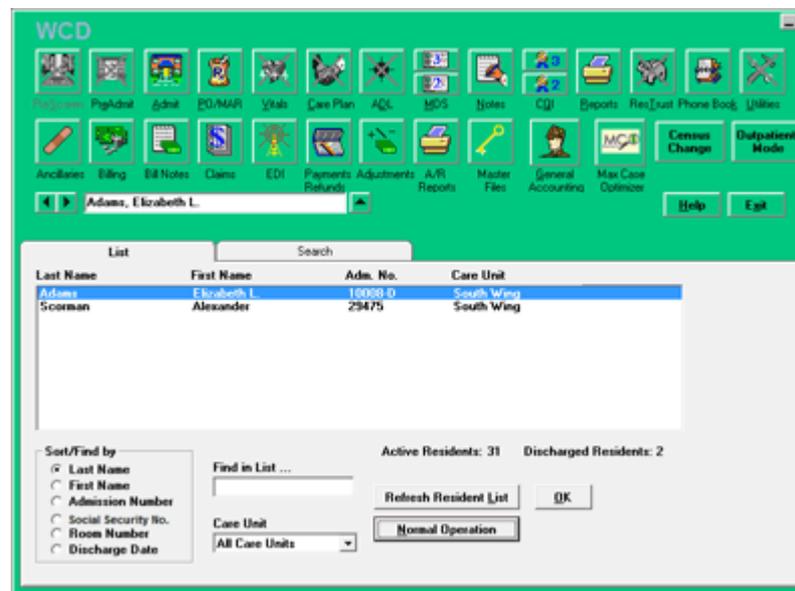
The list can also be closed by clicking the button again that opened the list.

Clinical Resident List:



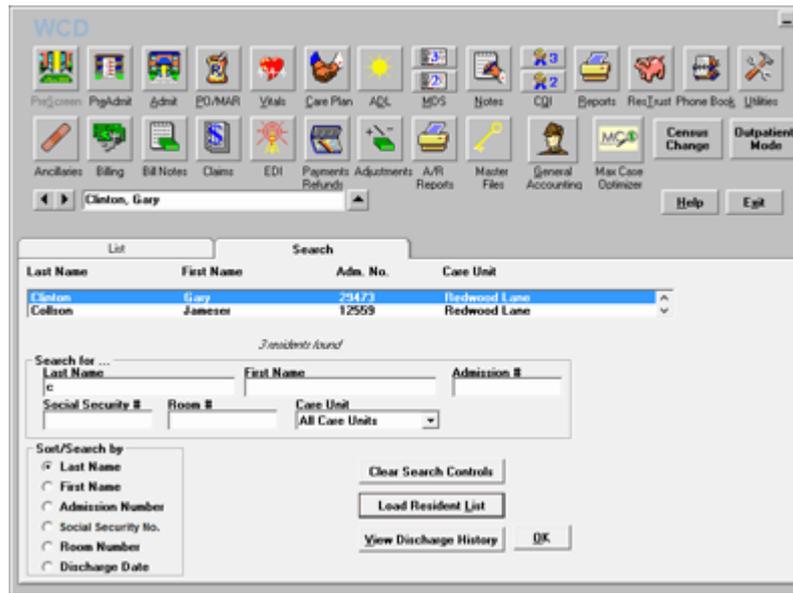
The Clinical resident list works like the Integrated. It does have some advanced search capabilities on the "Search" tab.

You can look at either admitted residents (default) or discharged residents. To see the discharged residents click "View Discharge History".



To go back to the list of admitted residents click "Normal Operation".

Clinical Search Screen:

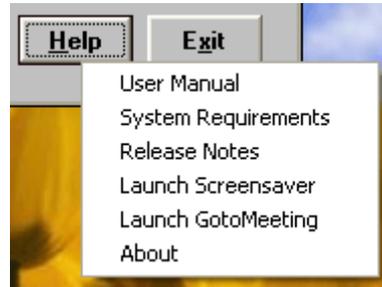


Enter what you want to search for in the "Search for ..." fields and then click "Load Resident List", the matching residents are returned in the small box above.

Selecting a resident is the same as on the "List" tab.

Control Panel Help Button

When you click the Help button on the WinCare Control Panel a Help Menu is displayed.



- **User Manual** - The WinCare User manual is available in a searchable format. The User Manual is updated for every release and service release. This is the primary resource when you need a refresher on how something in the program works.
- **System Requirements** - Lists the computer and operating system requirements for the optimal performance of WinCare.
- **Release Notes** - Want to know what was new in the latest update? Then this is the spot. It lists the Service Release that is installed if applicable. It also lists what is new or changed overall for WinCare and then lists changes for Integrated users.
- **Launch Screensaver** - This launches the Windows Screen Saver. You must have a screen saver selected and active in your Windows Display Properties. Windows has an option to require a password to clear the screen saver. When that option is selected, you can use the Launch Screensaver feature to protect confidential information from being seen, if you need to step away from your computer. When used with the Windows password this feature aids in HIPAA compliance.
- **Launch GotoMeeting** - GotoMeeting is a web based service that can be used when working with WinCare's Technical Support Team, to allow them to see your computer screen. WinCare has found that being able to see your computer screen greatly reduces the amount of time spent in resolving any problems, or walking a user through how to do something. The connection is encrypted for HIPAA compliance.
- **About** - Displays the current base version of WinCare that is installed. Also displays contact information for both sales and support. This screen also has a button to take you to the WinCare website, and another to send an e-mail to WinCare using your Windows Default E-mail software.

About WinCare 

WinCare MDS 7.1
State Code: DR
Copyright © 1994-2011 WinCare

Licensed for the sole use of
WinCare Nursing Home
11 N Peach
Medford, DR 97501
Registration Number: 230 2709 2215 4790

Contact Information
Sales: 1-800-423-1883 (8AM-5PM, M-F)
Support: 1-800-889-2349 (24/7)
Fax: 1-541-776-3304
Mailing Address:
WinCare, LLC
P.O. Box 39
Medford, DR 97501

WinCare on the Internet

[Visit WinCare.com](#)

E-Mail To:

WinCare's Paperless ADL Charting System

[Visit www.5-coers.com](#)

[System Info...](#)
[More](#)
[Exit](#)

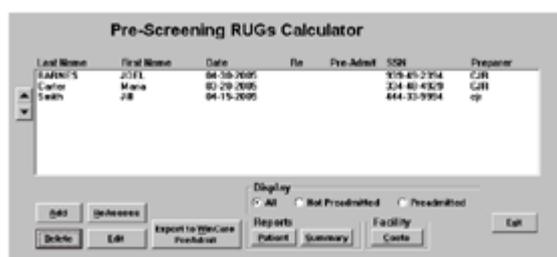
PreScreen Main Screen

This option is available upon purchase of the PreScreen Add-On module. Call WinCare Sales for more information and demo at 1-800-423-1083.

The **PreScreen** module was designed so that LTC facilities using WinCare can quickly arrive at a cost of care for a potential Medicare resident prior to admission. Information pertinent to the care of the prospective client is entered and the cost of care per assessment process is calculated against the income to be received.

Access this module by clicking the Pre Screen button from the WinCare Control Panel.

1. Setup of the calculator must be completed prior to adding individuals to the pre screen database. Follow the steps outlined in the next section, Pre Screen Setup.
2. Upon completion of the setup, click New to create a new pre screening assessment for an individual or Edit to make changes to a previously generated record.



Edit Assessment

Editing an Existing Assessment:

1. From the Main Screen, **highlight** the resident name.
2. Click **Edit** to display the patient information screen.
3. Each screen will initially contain the information originally entered on that screen. Edit each screen as desired and click < button to save the changed information and proceed to the next screen until completed.
4. Upon reaching the Pre Screening Admission Calculation screen, the user may select one of the following options:
 - Click **Get a Full Report** to generate a complete report.
 - Click the > button to return to the previous screen or click **Exit** to return to the main PreScreen screen.

Re-Assessing an Existing Assessment:

1. From the Main Screen, **highlight** the resident name.

2. Click **Re-Assess** to display the Resident Information screen. Each screen will initially contain the information originally entered on that screen. Edit each screen as desired.
3. Click > to save the changed information and proceed to the next screen.
4. Upon reaching the Pre Screening Admission Calculation screen, select one of the following buttons:
 - Click **Get a Full Report** to generate a complete report.
 - Click the > button to return to the previous screen or click **Exit** to return to the main PreScreen screen.

Deleting an Assessment:

1. From the Main Screen, highlight the resident's name.
2. Click **Delete** to display the confirmation screen.
3. Click **Yes** on the screen and the assessment will be deleted or click No and the user will be returned to the PreScreen screen.

Generating a Report on an Existing Assessment:

1. From the Main Screen, **highlight** the resident's name.
2. Click **Patient Report** to display the print selection with the name of the selected highlighted assessment.
3. Click **Preview** to view the report or click Print to print the report directly without a Preview.
4. To **Exit** the screen preview, click the **X** in the upper right hand corner of the screen to return to the WinCare Control Panel.

CHAPTER 5

Pre-Admit

In This Chapter

Pre-Admit Main Screen	25
Screens A-E	26
Policy Forms	27
Reports	27

Pre-Admit Main Screen

The **Pre-Admit** module is designed to set up a resident admission including pertinent data prior to actual admission. The record does not have to be completed. The module may be used as a resident waiting list. PO/MAR functions have been added for residents.



Access this screen to enter the names and data of residents prior to admission by clicking the **Pre-Admit** button from the WinCare Control Panel.

1. Click **New** to enter data for a resident prior to admission.
2. Use the **Tab** key to move from field to field or click into the appropriate field and enter data.
3. Click on the arrows to move from screen to screen, the left arrow moves one screen backward, the right moves one screen forward.
4. Click **Exit** to save the entered data and leave that section of the module.
5. Upon completion of the Pre-Admission screens, and when it has been determined that the candidate is to be admitted, highlight the name, click the **Admit** button from the main Pre-Admission screen. This brings up a screen with pre-filled basic information. Complete the admission data by assigning the room number, admission number and care unit. Click **Admit** and the data will be mapped into the Admit Module and into the active resident census list.

Screens A-E

A blank **Pre-Admission A** screen appears upon clicking **New**, which represents demographic information. Complete the known information. The facility specific drop down lists on the right of the screen which are for physician, pharmacy, hospital, dentist, mortuary and insurance carriers are obtained from the phone book.

If the resident does not have a Medicaid number, enter an N. This is prompted when you try to exit from the screen.

Screen B prompts the interviewer to obtain documents from family or candidate that are necessary to complete an admission. Clicking on the white box or on the number marks the completion of a document.

Screen C contains additional information necessary for the admission. The Notification screen brings up a screen indicating the Responsible Party, Emergency Contact and/or Spouse. After the responsible party screen is completed and you want to add an Emergency Contact or Spouse, change the indication button to Emergency or Spouse and select clone. The information previously completed will re-appear. Edit the information as appropriate. The information now appears with the correct data.

Screen D provides Social Services information. User can select appropriate directives, ie: check if the candidate has a living will or perhaps the candidate has none of the directives.

Screen E has a field for **free type** comments, which hold unlimited text. If the candidate is admitted, the entered comments will map to the Face Sheet 3 in the Admit module.

To change or add data of a **Not Yet Admitted** candidate, select the name by highlighting it. Select individual buttons for the PreAdmit Facesheets and PreAdmit MAR and enter necessary changes.

To **View** data of Already Admitted candidates, click **Already Admitted** and highlight a selected resident. Click individual buttons for PreAdmit FaceSheets and PreAdmit MAR to view the data.

Refer to **Chapter 5 PO/MAR** section for the steps or instructions on how to Add/Edit data for the PreAdmit MAR buttons. Note: In PO/MAR the users will only be able to discontinue or invalidate but in the PreAdmit module, users will use the delete button to remove a medication or treatment.

Policy Forms

A listing of various forms available for printing is displayed on screen. These forms can be printed with the resident information in applicable fields or as generic, blank forms. Use the **Select Forms** to indicate the options needed.

1. Click the **Policy Forms** button from the Admit main screen.
2. Click **All** to print all the forms. The button then toggles to **None** for de-selection.
3. Select the **Individual Forms** to print by clicking the appropriate checkboxes.
4. Click **Print Blank Forms** to print blank forms.
5. Click on the **Forward** or **Reverse** radio buttons to select the printing order.

Reports

1. Highlight the candidate name and click Individual to print individual reports. This report has basic demographic data, insurance, primary physician, advanced directives and other information as entered in the module.
2. Click Summary and the report selection option will be displayed.
3. Click PreAdmission Candidates or Admitted Residents to display a report listed chronologically by the date of admission.

CHAPTER 6

Admit

In This Chapter

Admit Main Screen	31
Admit a New Resident	32
Change of Status (Integrated)	33
Temp Discharge (Integrated)	39
Reentry (Integrated)	40
Discharge	42
Readmit Prior Resident	44
Delete Resident	45
View Census Stats.....	46
Admission Face Sheets	47
Allergies	58
Physician Visits.....	59
Discharge Reports.....	61
ResTrust Main Screen.....	63
Policy Forms	65
Trans/Rehab Reports.....	65
Medicaid Liability.....	68
Payors.....	71
Therapy Onset.....	73
Billing Address	74
Medicare To Do List.....	75
Completeness Check.....	75
Spell Check (All Free Text fields)	76
Admit FAQ's	76

Admit Main Screen

The **Admit** main screen enables the user to enter face sheet information, setup the phonebook, track resident's personal money and add allergies. Access this screen by selecting the Admit button from the main WinCare Control Panel.

Clinical:

A screenshot of the 'Admit Main Screen' for resident 'Alexander, Tom A.' (Adm. No. 904). The interface includes a title bar with the resident's name and a small icon. Below the title bar, there are several buttons for clinical actions: 'Admit New Resident', 'Discharge', 'View Census Stats', 'Readmit Prior Resident', and 'Delete'. To the right, there is a section for 'Admission Face Sheets' with buttons for 'A1', 'A2', 'A3', 'Resident Trust', 'Allergies', 'Physician Visits', and 'Discharge Reports'. Further right are buttons for 'Policy Exams' and 'Trans/Rehab Reports'. At the bottom, there are 'Exit' and 'Help' buttons.

Integrated:

A screenshot of the 'Admit Main Screen' for resident 'Alexander, Tom A.' (Adm. No. 904), showing the 'Integrated' section. This view includes all the buttons from the 'Clinical' view, plus a 'Financials' section. The 'Financials' section contains buttons for 'Medicaid Liability', 'Payors', 'Therapy Qnsrt', 'Billing Address', 'Medicare To Do List', and 'Completeness Check'. The 'Admission Face Sheets' section now includes a button for 'A4'. 'Exit' and 'Help' buttons are at the bottom.

Admit a New Resident

Select **Admit New Resident** from the Admit main screen and complete all the fields. Required fields are highlighted in red (Care Unit is required and highlighted in red in the integrated version). The admit date and time are pre-filled with the computer system date.

Clinical

Integrated

1. Enter an **Admission** number for the resident (12 maximum)
2. Enter a **Social Security** number for the resident with or without dashes. If a resident does not have a social security number, enter a dash or NA. Numbers, spaces, dashes, and slashes are accepted (maximum 10).
3. Enter an optional **Medical Record** number (12 maximum)
4. Enter the **Last Name** for the resident.
5. Enter the **First Name** for the resident.
6. Enter the **Middle Name** (optional) for the resident.
7. Select the gender (**Sex**) of the resident.
8. Enter the resident's Date of Birth.
9. The **Admit Date** is editable and pre-filled with the system date. The date will be converted to a mm/dd/yy format.
10. The **Admit Time** field is editable and pre-filled with the system time.
11. Select a **Room/Bed #** from the drop down list under Room/Bed #. The list displays the status of the room (vacant) or (occupied).
12. Select a **Care Unit** from the drop down list. (Required for Integrated)
13. Upon data completion, click **OK** to return to the Admit main screen.

Change of Status (Integrated)

Armstrong, Eileen R.
Adm. No. 902

Change of Status

COS Date	Type	Leave	Hold	Pri	Sec	Ter	PB	APL/RUG	Room	Care Unit	Invoice
12-01-2012	Month			S	PEM	PP		ICFS/	1A	BlueWest	*13626
11-15-2012	Change			S	PEM	PP		ICFS/	1A	BlueWest	*13608
11-01-2012	Month			S	PEM	PP		ICFS/	1A	BlueWest	*13590
10-22-2012	ReEntry			S	PEM	PP		ICFS/	1A	BlueWest	*13590
10-20-2012	Disch	Leav	Y	S	PEM	PP		ICFS/	1A	BlueWest	*13590
10-09-2012	Change			S	PEM	PP		ICFS/	1A	BlueWest	*13542
10-01-2012	Change			S	PEM	PP		ICFS/(E52-60)	1A	BlueWest	*13501
09-01-2012	Month			S	PEM	PP		ICFS/(E52-60)	1A	BlueWest	*13483
07-01-2012	Month			S	PEM	PP		ICFS/(E52-60)	1A	BlueWest	*13424
06-01-2012	Month			S	PEM	PP		ICFS/(E52-60)	1A	BlueWest	*13385
05-01-2012	Month			S	PEM	PP		ICFS/(E52-60)	1A	BlueWest	*13346
04-01-2012	Month			S	PEM	PP		ICFS/(E52-60)	1A	BlueWest	*13307

Show Only last 12 months
 Show All

 Ascending
 Descending

This screen summarizes changes to a resident's status that may affect billing. Highlight a resident from the resident list and click the **Change of Status** button. Use the options Temporary Discharge and Reentry for a resident who is expected to return to the facility. Click Add COS or Edit COS to make changes to a previously created record.

- Click **Show All** to view all records since the original admission.
- Records can be displayed in Ascending or Descending order.
- If an entry is selected prior to clicking the **Add/COS** button, the entry will be used as a template and includes the data on the next record. If the record is NOT selected prior to clicking the Add/COS button, the last record will be used as a template.

The **Type** column indicates the type of change:

- Admit - Record of Admission
- Change - Change in status (ex. Room, Payor, APL, Care Unit,)
- Month - Monthly entries are generated to mark the beginning of the accounting period.
- Disch - Discharge Record

Click **Exit** to return to the main Admit screen.

Census Admission (Integrated)

After the initial admission of a new resident, add the resident's Payors. Then select **Change of Status** from the Admit main screen to open the Change of Status screen.

Click the admit record once to highlight it and click **Edit** or double-click the record to open the Census Admission screen displayed below.

Use this screen to complete the following **required fields**: Payor, Level of Care, Admitted From information, Medicare Day # (if applicable), Source and Type of Admission.

1. Select the Payor and level of care by clicking the **Set Payor/APL** button. From the Acuity Payment Level Selection screen, select a payor from the drop down list under **Current Payor**. All levels of care that have been defined for the selected payor will be displayed in a list with the current rate. Click the appropriate level of care to highlight it and click **OK**. See Set Payor/APL.
2. Only payors that have been added in the residents Payors screen are available for selection. A Payor can be added to the resident's payor list by clicking All Payors, however you will need to exit the Census record and come back in for it to be available for selection.

3. The **Type of Admission** is a required field pre-filled with 3 Elective by default.
4. Select a **Source of Admission** from the required drop down list.
5. Select the type of facility that the resident is being admitted from by selecting from the drop down list under **Admitted From**.
6. Type the name of the facility/institution in the field under **Name of Institution**.
7. Type the admission date and discharge date for the institution entered for step #7 in the **From** and **To Date** fields.
8. Select the appropriate care unit from the drop down list under Care Unit.
9. Enable the checkbox for Part B eligibility, if applicable.
10. Enter the Medicare Day # in the field below Current Med. Day, if applicable.
11. If the resident's primary payor is Medicare Part A, click the checkbox for **Qualifying Hospital Stay**.
12. The **Room/Bed** was selected previously on the admit screen, but if the selection needs to be edited at this time use one of the following methods:
 - Use the scroll bar to find the appropriate number.
 - Enter a room number in the **Find Room** field. The program will automatically move to the number in the list by either method. The list will display the word "**vacant**" if the room is currently unoccupied. If the room is occupied, the resident's admission number will be displayed next to the room number.
1. Upon completion, click **Save** to save the record and return to the Change of Status screen. Click **Exit** to return to the Admit module to continue entering data into the face sheets.

Delete Records (Integrated)

Click **Delete** to remove a change of status record, a temporary discharge (return anticipated) or reentry record. If you need to delete an Admit or permanent discharge record, you will need to call WinCare Support at 1-800-889-2349 to have that done. Also the user cannot delete Discharge continuation records (look like "Discharge ..."). If you need them deleted, delete the corresponding temporary discharge record, re-add and also add the reentry or permanent discharge for the correct date. This will remove the discharge continuation records.

Add/Edit COS (Integrated)

1. Select the Payor and level of care by clicking the Set Payor/APL button.
2. Select the appropriate care unit from the drop down list under **Care Unit**.
3. Enable the checkbox for **Part B** eligibility and select the resident's Part B Payor, if applicable.
4. Enter the Medicare Day# if the primary payor is Medicare Part A.
5. Edit a room selection by one of the following methods:
 - Use the **scroll bar** to find the appropriate number.
 - Enter a room number in the **Find Room** field. Select **Show Occupancy** to display the word "**vacant**" if the room is currently unoccupied in the list. If the room is occupied, the resident's admission number will be displayed next to the room number.

Click **Save** to save the record and return to the Change of Status screen.

Set Payor/APL (Acuity Payment Level)

Click the **Set Payor/APL** button from the Add or Edit COS screen to change the primary payor or acuity payment level assigned to a resident. When the primary payor is changed on this screen, the code list at the top will change. The resident's payors need to be added on the Admit, Payor screen before they are available for selection.

The **RUGs Group by MDS Assessment** is filled in automatically. If the RUGs score for a resident appears incorrect, the MDS assessment must be edited to prevent billing for a rate that does not match the assessment.

Acuity Payment Level Selection

Jennings, Michael U.
Adm. No. 910

To change the payor, select the payor first then select an APL in the list. The OK button will then activate.

Code	Description	Skilled Bill Code	Rugs III	Rate
PD1	RED. PHY. 11 - 15	×	PD1	208.53
PD2	RED. PHY. 11 - 15NR	×	PD2	209.45
PE1	RED. PHY. 16 - 18	×	PE1	212.58
PE2	RED. PHY. 16 - 18NR	×	PE2	211.29
RHA	REHAS HIGH 4 - 7	×	RHA	232.87
RHB	REHAS HIGH 8 - 12	×	RHB	239.66
RHC	REHAS HIGH 13 - 18	×	RHC	244.89
RHL	REHAS HIGH PLUS EXT...	×	RHL	245.56
RHC	REHAS HIGH PLUS EXT...	×	RHC	267.88
RLA	REHAS LOW 4 - 13	×	RLA	218.88
RLB	REHAS LOW 14 - 18	×	RLB	227.00
RLX	REHAS LOW PLUS EXT ...	×	RLX	237.99
RMA	REHAS MED 4 - 7	×	RMA	232.99
RMB	REHAS MED 8 - 14	×	RMB	236.29
RMC	REHAS MED 15 - 19	×	RMC	243.20
RML	REHAS MED PLUS EXT ...	×	RML	250.00
RMK	REHAS MED PLUS EXT ...	×	RMK	255.61
RLA	REHAS ULTRA 4 - 8	×	RLA	261.74
RLB	REHAS ULTRA 9 - 15	×	RLB	266.19
RUC	REHAS ULTRA 16 - 18	×	RUC	276.24

Current Payor: MA - Medicare Part A Acuity Payment Level (RUGS)/LOC: RUC

Buttons: Cancel, OK

1. Select a primary payor from the drop down list under **Current Payor**.
2. **Highlight** the an acuity payment level and click **OK** to save the entry.
3. Click **OK** to save and return to the Add/Edit Change of Status screen.

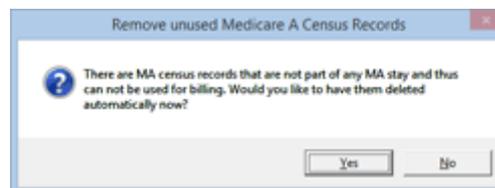
If an APL is either missing or wrong (like the wrong rate), the user needs to go to Master Files > Acuity Payment Levels to make the needed changes.

End MA Stay

When the users selects "End MA Stay", a COS record gets added as normal, then enter the date the MA stay ended (Effective Date) and select the new primary payor and APL.

The screenshot shows a software interface for ending a Medicare A stay. At the top, it identifies the patient as 'Alexander, Tom A.' with admission number 'Adm. No. 904'. The main area contains several input fields: 'Effective Date' is set to '10-10-2012' and 'Effective Time' is '10:31'. Under 'Payors', 'Primary' is 'S - Medicaid' and 'Acuity Payment Level' is 'ICF'. There is a 'Part B eligible' checkbox which is checked. The 'Room Selection' section shows a list of rooms: 6A, 6B, 6C, and 6D, with 6C selected. At the bottom left is an 'ADD' button, and at the bottom right are 'Cancel' and 'Save' buttons.

Then remaining MA census records after the end date are checked. If any MA records that aren't part of a MA stay, you will get this message:



Answering "Yes" will remove the MA census records after the Stay End Day.

Note: The MDS 3 Users are responsible for ensuring that A2400 A-C are completed correctly on the MDS assessments.

Change of Status FAQ's

Q. I am adding a new record and the date and time are already entered. Can I change them?

A. This field defaults to the current date when a new change of status record is created but is editable to allow the data change.

Q. I want to stop bed hold charges in WinCare after 7 days, how do I do that?

A. When doing bed hold (checking the box to "bill while on leave" for a temporary discharge), to stop it, the user needs to click Admit > Discharge for that resident. When you do that a new field "Bed Hold Stop Date" will appear. Enter the final day of bed hold charges. The original discharge date will map over automatically and then discharge the resident.

Temp Discharge (Integrated)

Highlight a selected resident and click the **Temp Discharge** (Temporary Discharge) button from the Admit screen or Change of Status screen when a resident leaves the facility and is expected to return regardless of the type of payor.

Add Resident Temporary Discharge
Armstrong, Eileen R.

NOTE: MDS Tracking forms are not required for social leave of any length and therapeutic leaves less than 24 hours.

Discharge, Return Anticipated

Temp Disch Date: 07-26-2005 Temp Disch Time: 15:31

Leave Type: Away at Hospital

Bill While On Leave
 An MDS Discharge will be created.

Discharge Status Code: 02 SHORT TERM HOSPITAL STAY

Discharge Information

7 Primary reason for assessment
 7 Discharged-return anticipated
 8 Discharged prior to completing initial assessment

5 Resident Discharge Disposition
 1 Private home/apt. with no home health services
 2 Private home/apt. with home health services
 3 Board and care/assisted living
 4 Another nursing facility
 5 Acute care hospital
 6 Psychiatric hospital, MR/DD facility
 7 Rehabilitation hospital
 8 Deceased
 9 Other

Cancel Save

1. The **Discharge Date** and **Discharge Time** are editable fields and are pre-filled with the current system date and time.
2. **Leave Type** allows selection of a type of leave.

3. **Bill While on Leave** checkbox should be enabled if the billing is to be continued during the time away from the facility. When this is checked, the program will bill the resident at the Bed Hold Rate. The program does not bill Bed Hold for Medicare Part A, as Part A consolidated billing rules do not allow billing Part A bed hold.
4. Select the type of discharge/status from the **Discharge Status Code** field.
5. **Primary Reason For Assessment** can be entered by typing the number in the box or double-clicking the item and the number.
6. **Resident Discharge Disposition** can be entered by typing the number in the box or double-clicking the item.
7. Click **Save** and return to the Change of Status screen.

Reentry (Integrated)

WinCare will not allow a resident's **Reentry** if they were not previously discharged correctly. The procedures below will assume that the census is always correct. It is *Imperative* that admits and discharges are completed timely and correctly.

Click the **Reentry** button from the Admit screen or the Change of Status screen when a resident is returning to the facility from a **Temporary Discharge (Return Anticipated)**.

Alexander, Tom A.
Adm. No. 904

Re-Entry Date: 06-2011 Re-Entry Time: 08:42

Payor: Primary: Medicare Part A Acuity Payment Level: RHA Set Payor/APL
Secondary: Tertiary: Modify Insurance Details

Medicare Day on ReAdmit: 195 Care Unit: Blue/West Part B eligible: Create MDS Entry Tracking Form: A1700 = 2 (Reentry)
Admission Date: 10-02-2010 Admission Time: 09:37

Entered From: Entered From ID: Acute hospital Name of Institution: General Hospital
From Date: 04-04-2011 To Date: 04-06-2011 Type of Admission: 3 Elective Source of Admission: 04 Transfer from a Hospital

A2400 - Medicare Stay Medicare-covered stay since the most recent entry
Start date of most recent Medicare stay: 04-06-2011
End date of most recent Medicare stay - Enter a dash if stay is ongoing: -

Room Selection: Show Occupancy
Room: 101 102 103 104 Occupant (Adm No.)
Find Room: Cancel Save

1. Select the Payor and level of care by clicking the Set Payor/APL button.
2. Select the type of facility from the drop down list for the **Admitted From** field.
3. Type the name of the facility/institution in the **Name of Institution** field.
4. Type the admission date and discharge date for the institution entered for step #3 in the **From** and **To Date** fields.
5. Select the appropriate **Care Unit** from the drop down list.

6. Check the check box for **Part B** eligibility and select the resident's Part B Payor, if applicable.
7. Enter the Medicare day number in the field below **Current Med. Day** field.
8. If the primary payor is *Medicare Part A*, click **Qualifying Hospital Stay**.
9. The **Room/Bed** was selected previously on the admit screen, but if the selection needs to be edited at this time use one of the following methods:
 - Use the scroll bar to find the appropriate number.
 - Enter a room number in the **Find Room** field. The list will display the word "**vacant**" if the room is currently unoccupied. If the room is occupied, the resident's admission number will be displayed next to the room number.
1. **Create MDS Entry Tracking Form** is checked by default, to allow the program to automatically create the MDS Entry Tracking form in the MDS.
2. The A2400 - Medicare Stay section allows you to enter the A2400 information for the Entry Tracking form.

Click **Save** and **Exit** to save the data and return to the Admit screen or the Change of Status screen.

Additional information for Entry Tracking Form Creation

WinCare can now automatically make MDS3 Entry Tracking forms (A1700=2) when users create a Reentry Census Record in Integrated Mode. When making the tracking form, WinCare checks the Entry Tracking form behind the scenes and closes it if the Completeness Check returns "Assessment is Complete". For Section S states, often WinCare cannot fill the entire Entry Record out automatically, in which case it will be created but finished by a MDS Nurse.

The user doing the re-entry doesn't need Add or Edit rights to the MDS - the program will still create the tracking form in their name. If you don't want their name to show on the printed MDS, then open the assessment and go to the Z0400 screen and check "Don't Print Z0400 Signatures/Sections".

Discharge

Use the **Discharge** screen if the selected resident is not expected to return to the facility, is deceased, or is being discharged prior to completion of the initial assessment. Clinical facilities use this screen for Return Anticipated Discharges, instead of the Integrated Temp Discharge screen.

Clinical:

Integrated:

1. The **Discharge Date** field is pre-filled with the system date but is editable by manually entering the date or clicking the drop down arrow to display a small calendar. Note when Integrated: If the resident is currently out on a Temporary Discharge with Bed Hold being charged, the Discharge Date is not editable and is set to the date of the Temporary Discharge. The **Bed Hold Stop Date** becomes available for entry and defaults to the system date, set the Bed Hold Stop Date to the date you wish the billing for Bed Hold to end.

2. The **Discharge Time** field is not required and is pre-filled with the system time but may be edited by entering the date in mm/dd/yy format.
3. Select the status by clicking the radio button next to "Alive" (default) or "Deceased". The discharge status controls the options on the right side of the screen. If deceased is selected, only selections 8 and 9 will be available. This option also controls the discharge report. If Deceased is marked, there are additional questions. The report will have different information based on the alive/decease status.
4. Select the appropriate code from the displayed list in the **Discharge Status Code** field. If the facility needs a discharge code that is not listed, the code can be added to the database in the Discharge Status Codes section in the Master Files module and the codes will be added to the list on this screen.
5. Enter the number for the **Primary Reason for Assessment and Resident Discharge Disposition** or double-click the type of disposition for selection.
6. Enter additional information in the **Other Discharge Information** field. What is typed here will appear on the Discharge Report, under "Other Discharge Information". It is NOT stored or accessed anywhere else in the program.
7. If you wish to fill out the discharge form on the computer click **Fill Out Discharge Report**, and enter the rest of the discharge information, or you can print the report and have the physician or nurse complete paper report. After completed if a print out is needed go to the Discharge Reports module to print the completed form.
8. Click **Print Discharge Report** for a blank paper copy of the report to be filled out by hand.
9. Click **Print Face Sheet** for the chart and/or to send with the resident.
10. Click **Discharge Resident** to move the resident out of the active list to the discharge list.

The discharge report can be viewed or printed later by going into **Admit** and clicking **Discharge Reports**.

Readmit Prior Resident

The readmit screen is similar to a normal admission except it includes the checkbox **Retain Medications from Prior Admission**. This box is enabled by default but can be unchecked to delete the medications from the resident's prior admission. All required fields are highlighted in Red and a prompt will be displayed if left blank (Care Unit is required and highlighted in Red in the integrated version).

The screenshot shows the 'Admit Readmission' window. At the top right, there is a title 'Admit Readmission' and a small icon. Below the title is a table with the following data:

Last Name	First Name	Social Security No.	Prev. Admit No.	Discharge Date
Armstrong	Eileen R.	905-30-9020	902	12/10/2007 2:10:00 PM
Frost	Jackie G.	934-92-3092	912	8/10/2007 11:52:00 AM
Lewis	Hazel K.	665-25-9090	909	4/7/2006 4:06:00 PM

Below the table, there is a search section with a 'Find in List ...' text box, a 'Show records since:' section with radio buttons for 'All Records', 'Two Years', and 'Date', and a date field set to '12-27-2005'. At the bottom, there is a 'Sort/Find by ...' section with radio buttons for 'Last Name', 'First Name', 'SS #', 'Prev. Admit #', and 'Disch. Date'. There are also 'Readmit' and 'Cancel' buttons.

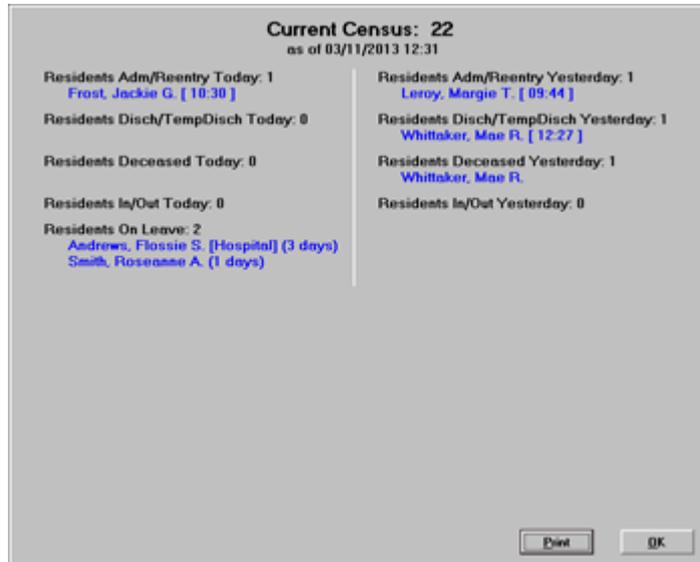
1. Enter an **Admission** number for the resident (limited to 12 characters).
2. Enter a **Medical Record** number if applicable (limited to 12 characters).
3. Enter a **Social Security** number for the resident. This number may be entered with or without dashes. If a resident does not have a social security number, a dash, or NA must be entered.
4. Enter the **Last Name** and **First Name** for the resident. (**Middle Name** is optional).
5. This field is pre-filled with the system date but may be edited by typing in the desired date. The date may be entered in mm/dd/yy format and will be converted to the format, ex. Feb 24 2005.
6. The **Admit Time** field is pre-filled with the system time but is editable by typing in the desired time.
7. Select a **Room/Bed #** from the drop down list under Room/Bed #. The status of the room is displayed (vacant) or (occupied) next to the room/bed number.
8. Select a **Care Unit** from the drop down list under Care Unit Assignment. The list is populated with the care units that have been defined in the Utilities module.
9. Click **OK** to return to the Admit main screen.

Delete Resident

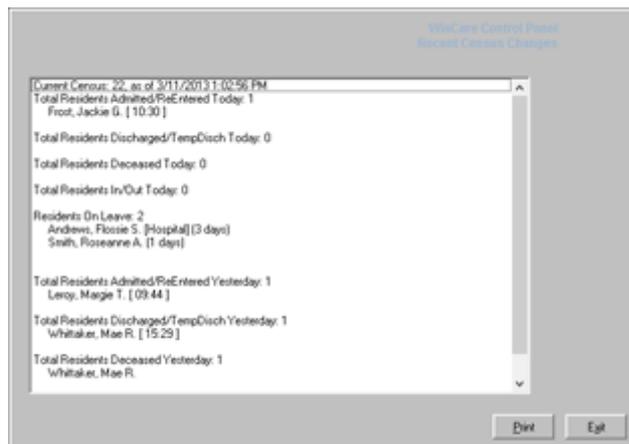
This option will remove the resident permanently. The program means what it says - it is *irreversible* - all records are erased - they *CANNOT* be retrieved. WinCare recommends keeping records on deceased residents in the *database* for seven years or as determined by state or federal regulations.

View Census Stats

Opens up the Current Census screen with the current census status for the day. Shows the Admits and Discharges for today and yesterday. Integrated facilities also see a list of residents on leave (expected to return) with the number of days that have been out of the facility.



The Print button opens a printer friendly format that can be printed if needed.



Admission Face Sheets

A1 (Face Sheet One)

Click the **A1** button from the Admit main screen to enter demographic information for the selected resident.

The screenshot shows the 'Admission Face Sheet One' form for resident Tom A. Alexander. The form is titled 'Alexander, Tom A.' and 'Adm. No. 904'. It includes a small photo of the resident in the top right corner. The form fields are organized into several sections:

- Personal Information:** Last Name (Alexander), First Name (Tom), Middle Name (A), Sex (Male), Date of Birth (Jan 20 1935), Age (77), Place of Birth (Colorado).
- Address:** Street Address (345 Lionstone Drive), Address Line 2, Phone (503-840-9575), City (Salem), State (OR), Zip (97503), Country.
- Identification:** Social Security No. (523-56-9040), Medicaid No. (135-24-7960), DMA Cert End Date, Medicare No. (234565466A).
- Demographics:** Race (White), Ethnicity (Hispanic or Latino), Citizenship (USA), Marital Status (Divorced), Church Affiliation (Protestant), Primary Language (English).
- Professional/Service:** Previous Occupation (Surveyor), Industry (Timber), Military Service, Date of Service.
- Admission Details:** Admission No. (904), Admit Date (Mar 24 2012), Admit Time (13:52), Room/Bed # (104).
- Care Unit:** Care Unit Assignment (Blue/West), Length of Stay (63).

Navigation buttons for 'Exit' and a right arrow are visible at the bottom right of the form.

- Use a forward slash mark in all date fields, e.g. 4/15/1936. For 1900's, use 4 digits for the year; use 2 digits for 2000. The day and month do not require a zero if it is a one digit number.
- Enter a **Social Security** number for the resident with or without dashes. If a resident does not have a social security number, enter a dash or NA. Numbers, spaces, dashes, and slashes are accepted (maximum 10).
- The **Medicare** number field is required for all Medicare assessments. If unknown, leave the field blank.
- The **Medicaid** number is required for all Medicaid assessments. If the number is unknown because the resident's status is pending, enter a + in the field.
- The **DMA Certified End Date** field is state specific. If required, enter the date the resident's Medicaid coverage will end unless they apply for re-certification. The certification periods vary from state to state.
- Use the **Tab** key to navigate into a drop down box, type the first letter of the desired response and the program will select it automatically from the drop down list
- Click the [...] next to the room and care unit fields to access the selected resident's change of status screen to add or edit the information.
- Resident pictures can be added using the Resident Picture Linker. See the Resident Pictures section for more information.

A2-Clinical (Face Sheet Two)

Alexander, Tom A.
Adm. No. 904

Attending (Primary) Physician: **Graham, Emily**

Consulting Physician 1: **Paulson, James**

Consulting Physician 2: **Brown, John A.**

Admitting Physician: **Brown, John A.**

Pharmacy: **Eastern Pharmacy**

Preferred Hospital: **Medford General Hospital**

Preferred Transportation Co: [Empty]

Dentist: **Davenport, Richard**

Church: **First Baptist Church**

Mortuary: **Mary's Funeral Home**

Referred By: [Empty]

Transferred By: [Empty]

Primary Payment Source: **Medicare Part A**

Secondary Payment Source: **Private Pay**

Tertiary Payment Source: [Empty]

Additional Payment Sources: **Medicare Part B**

Insurance Carrier: [Empty]

Insurance Policy Number: [Empty]

Medicare Status: Resident is enrolled in Medicare

Entered From: **Acute hospital**

Name of Institution: **Three Rivers Hospital**

From Date: **01-01-2011** To Date: **01-05-2011**

Level of Care: **Skilled**

Admitting Diagnosis ICD-9: **294.20 DEMENTIA UNSPECIFIED WITHOUT BEHAVIORAL D**

Prim/Sec	ICD-9 #	Diagnosis
Primary	294.20	DEMENTIA UNSPECIFIED WITHOUT BEHA
Primary	043.20	TUBERCULOMA OF BRAIN UNSPECIFIED I
Secondary	063.22	SALMONELLA PNEUMONIA
Secondary	* 796.2	ABNORMAL GLUCOSE
Secondary	248.51	SECONDARY DIABETES MELLITUS WITH

System Date: 06-05-2013

Access this screen by clicking the **A2** button from the Admit module. Physician, insurance, pharmacy, preferred transportation, etc. fields are populated from the Phonebook. **Primary Payment Sources are populated from the Utilities module.**

The ICD9 Diagnosis Code list first can be accessed by clicking the elliptical button [...] next to the ICD9 number field under Admitting Diagnosis or by clicking **Add** under the Other Diagnoses section. See ICD9 Diagnosis Codes.

- Click the arrow to select from the drop down lists for physicians, insurance carriers, pharmacy, etc.
- If the resident has Medicare Part A, enable the checkbox under Medicare Status. Enter the current Medicare Day on the Resume date.
- Using the drag and drop method, users can change the order of their ICD-9 codes on this screen. The order of the ICD-9 diagnoses on this screen determines how the diagnoses print on the flow sheets (such as MARs, ADLs, etc.).

A2-Integrated (Face Sheet Two)

Alexander, Tom A.
Adm. No. 904

Admit
Face Sheet, Screen Two

Attending (Primary) Physician: Brown, John A.

Preferred Transportation Co: []

Consulting Physician 1: Paulson, James

Dentist: Davenport, Richard

Consulting Physician 2: Brown, John A.

Church: First Baptist Church

Admitting Physician: Brown, John A.

Mortuary: Sweet Dreams Funeral Home

Pharmacy: Eastern Pharmacy

Referred By: []

Preferred Hospital: Medford General Hospital

Transferred By: []

Last Admit Date: 10-05-2012

Entered From: Acute hospital

Name of Institution: Three Rivers Hospital

From Date: 10-01-2012 To Date: 10-05-2012

Admitting Diagnosis ICD-9

ICD-9 # 294.21 Diagnosis: DEMENTIA UNSPECIFIED WITH BEHAVIORAL DISTU

View ICD-10

Other Diagnoses

Prim/Sec	ICD-9 #	Diagnosis
Primary	294.21	DEMENTIA UNSPECIFIED WITH BEHAVIOR
Secondary	790.29	OTHER ABNORMAL GLUCOSE
Primary	063.22	SALMONELLA PNEUMONIA

ICD-9 Equivalent Add Edit Delete

ICD9 codes marked with asterisk (*) require a 4th or 5th digit to be complete

System Date: 06-04-2013

Last ReEntry Date: 02-05-2008

ReEntry From: Acute care hospital

Name of Institution: Three Rivers Hospital

From Date: 02-02-2008 To Date: 02-05-2008

Level of Care: Intermediate

Exit

The ICD9 Diagnosis Code list can be accessed by clicking the elliptical button [...] next to the ICD9 # field under Admitting Diagnosis or by clicking **Add** under the Other Diagnoses section. See ICD9 Diagnosis Codes.

- All drop down fields physician, preferred transportation, etc. are populated from the Phonebook module. Click the arrow to select from a displayed list.
- The right side of the integrated screen displays non-editable fields. The upper section shows the original admission or the last readmission from a (Return Not Anticipated). The lower non-editable section will display the resident's last reentry (Return Anticipated).
- All Payor and Medicare Day number information is completed on the Change of Status screen.

A2-Diagnosis ICD-9 & ICD-10

Face Sheet A2 by default shows the ICD-9 Diagnoses for the resident. Starting October 2014 the ICD-10 will be the default codes displayed, and the ICD-9 codes will be available for historical reference. ICD-9 codes will not be accepted for MDS assessments or claims starting October 1, 2014. ICD-10 codes will not be accepted for MDS assessments or claims before October, 1, 2014.

ICD-9 Panel Displayed:

The screenshot shows the ICD-9 panel. The 'Admitting Diagnosis' section is highlighted in red and shows ICD-9 # 294.21 with the diagnosis 'DEMENTIA UNSPECIFIED WITH BEHAVIORAL DISTU'. Below this, the 'Other Diagnoses' table lists:

Prim/Sec	ICD-9 #	Diagnosis
Primary	294.21	DEMENTIA UNSPECIFIED WITH BEHAVIOR
Secondary	796.29	OTHER ABNORMAL GLUCOSE
Primary	063.22	SALMONELLA PNEUMONIA

Buttons for 'ICD-10 Equivalent', 'Add', 'Edit', and 'Delete' are visible below the table. The 'System Date' is 06-04-2013.

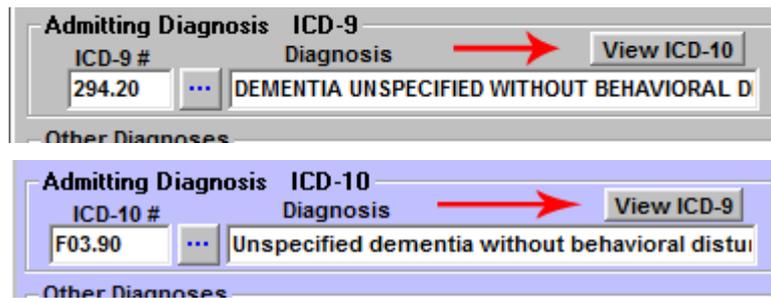
ICD-10 Panel Displayed

The screenshot shows the ICD-10 panel. The 'Admitting Diagnosis' section is highlighted in blue and shows ICD-10 # R73.09 with the diagnosis 'Other abnormal glucose'. Below this, the 'Other Diagnoses' table lists:

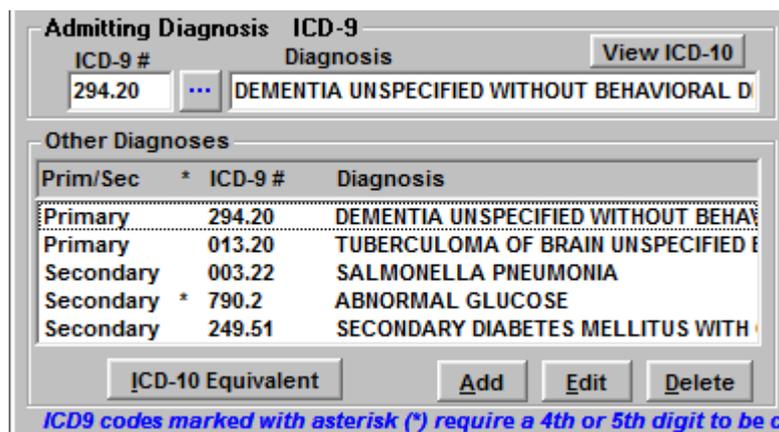
Prim/Sec	ICD-10 #	Diagnosis
Primary	R73.09	ABNORMAL GLUCOSE
Primary	A82.22	Salmonella pneumonia

Buttons for 'Active', 'Resolved', and 'All' are visible below the table. The 'System Date' is 06-04-2013.

To toggle between the two code set, click the View ICD-10, or View ICD-9 button above the Admitting Diagnosis description.



An "ICD-10 Equivalent" button has been added to the ICD-9 panel of face Sheet A2, which can be aid in translating ICD-9 codes to ICD-10 codes. WinCare has incorporated CMS's General Equivalent Mapping table for this feature.



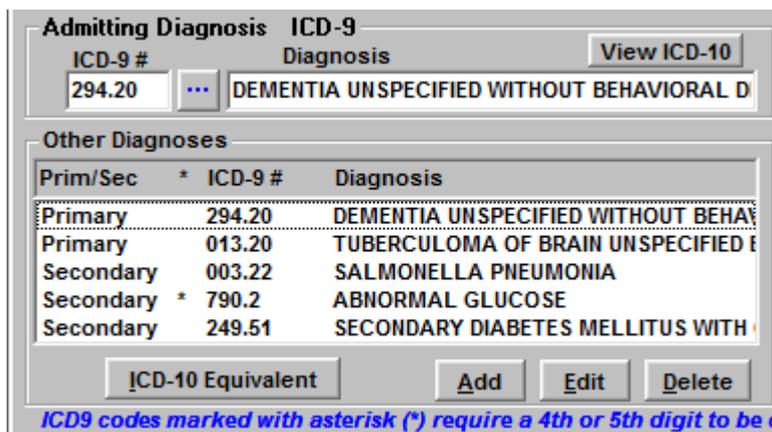
In the example above ICD-9 Code 790.2 has an asterisk "*" indicating that it is not an actual diagnosis but a section heading, so it cannot be converted to an ICD-10 code. With the ICD-10 WinCare no longer allows the selection of incomplete codes (codes with the "*").

The ICD-9 and ICD-10 panels allow you to Add, Edit, and Delete codes from each list.

ICD-10 Equivalent

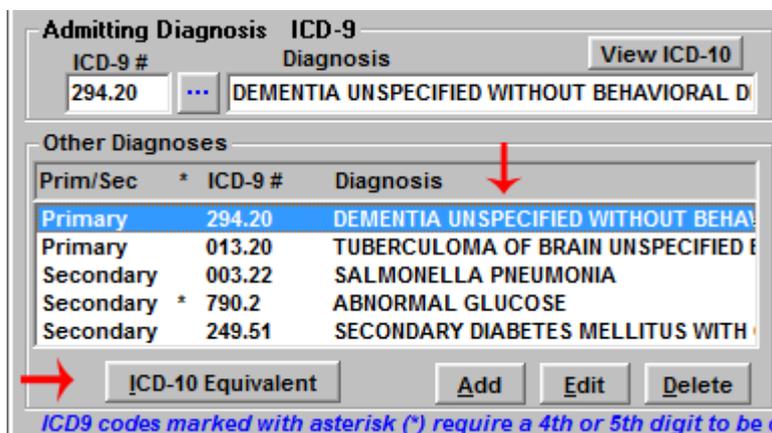
An "ICD-10 Equivalent" button has been added to the ICD-9 panel of face Sheet A2, which can be aid in translating ICD-9 codes to ICD-10 codes. WinCare has incorporated CMS's General Equivalent Mapping table for this feature.

The ICD-10 Diagnosis codes are more detailed than the ICD-9 codes. For any ICD-9 there may be an ICD-10 that is an exact match, one of several possible equivalents, no match, or it may require multiple ICD-10 codes to replace the ICD-9 code. If there is any doubt, consult the resident's Medical Record, physician, and the ICD-10-CM Codebook.



The ICD-10 Equivalent button only works for diagnoses in the Other Diagnoses section. The Admitting Diagnosis should already be in the Other Diagnoses section and when you get it's ICD-10 value you can manually add it to the ICD-10 Panel's Admitting Diagnosis.

To use "ICD-10 Equivalent" you must first select a diagnosis listed in the Other Diagnoses section. Then click **ICD-10 Equivalent**.



Example ICD-10 Equivalent screens:

Alexander, Tom A.
Adm. No. 804

ICD-9
294.20 DEMENTIA UNSPECIFIED WITHOUT BEHAVIORAL DISTURBANCE

Translation Guidelines
Exact match

ICD-10 Unspecified dementia without behavioral disturbance

After selecting an item, you can use Ctrl-Click to select or unselect additional items

Add to ICD-10 Diagnoses list Help Cancel

In this example the Translation Guidelines tell you that there is an exact matching ICD-10 code for the selected ICD-9 code. You would select the ICD-10 code and click "Add to ICD-10 Diagnoses list".

Alexander, Tom A.
Adm. No. 804

ICD-9
249.51 SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATION UNCONTROLLED

Translation Guidelines
To obtain an approximate translation, pick 1 diagnosis from Group 1, OR
to obtain an equivalent translation, pick 1 diagnosis from each group in Scenario 1.

Group 1
E08.39 Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E09.39 Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication

--- Scenario 1 ---

Group A
E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.36 Diabetes mellitus due to underlying condition with diabetic cataract
E09.311 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.36 Drug or chemical induced diabetes mellitus with diabetic cataract

Group B
E08.65 Diabetes mellitus due to underlying condition with hyperreflexia

After selecting an item, you can use Ctrl-Click to select or unselect additional items

Add to ICD-10 Diagnoses list Help Cancel

In this example the Translation Guidelines lists several options for the translation.

1. to obtain an approximate translation, pick 1 diagnosis from Group1, or
2. to obtain an equivalent translation, pick 1 diagnosis from each group in Scenario 1.

You would review the resident's medical record to determine which of the options, if any, reflect the resident's actual diagnosis. If none of the options work then you would cancel and manually look up and add the correct ICD-10 code. Some diagnosis may have multiple scenarios and groups for each scenario.

As the ICD-9 codes are translated the ICD-10 panel is updated as below:

Admitting Diagnosis ICD-10

ICD-10 # Diagnosis [View ICD-9](#)

F03.90 ... Unspecified dementia without behavioral distu

Other Diagnoses

Prim/Sec	ICD-10 #	Diagnosis
Primary	F03.90	Unspecified dementia without behavioral
Primary	A17.81	Tuberculoma of brain and spinal cord
Secondary	E08.311	Diabetes mellitus due to underlying cond
Secondary	E08.65	Diabetes mellitus due to underlying cond

Active
 Resolved
 All
 [Add](#)
 [Edit](#)
 [Delete](#)

ICD-10 Panel

On Face Sheet A2 the ICD-10 panel is where the resident's ICD-10 admitting and other diagnoses are entered and viewed. ICD-10 codes for diagnoses are required for medical records, MDS assessments, and claims starting October 1, 2014.

There are options to view the resident's Active diagnoses, or just the Resolved diagnoses, or All diagnoses In the Edit option a diagnosis can be marked resolved, if the condition returns you would add the code again, so you maintain the diagnostic history.

The Admitting Diagnosis shows up on the claim, when adding an admitting diagnoses make sure to also let WinCare add it to the Other Diagnoses list.

Admitting Diagnosis ICD-10

ICD-10 # Diagnosis [View ICD-9](#)

F03.90 ... Unspecified dementia without behavioral distu

Other Diagnoses

Prim/Sec	ICD-10 #	Diagnosis
Primary	F03.90	Unspecified dementia without behavioral
Primary	A17.81	Tuberculoma of brain and spinal cord
Secondary	E08.311	Diabetes mellitus due to underlying cond
Secondary	E08.65	Diabetes mellitus due to underlying cond

Active
 Resolved
 All
 [Add](#)
 [Edit](#)
 [Delete](#)

To add an Admitting Diagnosis click the ellipsis (...), to add an Other Diagnosis click the Add button, to bring up the add screen.

Andrews, Shirley L.
Adm. No. 16771

Search for: E08.61 by ICD-10 Code | Diagnosis | Keyword | Select Diagnosis

ICD-10 Code	Diagnosis
* E08.61	Diabetes mellitus due to underlying condition with diabetic arthropathy
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.611	Diabetes mellitus due to underlying condition with other diabetic arthropathy
* E08.62	Diabetes mellitus due to underlying condition with skin complications
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcers
E08.622	Diabetes mellitus due to underlying condition with other skin ulcers
E08.628	Diabetes mellitus due to underlying condition with other skin complications
* E08.63	Diabetes mellitus due to underlying condition with oral complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.631	Diabetes mellitus due to underlying condition with other oral complications
* E08.64	Diabetes mellitus due to underlying condition with hypoglycemia
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.9	Diabetes mellitus due to underlying condition with unspecified complications
E09	Drug or chemical induced diabetes mellitus

ICD10 codes marked with asterisk (*) are categories and cannot be selected

No Selections Made

Diagnosis is... Primary Secondary | Exit

E08.610 - Diabetes mellitus due to underlying condition with other diabetic arthropathy

In the "Search for" box you can enter the ICD-10 Code you want to add, and then click "ICD-10 Code" to look up the code. You can also enter part of the diagnosis description in the "Search for" and then click either "Diagnosis" or "Keyword". If you entered in multiple words for the "Search for" then "Diagnosis" will return codes that match what you typed, and "Keyword" will return codes containing any of the words entered.

When you find the ICD-10 code you want to add to the resident, you can select whether it is a Primary or Secondary diagnosis at the bottom of the screen above the complete description. Then you can double-click the selected diagnosis to add it to the list, or click "Select Diagnosis". Then you can continue looking up other codes as needed.

Note: ICD-10 codes with an asterisk are category headers, not an actual diagnosis, and cannot be selected. One of the codes in the category can be selected. If you came across the category using either the "Diagnosis" or "Keyword" search then enter the code for the category in the "Search for" box and click "ICD-10 Code", now all the valid ICD-10 codes for that category will be below the entry with the asterisk.

Search for: F07.8 by ICD-10 Code

ICD-10 Code	Diagnosis
* F07.8	Other personality and behavioral disorders
F07.81	Postconcussional syndrome
F07.89	Other personality and behavioral disorders
F07.9	Unspecified personality and behavioral disorders

In this example, I searched for F07.8 and it has an asterisk, so it is not a valid ICD-10 code, however the codes below it that start with F07.8 are in the same category of diagnosis and can be selected. The items below the asterisked code that start with the same numbers, are more detailed diagnoses for that code. For F07.8 I could select F07.81 or F07.89, whichever matched the resident's actual condition.

ICD-10 Edit screen

The Edit screen allows extra information to be recorded for each ICD-10 diagnosis.

Alexander, Tom A.
Adm. No. 904

ICD-10 Code: A02.22
Date Assigned: Jan 28 2013
Diagnosis is...: Primary Secondary

Onset Date: Jan 27 2013
Resolution Date: Feb 15 2013
 Resolved

Chronicity: [Dropdown]
 Exclude Medicare Part-A Claims

Diagnosis: Salmonella pneumonia

Substitute Diagnostic Wording for Printing: Salmonella pneumonia

Comments: Food poisoning while dining out of the facility with family.

Cancel OK

Date Assigned - defaults to the date the diagnosis was entered in WinCare.

Diagnosis is - select if it is a Primary or Secondary diagnosis.

Onset Date - date the condition started.

Resolved (inactive) - when a condition no longer applies to a resident click "Resolved" and enter the Resolution Date. If this condition should become active again in the future, Add it as a new condition, to maintain the resident's diagnostic history.

Chronicity - select the chronicity of the condition, Acute or Chronic. Additional choices for chronicity can be added in the Facesheet Options, in Utilities. Non chronic conditions should be reviewed per the Physician's, or Facility's policy, and marked resolved when they no longer apply.

Exclude Medicare Part-A Claims - if the resident is on a Medicare Part-A stay, this can be checked for diagnoses that should not appear on the Part-A claim. Diagnoses that are not part of a Part-A stay, will cause the claim to be rejected if included on the claim.

Substitute Diagnostic Wording for Printing - you can change what is printed on reports for the description of the diagnosis.

Comments - any resident or condition specific comments can be entered here.

A3 (Face Sheet Three)

Access this screen to enter responsible party and contact information by clicking the **A3** button from the Admit main screen. Required fields are highlighted in Red in the integrated version.

Alexander, Tom A.
Adm. No. 904

Admit Face Sheet, Screen Three

Notification

Responsible Party	Alexander, David T.	818-789-3344	Add Clone Edit/View Delete
Emergency Contact	Alexander, David T.	818-789-3344	

Advanced Directives

Living Will Autopsy Request Durable Power of Health Care
 Do Not Resuscitate Feeding Restrictions Durable Power of Attorney
 Do Not Hospitalize Medication Restrictions Attorney-in-Fact
 Organ Donation Other Treatment Restrictions None of the Above

Other Resident Info

Inform Alexander David for any health changes and when resident refuse to cooperate with the staff. Leave message on answering machine if unable to contact David.

Tom enjoys listening to music as much as he could whenever he's awake and likes the radio on when he's sleeping. He does not like his room to be completely quiet.

Exit

1. Enter information for the individual who is financially responsible for the selected resident.
2. Highlight an individual's name and click **Clone** to make an exact copy of the data to speed data entry. Enter information for the person who is financially responsible for the selected resident.
3. Click **Add/Edit** to access the **Notification** screen to enter required information regarding responsible party, emergency contact and spouse or to make changes as needed.
4. The fields highlighted in **RED** are required and must be completed.

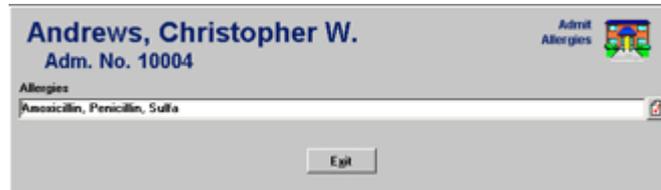
Under **Advanced Directives**, the program defaults to **None of the Above**. If a resident has been admitted via the pre-admission module, the selected data will map to A3 automatically; otherwise, the data must be entered on this screen.

A4-Integrated (Face Sheet Four)

This screen shows current payor status as of right now. You see the Primary, Secondary, and Tertiary payors, plus the current Pat B status and Medicare Day. Making a change on the screen adds a new census record dated the current date. If a change is needed prior to the current date (today) then make the changes on the CHange of Status Screen.

Allergies

Type all known allergies for this resident on the **Allergies** field. This is a free text typing field. A spell check is provided and represented by a red check mark.



The screenshot shows a software window for a resident named Andrews, Christopher W., with Adm. No. 10004. The window has a title bar with the resident's name and a small icon labeled 'Admit Allergies'. Below the title bar, there is a text input field labeled 'Allergies' containing the text 'Amoxicillin, Penicillin, Sulfis'. To the right of the text field is a small red checkmark icon. At the bottom center of the window is an 'Exit' button.

The allergies will display on the Medication screen in bold, red letters and will be included on the Physician Orders, Treatments, Telephone Orders, Pharmacy and MAR reports.

Allergies has an 80 character limit. However, if more space is needed, there is a work around. Click **PO/MAR > MAR Notes**. Click **Add**. Enter "ALLERGIES: " without quotes and then enter all allergies for this person. You will have unlimited space. Click Save. Now use drag and drop method and drag it to the top of the list. Now when printing MAR sheets, the allergies MAR note will appear at the very top. If full allergies needed in face sheets, do this: Click **Admit** from the **WinCare Control Panel > A3 > Other Resident Info**. At the top of this free text field, type "ALLERGIES: " then list all allergies. Now the entire allergies will appear on the face sheet

Physician Visits

The Physician Visits module allows physician visits to be scheduled and then updated during or after the visit with the results. If a significant change occurs due to the visit, the staff is alerted on the main control panel when the Physician Visit Change button turns red. Then the appropriate staff can double check that any order changes have been made.

To Schedule Physician Visits or enter results go to the **Admit** Module and click **Physician Visits**. The Physician Visit Tracking screen comes up. The box at the top of the screen shows a list of all scheduled visits, past and future. When a visit is selected the bottom part of the screen shows results of the visits. On this screen you can Add, Edit, and Delete visits.

Alexander, Tom A.
Adm. No. 904

Physician Scheduled Date of Appointment

Physician	Scheduled Date of Appointment
Graham, Emily	03-04-2014 12:00 AM
Graham, Emily	02-21-2014 09:00 AM

Results/Progress Posted: 03-04-2014 09:15 AM

No change since last visit

Change Status: No significant change as result of visit

Add Edit Delete Exit

To schedule a visit click Add, by default the physician is set to the resident's attending physician. The physician drop down will allow you to select any physician from the Phone Book. If a Transportation service is being used this can be set, the list is also populated by what is in the Phone Book's Transportation section. Then you can set the appointment date and time and enter a reason for the appointment.

Alexander, Tom A.
Adm. No. 904

Physician Transportation Appointment Date and Time

Graham, Emily

Reason for appointment

Results/Progress

Significant Change

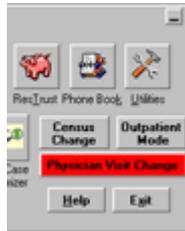
No significant change as result of visit

Change to orders, care plan or service plan occurred

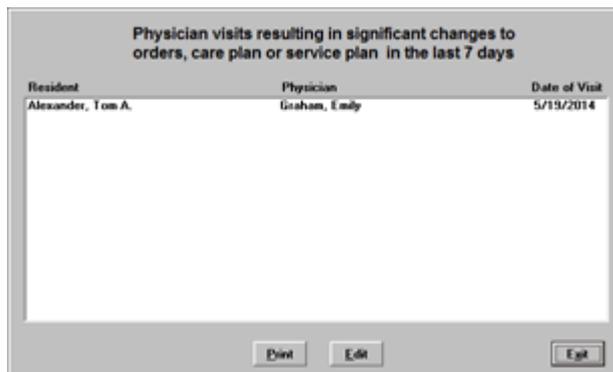
Other

Cancel OK

During or after the physician's visit, go back into the resident's Physician Visits and edit the scheduled visit filling in the Results/Progress and selecting if a Significant Change has occurred. If a significant change does occur then the Physician Visit Change button on the main WinCare control panel will turn red, indicating a new change has occurred that has not been seen by the current active WinCare users.

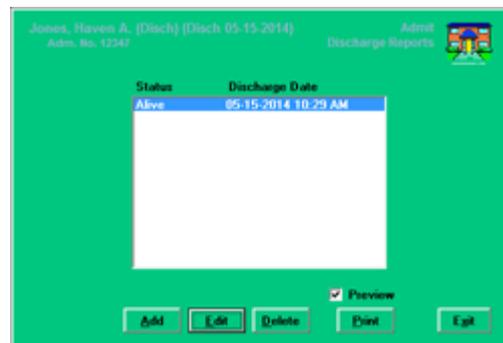


Clicking the button brings up a list of all the visits in the last 7 days that resulted in a significant change, and changes the button back to gray. To view the details select the visit and click edit.



Discharge Reports

In Q2 2014 WinCare added the ability to keep the discharge reports in the software, prior to this they were paper forms printed by WinCare and filled out by hand. When a discharge is done the discharge report can be filled out on the computer.



The Discharge Reports module, allows you to view or print a resident's prior or current discharge report, complete a report started during the discharge, or enter past discharge reports to move from paper to computer records. The Preview check box allows printing to your preview printed (If setup in Reports).

ResTrust Main Screen

Access this module to track the deposits and withdrawals of residents' personal money by selecting **Resident Trust** from the Admit main screen or by selecting the **Res_Trust** button from WinCare Control Panel.

Alexander, Tom A.
Adm. No. 904

Type	Date	Time	Note	Amount	Balance	A/R Trans #
D	01-05-2005	12:36	Deposit	\$100.00	\$100.00	
W	01-28-2005	13:37	Haircut	\$10.00	\$90.00	
W	02-10-2005	13:38	Shaving Cream	\$5.00	\$85.00	
D	02-25-2005	13:39	Deposit	\$100.00	\$185.00	
W	03-10-2005	13:43	Cable TV	\$40.00	\$145.00	
W	03-19-2005	13:40	Magazine Subscription	\$28.00	\$117.00	
I	03-31-2005	00:00	Bank Interest	\$0.21	\$117.21	

Reports

This Resident **Summary** **Master**

From Date: 11/13/2008 To Date: 2/17/2009 Report Date: 2/17/2009

Complete or Monthly Reconciliation For Resident Shown Above **Comprehensive Daily Reconciliation For All Residents**

Add **Delete** **Update** **Enter Bank Interest**

Exit

1. Click **Add** to unlock the fields in the grid and make a new entry.
2. Select a transaction type from the drop down list in the **Type** column.
3. Type a **description** for the transaction in the **Note** column.
4. Enter the transaction amount in the **Amount** column.
5. Balances are calculated when the user clicks in the **Balance** field and placed into the history of the account.
6. Click **Update** for all changes to take effect.
7. Click the **Enter Bank Interest** button to enter interest.
8. Remove a transaction by highlighting the entry and click **Delete**.
9. Click **Exit** to return to the Admit main screen or the WinCare Control Panel.

Reports:

- **This Resident:** Report includes all transactions plus the ending balance for the selected resident, and date range.
- **Master:** Updates resident trust entries and prints all individual resident trust records and balances.
- **Summary:** Updates resident trust entries and prints the resident name, room/admission #, total individual balances and the facility total. This report can tally only the entries on or prior to that date.
- **Complete or Monthly Reconciliation for Resident Shown Above:** Prints all records since the creation of the selected resident's trust account plus the total deposits, total withdrawals, running balance and final balance.
- **Comprehensive Daily Reconciliation for All Residents:** Generates a list of transactions for a specified period.

Reports (Resident Trust)

Five different reports can be generated from this screen and are listed below:

- **This Resident** includes all transactions plus the total balance for the selected resident.
- **Master** updates resident trust entries and prints all individual resident trust records and balances.
- **Summary** updates resident trust entries and prints the resident name, room/admission #, total individual balances and the facility total. This report can tally only the entries on or prior to that date.
- **Complete or Monthly Reconciliation for Resident Show Above** prints all records since the creation of the selected resident's trust account plus the total deposits, total withdrawals, running balance and final balance.
- **Comprehensive Daily Reconciliation for All Residents** generates a list of transactions for a specified period.

Enter Bank Interest

Click the **Enter Bank Interest** button from the Res_Trust main screen to enter the total amount of received interest according to the bank statement. The **Resident Trust Bank Interest History** screen will display the dates that have distributed interest, the dollar amount and the resident's names.

Note: Entry of a minimum balance to calculate interest must be entered in the Utilities module prior to distributing bank interest. (Utilities > Facility > Resident Trust)

1. Click **Add** to open the Bank Interest Entry screen to enter the interest to be distributed. Enter a **Start** date, **End** date and the **Post** date. The **Post** date is the date the money is to be considered distributed.
2. Enter the **Total Amount** of received interest.
3. Click **Distribute Interest** to display the **Resident Trust / Bank Interest Distribution** screen.

The **Resident Trust/Bank Interest Distribution** screen will inform the user which residents have received interest and the dollar amount.

1. Enter a **Start**, **End**, and **Post** date. The post date is the date the money is to be considered distributed.
2. Enter the **total amount** of received interest according to the bank statement in the interest field.
3. Click **Done** when data entry is complete.
4. A screen comes up that shows how the interest was distributed. This is view-only. Click **Exit** to continue.
5. Highlight the month and click **View Detail** to view which resident received interest for a specific month.

6. Redistribute interest if incorrect amount was entered by highlighting the month and click **Redistribute Interest**. Enter the correct interest and click **Distribute Interest** to overwrite the old interest entries for that month.
7. All interest entries can be removed by clicking **Remove All Int.** WinCare will display a small screen asking for confirmation of the removal.

Policy Forms

A listing of various forms available for printing is displayed on screen. These forms can be printed with the resident information in applicable fields or as generic, blank forms. Use the **Select Forms** to indicate the options needed.

1. Click the **Policy Forms** button from the Admit main screen.
2. Click **All** to print all the forms. The button then toggles to **None** for de-selection.
3. Select the **Individual Forms** to print by clicking the appropriate checkboxes.
4. Click **Print Blank Forms** to print blank forms.
5. Click on the **Forward** or **Reverse** radio buttons to select the printing order.

Trans/Rehab Reports

Patient Transfer Notice - Includes face sheet data, medication and treatment orders, and vital signs when the resident is being transferred to another facility or home. Note that if you use this feature, you will then have data for the Resident Transfer Summary Report in the Reports module.

Rehab Transfer Notice - was designed to provide documentation for rehab-discharged residents.

Patient Transfer Notice

The **Patient Transfer Notice** is designed to quickly complete a current history of the client's current medications, vital signs, last dose of medications and behaviors. It can be given to the transferring individual to present to Emergency Room or Physician, to another facility or home.

1. Click the **Patient Transfer Notice** button from the main Trans/Rehab Reports screen. The top section of the screen displays the demographic data for the selected resident; which is filled in automatically by the program. This data is included in the report in addition to the physician orders.
2. Click on the **Transfer To** drop down box and select the entity who will be receiving the patient.

3. Indicate the **Reason for Transfer** by clicking on the drop down box and choosing the reason.
4. Select the mode of transfer by clicking **Transfer By** drop down box.
5. Select the patient's current **Behavior**.

The **Transfer Memorandum** is free text typing and will auto wrap. Enter notes that will assist the Ambulance crew or transferring individual, the Emergency Room Staff or the Physician Office staff in accommodating the patient. i.e.: HOH, face the client as he read lips and speak loudly and distinctly.

New Vital signs should be entered by clicking **Add New Vital Signs** button. Enter the current information.

All medications entered in the PO/MAR module are included in this report and may include comments and day/time of the last dose of the medication. The prescribed date of the treatment is displayed on the screen and may be printed.

The form may be printed by one copy or several copies. Indicate the number of copies desired on the print screen. The form may be saved. Past transfers may be retrieved.

- Click **Retrieve** to view a list of saved Transfer Notices.
- Highlight the appropriate notice and click **Print**.

If data is missing in the required fields, a prompt will display as a reminder to enter that data.

Rehab Patient Discharge

Access this screen to discharge a resident from a Rehab Service by selecting the **Rehab Transfer Discharge** button from the main Trans/Rehab Notice menu screen. The resident may still remain in the facility.

The screen opens showing demographic information filled in automatically. If this is a discharge being prepared for the current date and time, click **Now** and it will auto fill.

Discharge Date, Time and **Discharge To** are required fields and must be completed in order to proceed from screen 1 to screen 6.

Note the row of numbers at the bottom right corner of the screen.

- **Screen 1** shows **Demographic Information**, which the program filled in automatically. If this is a discharge prepared for the current date and time, click **Now** and it will auto fill. Drop down boxes are used for Behavior, Reason for Discharge, Where the Patient is Being Discharge To and Transferred By. The Summary box is for free text information. When this screen is complete, go to the next one.
- **Screen 2** allows the user to enter data in reference to **Case Management**. The Comments, Team Recommendations and Follow-up Appointments fields are for free text information.

- **Screen 3** allows data entry for information and notes for **Physical Therapy**. The therapist enters the dates of service, type of services rendered, discharge reason and goal's level. Summary field is for free text information.
- **Screen 4** is for recording the information for **Occupational Therapy**.
- **Screen 5** is for entering information for **Speech Pathology**.
- **Screen 6** is used to enter **FIM** scores. The user enters the **Admit FIMs** on admission, **Goal FIMs** are entered at beginning of therapies and **D/C FIMs** are entered on discharge.

The form can be printed and presented for the physician's notation and signature.

Medicaid Liability

Select the **Medicaid Liability** button from the Admit screen to enter the amount for which the resident is personally liable or that Medicaid does not reimburse. WinCare recommends completing this screen for all Medicaid residents even if your state does not require it for the UB92. Click the **ellipsis button (button with ...)** next to the effective date field to enter/edit the liability.

California users who create bills for Medi-cal, are required to enter a TAR # in the Prior Authentication Request(TAR) field. The **Release of Information** and **Assignment of Benefits** fields for Medicaid and Medicare are required fields. Enter a **PCPCM Referral #** (state specific).

Alexander, Tom A.
Adm. No. 904

Admit Medicaid Liability

Medicaid
Name On File
First Name MI Last Name Recipient Liability Effective Date PCPCM Referral Number
Tom Alexander \$500.00 1/1/03 ... 993388444
Case/Worker Name Phone
Alicia Summers 776-8877

Medicaid
Release of Information Assignment of Benefits
Y Y
Medicare
Release of Information Assignment of Benefits
Y Y
Prior Authorization Information
Prior Authorization Request From Date Through Date
1123456789 02/17/09 02/17/10
Request Pending PA Request Date
Type: Initial Re-Authorization
Confirmation Number

Cancel Save

Click **Add** to open the Medicaid Recipient Detail screen.

Medicaid Recipient Liability History

Amount	Effective Date
\$490.00	05-01-03
\$599.00	01-01-03

Add Edit

Exit

Medicaid Recipient Detail

Monthly Amount Effective Date
\$490.00 05-01-03

Cancel Save

1. Enter the liability amount in the **Monthly Amount** field.
2. Select the **Effective Date**. A date in the future can be entered and the liability will change on that date.
3. Click **Save** to return to the previous screen.

Prior Authorization Information/TAR Information

Medicaid/Medi-Cal Authorization numbers are tracked on the **Medicaid Liability** Screen. The section is called **Prior Authorization Information** for all states except California where it is call **TAR Information**. The functionality is the same for all states. When a UB claim is created if a Medicaid/Medi-Cal authorization number is required by the state, WinCare looks for the number on this screen.

Prior Authorization Information

Alexander, Tom A.
Adm. No. 904

Admit Medicaid Liability

Medicaid
Name On File
First Name MI Last Name Recipient Liability Effective Date PCPCM Referral Number
Tom Alexander \$500.00 1/1/03 ... 993388444
Case/Worker Name Phone
Alicia Summers 776-8877

Medicaid
Release of Information Assignment of Benefits
Y Y

Medicare
Release of Information Assignment of Benefits
Y Y

Prior Authorization Information
Prior Authorization Request From Date Through Date
1123456789 02/17/08 02/17/10
 Request Pending PIA Request Date
Type: Initial Re-Authorization
Confirmation Number

Cancel Save

TAR Information

Andrews, Flossie S.
Adm. No. 908

Admit Medicaid Liability

Medicaid
Name On File
First Name MI Last Name Recipient Liability Effective Date PCPCM Referral Number
Flossie S Andrews \$300.00 1/1/06 ... 253154656
Case/Worker Name Phone
Kerrie Lee 541-664-8798

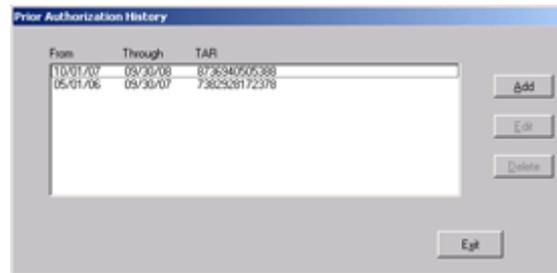
Medicaid
Release of Information Assignment of Benefits
Y Y

Medicare
Release of Information Assignment of Benefits
Y Y

TAR Information
Treat. Authorization Request (TAR) From Date Through Date
8736340505388 10/01/07 09/30/08
 Request Pending TAR Request Date
Type: Initial Re-Authorization
Confirmation Number

Cancel Save

The Authorization Request shows the most recent Authorization number received. A historical record of TAR numbers is kept in WinCare, to view the history or to add a new Authorization Number click the [...].



To Add an Authorization Number click **Add** then enter a **From Date**, **Through Date**, and Authorization number. Authorization numbers are not allowed to overlap on the dates. The from and through dates represent the days the facility may bill the state for the residents census days.

If the facilities State Medicaid/Medi-Cal program requires Authorization numbers then WinCare will not allow Claims to be created or Transmitted to the State without having the Authorization number.

On the main Medicaid Liability screen you can also track requests that have been made for Authorization Numbers. To record a request click the check box for Request Pending and set a Request Date, you can also set if the request is the Initial or Re-Authorization request, and you can enter a confirmation number for the request submitted if one was given.

The Request section only records the current status, WinCare does not keep a history of the requests for new Authorization numbers.

There are three reports in **A/R Reports** that use the Authorization information: **Expired Prior Authorization**, **Pending Prior Authorization**, and **Missing Prior Authorization**.

Expired Prior Authorization Report

This report prints out all the residents that have a Authorization number that has an expiration date in the report period. When a facility prints out the report for the next calendar month, they will know all the TAR numbers due to expire next month and they can assess which ones they want to renew.

Pending Prior Authorization Report

This report will show a list of residents that have the Authorization Pending checkbox checked and for which the Authorization Request date is prior to the Report Period. If the user wants the Authorization's that were requested, but not received from 1 to 30 days prior to the first of the current month, they should print this report for the current month. If the user wants just Authorizations that were requested at least 30 days ago, they just print this report for a future month.

The Columns on this report are: Resident Admission Number, Resident Name (Last, First, Middle Initial), Request Date (from Medicaid Liability screen), Request Type (Initial or Re-Authorization) , Confirmation Number (if user entered one).

Missing Prior Authorization Report

The intent of this report is to show for the requested month any residents that need a Authorization number, but do not have one for the days they need them.

Specifically, this report shows for the requested month (typically the current month or the month that just was completed), all residents that have Census days where the primary, secondary or tertiary payor is Medicaid/Medi-Cal and that also do not have an Authorization number that covers those days. (ie from and through dates of the Authorization cover the census days)

The Columns on this report are: Resident Admission Number, Resident Name (Last, First, Middle Initial), Census Start Date, Census End Date. Residents are listed as many times as they have census records for which a Authorization/TAR record does not exist that covers the specific From and Through dates.

Payors

Access this screen to enter **Insurance Details** for all payors from the Admit module main screen or from the resident's Change of Status screen. All Payors need to be entered before they are available for selection in the census. This screen displays the list of active Payors. When a payor is no longer active for a resident enter the discontinue date for that payor.

The "Include" check boxes work like this.

Include past will show payors/detail that otherwise is considered discontinued. The reference date for a discontinued insurance is the start date of the first open period. (because they can still legitimately work and assign payors/bill for that period and it makes sense to see that payor. If this box is checked, ones that were discontinued prior to the first open period will then also show.

Include deleted:

If include deleted is checked then

- 1) If include past is not checked then this will include deleted records that have not been discontinued as of the start of the first open period. as well as present non-deleted.
- 2) If include past is checked then all details are shown, present, past, and deleted whether past or not.

Data for a new record will be effective from that date forward. All details from a previously created record, will apply to a new record.

To reduce data entry for a user, most of the required fields are highlighted in red and filled in automatically from the face sheets in the Admit modules except for the following fields:

- Member ID/Insured ID
- Group Name
- Group Number

Alexander, Tom A.
Adm. No. 904

Admin
Add/Edit Resident Payors

Payor Name	Effective	Discontinue	Member/Sub ID	Deleted
MA - Medicare Part A	10/1/2012	--		
MB - Medicare Part B	10/1/2012	--		
PP - Private	10/1/2012	--		
S - Medicaid	10/1/2012	--		

Add Edit Delete Show Past Discontinued Payors
 View Deleted insurance records

Payor Type and Prior Authorization Insured Subscriber Part D

Payor: MA - Medicare Part A Member ID (ID No Assigned by Payor to Beneficiary/Patient)

Effective Date: 10-01-12 Discontinue Date:

Note: If the patient is the Insured, put the Member ID here and you may leave the Member ID on the Insured Subscriber tab blank; if not, this is the Insurance Policy Number for Patient and you must fill in the Subscriber's Member ID on the Insured Subscriber tab.

TAR Information

Treat. Authorization Request (TAR) From Date Through Date

Request Pending TAR Request Date:

Type: Initial Re-Authorization

Confirmation Number:

The Billing Rule Set used is the one selected in the Paying Agencies Master File Record for this payor

Release of Information: Assignment of Benefits:

Cancel Save Exit

1. Click **Add** or **Edit** to enable data entry.
2. **Select** the **Payor**.
3. Enter the Effective Date that the Payor coverage begins, for new Admits it can be the admission date.
4. If the patient is the insured, enter the number in the first **Member ID** field and the Member ID field in the lower section may be left blank. If the patient is **NOT** the insured, enter the insurance policy number in the first member ID field and enter the ID number into the Member ID field in the lower section.
5. Click **Save** and **Exit** to return to the Change of Status or Admit screen.

Therapy Onset

Onset date, description, and primary diagnosis code are displayed on screen after the therapy record has been entered.

Onset Date	Description	Primary Diagnosis Code
03-05-2004	Speech Therapy	787.2

Click **Add** to create a new therapy record.

ICD9 codes marked with asterisk (*) require a 4th or 5th digit to be complete.

Therapy Type	Start Date	DC Date	Cert Through Date	Date Plan Established or last reviewed
Physical Therapy	1/1/2005		12/31/200	
Occupational Therapy	3/15/2005		1/31/2006	
Speech Therapy	3/30/2005		2/28/2006	
Other1				
Other2				

1. Enter an **onset date** for the therapy.
2. Enter a **description** for the onset of the therapy.
3. Enter a **primary diagnosis code**.
4. Enter a **diagnosis code** for the **treatment**.
5. Enter a **start date**, **discharge date** and **certified through** date.
6. Enter a date that the plan was established or last reviewed to enable WinCare to automatically add the appropriate occurrence code to the autogenerated UB04.
7. Use the **Other 1** and **Other 2** fields for additional types of therapy other than those listed above, i.e., Respiratory Therapy.
8. Click **OK** to save the entry and return to the previous screen.

Billing Address

Select the **Billing Address** button from the main Census screen to indicate or change the addresses on file for the resident.

Alexander, Tom A.
Adm. No. 904

Admit Billing Address

Billing Address

Last Name: Alexander First Name: Tom Middle Name: A

Street Address: 345 Lily Drive City: Ealem State: DR Zip: 37509 Phone: 903-840-9575

Address Line Two: 100 Peach Street

Use Resident Address Use Responsible Party
 Use Guarantor User Defined Address

Guarantor

Last Name: First Name: Middle Name: Street Address: City: State: Zip: Phone: Address Line Two: Relationship:

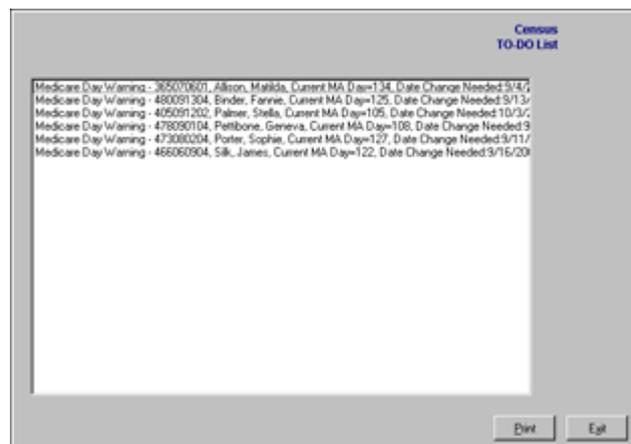
Cancel Save

- If the **Resident Address** option is selected, the fields are pre-filled with data from the face sheets.
- If the **Responsible Party** option is selected, the fields are pre-filled with data from face sheet 3 in the Admit module.
- If the **User Defined Address** option is selected, the fields are enabled to allow data entry by the user.
- If the **Guarantor** option is selected, the fields are pre-filled with the address of the party that is responsible for the bill.
- Click **Save** to save the information.
- Click **Cancel** to close this screen without saving or making any changes..

Medicare To Do List

Select the **Medicare To Do List** button from the main Census screen to display a list of skilled residents that have exhausted their number of billable Medicare covered days.

The information includes the resident's admission number, current Medicare day (per latest census record) and the date the payor needs to be changed.



Click **Print** to create a report that lists all the missing information.

Click **Exit** to return to the main Census screen.

Completeness Check

The **Completeness Check** screen will display missing information required for electronic billing in the sections listed below.

- Change of Status
- Phonebook (Admit Module)
- A2 (Face Sheet Two) (Admit Module)

The displayed information can be printed for the selected resident or from the AR Reports module that will print all the residents that have missing required information.

Spell Check (All Free Text fields)

The **Spell Check** feature in WinCare can be customized to make it easier to use. In addition to the Allergies module; it is also available in the Care Plans module, Progress Notes, and the RAP Rationale.

To add new words or abbreviations to the local Spell Check dictionary, follow the steps outlined below:

1. Enter any one of the spell check screens (allergies, care plans, progress notes or rap rationale).
2. Enter the word or abbreviation.
3. Click the **F7** key and a small **Check Spelling** screen will appear.
4. Click **Add** and from that point on, the spell check feature will recognize that abbreviation or word.

Admit FAQ's

Q. We need to readmit a resident without a Social Security number?

A. Enter a 'NA' or a dash (-) in the Social Security field.

Q. I need to enter more Allergy information than fits in the Allergies screen.

A. Allergies has an 80 character limit. However, if more space is needed, there is a work around. Click **PO/MAR > MAR Notes**. Click **Add**. Enter "ALLERGIES: " without quotes and then enter all allergies for this person. You will have unlimited space. Click **Save**. Now use drag and drop method and drag it to the top of the list. Now when printing MAR sheets, the allergies MAR note will appear at the very top. If full allergies needed in face sheets, do this: Click **Admit** from the **WinCare Control Panel > A3 > Other Resident Info**. At the top of this free text field, type "ALLERGIES: " then list all allergies. Now the entire allergies will appear on the face sheet

CHAPTER 7

PO/MAR**In This Chapter**

PO/MAR Main Screen	79
Medications	80
Treatments.....	88
MAR Notes	89
Physician Orders	90
Lab Orders	91
Telephone Orders	92
Dietary.....	93
Diabetes Data	94
Allergies	95
Fluid Balance	96
Food Intake	97
Hemoglobin/Hematocrit.....	98
Immunizations.....	99
Therapy Notes.....	101
PO/MAR FAQs.....	104

PO/MAR Main Screen

Select the **PO/MAR** button from the WinCare Control Panel to access the module that contains specific sections in which to enter medications, treatments, etc. The physician orders are automatically generated when this section is completed.



Routes of Administration must be set-up in the Utilities module. Note that WinCare's suggested administration times may not be the same as facility policy and procedures and may be changed. Standard orders are not included, but can be added including additional routes and frequencies in the Utilities module.

Medications

Access this screen to list medications and define the administration by selecting the PO/MAR module from the WinCare Control Panel and clicking Medications from the PO/MAR menu screen. Allergies are shown in **Red**.

Seq	Medication Name	Generic Name	Form	Strength	Start Date	PRN Rationale
05	RESPERDAL		TAB	0.25 MG	Apr 05 2005	
07	METRONIDAZOLE	METRONIDAZOLE	TABS	250MG	May 05 2014	
07	METRONIDAZOLE	METRONIDAZOLE	TABS	500MG	May 16 2014	
07	ALTACE	RAMPRIL	CAPS	2.5 MG	Feb 12 2008	
07	BENDOLYL 5	BENZOLYL PERCHLORIDE	LOTN	5 %	Aug 15 2006	
07	ALBUTEROL INHALANT	ALBUTEROL	SOLN	0.5 %	Dec 01 2005	
08	ADVAIR			250/50	Sep 10 2012	
09	ADOTAL	ASPIRIN/ETILBITAL	TABS	20/50	Aug 10 2012	

The medications print in the order reflected on the screen. Change the order by highlighting the medication; the program will show the current sequence order. In the Sort Order box, change the sequence number and click **Sort**. The program continues to count the number of medications each time a selection is made from the drug list screen.

Once a drug has been added and the user exits the medications screen for the selected resident, the drug becomes locked. It is recommended to input all of the details before exiting the screen.

Print a Blank MAR:

1. Select **Reports** from the WinCare Control Panel.
2. Click the **Individual Reports** tab and select the **MAR** report.
3. Under **MAR Report Options**, click the **Blank Form** checkbox.
4. Click **Include Comments** checkbox if a comments page is to be included with the blank form.
5. Click the **Include Resident Info** checkbox if the resident's info (such as names, admission #, etc.) is to be included on the blank form.
6. Click **Print**. Print multiple copies by typing a number in the copies field.

Click **Print**. Print multiple copies by typing a number on the **Copies** field located underneath the **Select Resident Set**.

Editable and Non-Editable Fields

If data has not been entered, then upon reentry to the screen, the following fields will be editable. If data has been entered prior to exiting the screen, these fields will become non-editable upon reentry.

- Frequency
- Route
- Quantity
- Strength
- Related diagnosis

The following fields are **always editable**:

- Start Date
- Sort Order
- Customize

Upon exiting the medication screen the following fields are **non-editable** even if **blank**:

- PRN
- PRN Rationale
- PRN lines
- Drug related to/comments
- Rx date.

If changes are needed to a non-editable field, there are two options:

- Invalidation
- Discontinue (D/C)

Add Medication

Selecting the Add button from the Medications screen displays the current drug List that is included with the WinCare software program.

Alexander, Tom A.
Adm. No. 904

6 Drugs Prescribed
2 Drugs Discontinued

Allegies: **Tremor, Tape, Suffs**

Seq	Medication Name	Generic Name	Form	Strength	Start Date	PRN Rationale
05	RISPERDAL		TAB	0.25 MG	Apr 05 2005	
07	METRONIDAZOLE	METRONIDAZOLE	TABS	250MG	May 05 2014	
07	METRONIDAZOLE	METRONIDAZOLE	TABS	500MG	May 16 2014	
07	ALTACE	RAMIPRIL	CAPS	2.5 MG	Feb 12 2008	
07	BENDOLYL 5	BENZOLYL PERDOXIDE	LOTN	5 %	Aug 15 2006	
08	ALBUTEROL INHALANT	ALBUTEROL	SOLN	0.5 %	Dec 01 2005	
08	ADVAR			250/50	Sep 10 2012	
09	AVDIAL 3000	ASPRIN/EUTALBITAL	TABS	20/50	Aug 10 2012	

Rx Date: May 05 2014 Start Date: May 05 2014 D/C Date: May 09 2014 PRN: PRN Rationale:

PRN Lines: Frequency: TID Route: PO Drug related to / Comments: 250 mg orally three times daily for 5 days

Quantity: 1 Strength: 250MG Related Diagnosis ICD-9: 007.1 GIARDIASIS View ICD-10

Category: Generic Trade Administration Times: Every Day at 07:00, 13:00 and 17:00

Sort Order: 7 Sort

Buttons: Add Std Meds, Invalidation Screen, D/C Screens, Print, MAR, MAR Treat, Pharm. Rpt, Discont. Meds, Invalidation Rpt, Help, Exit

There are three search options:

- **Sort by Trade** (default)
- **Sort by Generic**
- **Speed Search** (providing the closest option in spelling).

Highlight and double-click the appropriate medication, form and strength or click Select Drug at the bottom center of the screen. The program notes when a medication has been entered and will continue to count the number of medications each time a selection is made from the Drug List screen. All medications that have been added to the database will be listed here.

Some states require the facility to define the quantity in comparison to the strength of the actual medication. Lasix 30 mg would require the quantity listed as 1.5 and the strength would remain as 20 mg. Follow state and facility policy to complete this section.

Select the drop down box on the **Related Diagnosis** to highlight the diagnosis for which the medication is ordered to attach the ICD-9CM code to the medication on the MAR. Diagnoses entered on **Face Sheet Two**, will automatically map to the PO/MAR module for compliance. The ICD-10 can also be entered by clicking the "View ICD-10" button.

Category allows the user to assign a medication to a pre-defined Medication Category. The Medication Categories are defined in **Utilities, MAR, Medication Categories**. Medications that are assigned to a Category can be printed with the **Medications by Category** report in the **Reports** module.

Steps to Add a Medication:

Select the Add button to enter the Drug List screen to select a medication. Details of each medication may be added in any order.

1. Enter a **D/C date**. If it is an ongoing order, leave the field blank.
2. If the **PRN** box is used, the rationale must be completed. If a different number of PRN lines are needed, click in the box and type in the number of lines. (# of lines can only increase from the default set in the printer setup.
3. Select a desired frequency from the **Frequency** drop down list.
4. **Select** a route of administration from the drop down list. Once a drug has been added and the user has exited the medications screen for the selected resident, the drug becomes locked. It is recommended to enter all of the details before exiting the screen.
5. If this is a new order, **D/C (Discontinue)** the older order and add the new order.
6. If there was an error; **Invalidate** the order. The user has the capability to edit the invalidated order.
7. Click **Pharmacy Report** to print from this screen or from the Reports module. The Pharmacy report can be faxed to the pharmacy by WinCare.
8. Click **Exit** to return to the PO/MAR menu screen.

Add a Drug to the Database

Select the **Edit Drug Database** button to add a new drug to the database from the drug list screen.

1. Click the **Medications** button from the PO/MAR menu screen.
2. Click the **Add** button to display the Drug List screen.

3. Click the **Edit Drug Database** button to enable the addition of a customized drug to the database.
4. *Editing a drug is only allowed for customized drugs.*
5. Complete the fields as needed. A therapeutic class is required for psychotropic drugs. See **Psychotropic Drugs**. The therapeutic class 682008 is used for Insulin.
6. Upon completion, click the **Exit** button to return to the Medications screen.

Psychotropic Drugs

The program requires the therapeutic class number for the type of **Psychotropic Drug** when adding a drug to the database. Search the drug database for the same classification of drug and add the number or use the numbers displayed on this screen:

- Anti-Psychotics: 281608
- Anti-Anxiety/Hypnotics: 282408
- Anti-Depressants: 281604

Customize Medication

Use the **Customize** options described below to designate a schedule for medications for a specific resident by the day, week, or month; with cycles for days on and off. The screen works the same for treatments, lab orders or MAR notes.

1. A **frequency code** is required (limited to 10 characters). The same names as a pre-existing code, i.e., BID can be used as this customization will only apply to this particular MAR item
2. **Define the frequency** for this MAR item by (max. 24 times per day). It is set to every day by default but can be changed if the medication is to be given every seven (7) days, i.e. Enter a seven (7) in the field under **Every**. If specific administration times are entered and the PRN checkbox is enabled on the medication screen, the program will display the following message: "PRNs do not use fixed administration times. Specific times will be ignored."
3. Specify the **times** for the MAR item by editing the boxes in the **At** section. The times begin in the upper left corner and move from left to right. Non-numeric characters are acceptable (max. 8).
4. WinCare uses a **24 hour clock**. Midnight is 00:00.
5. Note that each box represents a row to be **signed off** on the MAR printout.
6. Upon completion, click **OK** to return to the main Medications screen.

Invalidate/Invalidation Screen

Due to HIPAA regulations, the WinCare program does not allow deletion of any medication that has been entered and saved. Use the **Invalidation** screen to correct an error or when a change needs to be made to a medication after it has been entered.

- The **Invalidate & Edit** option invalidates the medication and records it on the invalidation screen after entering a reason for the invalidation. The program automatically copies the medication back to allow the user to edit as needed.
- Use the **Invalidation Only** option if an incorrect medication has been selected and needs to be removed and NOT copied after entering a reason for the invalidation.

Invalidation Screen:

All the fields are locked and do not permit data entry since it is view only. This screen contains all the information for the medication that has been invalidated including the rationale.

Discontinue Drug

Discontinuing medications can be completed by using the D/C button. Enable the checkbox when a change needs to be made or leave it unchecked when a copy is not needed and enter the D/C date.

At the beginning of the next month, the drug will be automatically removed from the medications list and recorded in the D/C screen.

Insulin Sliding Scale

Enter an **Insulin Sliding Scale** by selecting the PO/MAR button from the WinCare Control Panel and clicking the Add button from the main Medications screen. A resident does not need to be selected at this point.

1. Select the **Edit Drug Database** button.
2. Click **Add** and enter the term *Sliding Scale* in the Trade Name field.
3. Enter **682008** in the **Therapy Class** field. This will allow insulin related orders to appear on separate pages, if needed. Enter **00** in the **Schedule** field and click **Add**.
4. Click the **Exit** button from the next two screens.
5. Select a resident for the sliding scale from the drop down list on the main WinCare Control Panel.
6. Select **PO/MAR** from the WinCare Control Panel and click the **Medications** button.
7. Click **Add** from the main Medications screen. Enter the term **Sliding Scale** into the search field. Click **Select Drug** and exit the screen.

8. Highlight the **Sliding Scale** item that was just entered in the medications list. Enter an **Rx date** and **Start date**. Type instructions as needed in the **Drug related to/Comments** field.
9. Click the **Customize** button. *The Frequency Field may not be left blank but a character such as a period may be entered.*
10. Enter the times that insulin and sites are administered in the fields in the **At** section of the screen. Standard times that insulin is administered or checked may be entered in the Standard Frequencies section in the **Utilities** module.
11. Select the **Exit** button upon completion of this section of the scale.
12. Repeat the steps 9-12 for each part of the sliding scale. The key is to enter special instruction in the **Comments** field of the Sliding Scale that is listed on the Medications screen.

Enable the **Sliding Scale** to be **separated** from the rest of the **non-insulin related orders** by the following steps.

1. Select **Reports** from the main WinCare Control Panel.
2. Click **Printer Setup** from the main Reports screen.
3. Select the **MAR** tab and check the option **Insulin Med's on New Page**. This step must be completed for each computer that will print MAR reports.
4. **Print** the MAR.

Track Specific Type of Medication

Follow the steps outlined below to track a specific type of medication in the WinCare program.

1. Open the Reports module, click the **Summary Reports 2** tab.
2. Check the box for Medications by Resident and click **Print**.
3. Click **Select by Trade** name.
4. Click **Select from List**. This list is all the medications that current residents are using.
5. Click **OK**, select the printer you wish to use, click **OK** again.
6. This will print a report that lists which residents are using which medication.

Print MAR

Print this report by selecting the **Print MAR** button from the Medications screen.

- The number of days included on the report depends on the days specified in the **MAR** section of Printer Setup that is accessible from the Reports module. Click **OK** to send the report to the printer.
- The **MAR** is adjusted to reflect the order.
- WinCare will automatically **x-out** the days the medication is not to be given.

- **Times** can be adjusted specific to the medication to reflect the time specified in the physician order. Additional spacing can be entered between administration times.
- A user can also insert text in the **Administration Time** to allow additional documentation on a MAR.

Sample Orders

1. **An order reads, “ ‘XYZ medication’ 40 mg po q3d” > Type a ‘3’ in the box under ‘Every’.** The program automatically marks off the two days not to give the medication. Remember, on the main MAR screen, to include the date this should begin. If the resident was on this same medication with the same dosage prior to admission, determine the day the resident should get the medication and type that date in the box. For a resident admitted 4/26/2004 who had received the medication prior to admission on 4/26, mark 4/29/2004 in the ‘Start Date’ box.
2. **An order reads “ ‘XYZ medication’ 40mg po qMWF”** Click the radio button next to ‘Week’ and then click on Monday, Wednesday and Friday. On the MAR report WinCare will automatically ‘x-out’ all Sundays, Tuesdays, Thursdays and Saturdays.
3. **An order reads “ ‘XYZ medication’ 40 mg po on the 12th and the 24th q month”** Click the radio button next to ‘Month’ and then click 12th and 24th
4. **An order reads “ ‘XYZ medication 40mg po 5 days on, 10 days off continually.”** Click the radio button next to “Cycle”. There are two scenarios. “. . .Days Off” is the default scenario. Click in “Days on”, type “5” then press **Tab** and type in “10” for “Days off.
5. **An order reads “XYZ medication’ 40 mg po qd for 5 days, repeat every 2 weeks”** Click the radio button next to “Cycle”. Click the radio button next to “Repeat Every...” WinCare’s default in this scenario is “Week”. Click in the box for “Days on” and type “5” and then click **Tab** and type “2 weeks”.
6. **An order reads “XYZ medication’ 40 mg po for 10 days repeat q3m”** Click on the radio button next to “Cycle” and click on the radio button next to “Repeat Every...” Click in “Days on” and type in “10”, click the radio button for month. Click in “Repeat Every” and type “3”. WinCare will automatically ‘x-out’ all the days the medication is not given.

Treatments

This module is used to enter and edit **Treatments** for a selected resident. Access this screen by selecting the PO/MAR button from the WinCare Control Panel and click the Treatments button from the PO/MAR screen.

Seq	Treatment	Start Date	P/R Rationale
01	Use humidifier when resident is sleeping to help breathing problems.	Nov 05 2005	
02	Ear Protocol Monthly P/R cerumen buildup, apply GTTS per routine earwax remove	Jan 10 2006	
03	Use Mycolog cream for fungal rashes.	Mar 10 2006	
04	Leave lower partial denture out when sleeping	Aug 21 2006	
05	Hot soaks to L foot pin	Aug 19 2007	

Add a new treatment by selecting **Add** and typing the treatment in the Treatment field. Click **OK** and return to the main Treatment screen. The new treatment will be displayed to enable the completion of the remaining fields.

- If the **D/C** date filed was utilized for a treatment, WinCare will x-out the dates after the D/C date, it appears as X's on the print out; but it does not automatically remove the treatment from the PO and Treatment record and the treatment will be completely removed at the beginning of the next month.

The date can be added with a forward slash mark, i.e., 8/01/2004, or utilize the calendar by clicking the drop down box. The printed number of days depends on the days specified in the MAR section of *Printer Setup* in the *Reports* module. Click *OK* to print.

- To **erase** the existing or edited times listed in the grid, click **Clear Times** in the **Administration Times** screen. There are additional options at the bottom of the main Treatment screen.
- The **Treatment Record** can be printed from the **treatment screen** or from the **Reports** module. In addition, it may be printed as a combined report. When the Treatments or MAR/Treatment are printed from this module, WinCare provides two prompts: the first is a Windows Print screen and the second screen is to supply a date for the report.
- Click **Add Std Treatments** to include the standard treatments on the resident's treatment record. A list of pre-set up Standard Treatments will open. All of the treatments are checked. Un-check the treatments that are not appropriate for this resident.

- Click **Customize** to customize the Administration times and enter specified times of treatment administration.

Print a blank Treatment Record:

1. From the WinCare Control Panel, click **Reports** to display the reports screen.
2. Click the **Individual Reports** tab and select the **Treatment** report.
3. Under **MAR Report Options**, click the **Blank Form** checkbox.
4. Click **Include Comments** checkbox if a comments page is to be included with the blank form.
5. Click the **Include Resident Info** checkbox if the resident's info (such as names, admission #, etc.) is to be included on the blank form.
6. Click **Print**. The user can print multiple copies by typing a number on the **Copies** field located underneath the **Select Resident Set**.

MAR Notes

Access this screen to add a note that will appear on the Medication/Administration record by selecting the **MAR Notes** button from the PO/MAR menu screen.

1. Click **Add** and enter the date the medication was ordered by the physician (Rx date) if applicable. Enter the start date that the instruction will be effective.
2. Check the box **Include in Physician's Orders** if the note will be included in the physician's orders printout.
3. Select a frequency from the drop down list, if applicable. If needed, click **Customize** and record necessary information. Click **Exit** to return to the Add/Edit screen.
4. Click **Save** to return to the main PO/MAR notes screen.
5. If the facility has standard MAR Notes, they can be added by clicking the Add Std Notes button.

The order of MAR Notes can be changed by clicking on an note and dragging it to the desired position.

The Std Notes list must be created in the Standard MAR Notes setup in the Utilities module.

Physician Orders

The main **Physician Order** screen lists the orders received from Physicians. It combines the Medications and Treatments which were entered in those separate modules. These are orders that do not fall into the categories of Medications, Treatments, MAR Notes, Lab or Dietary. The Physician Order Codes allow the facility to track specific items such as catheters, restraints, yearly PPDs, etc. In this module, a code can be added to define the type of order.

Physician Order Codes are set up in the **Utilities** module which can be accessed by selecting the MAR button from the Utilities Control Panel. Click the Physician Orders button from the MAR menu screen and select the Physician Orders Code button.

There is no database for Physician Orders. It allows free-text typing for the order and includes a spell checking option. The order is then defined by similar steps that were followed for medications and treatments. The orders can be added one at a time and then defined or one order can be totally completed before starting the next one. The date can be edited to reflect the date of the actual order.

To Add a Physician Order:

1. Click **Add** and the Physician Order Add/Edit screen opens.
2. Select the **Physician Order Code** from the drop down box, type the new Physician Order.
3. Enter the prescribed order date.
4. Click **Save**.

To Edit a Physician Order:

1. Highlight the **Physician Order** to edit.
2. Click **Edit** and make necessary changes.
3. Click **Save**.

The orders print out in the same order as displayed on the screen. To change the sort order, highlight the Physician Order and edit the number in the *Sort Order* box.

Users can generate a report called **Physician's Orders Code Report** from the Reports module.

- The date defaults to the current day. If **reprinting** of previous orders is necessary, manually change the date or utilize the drop down box to select the desired date from the calendar from the report main screen.
- The number of days that prints out on the report depends on the days specified in the MAR section of Printer Setup in **Reports**.
- Click **OK** to send the report to the printer.
- Click the Exit button to return to the MaR main screen.

Lab Orders

Access this screen to add, change, or remove a lab order for the selected resident by selecting the **Lab Orders** button from the PO/MAR menu screen. Click **Add** to open the Add/Edit Lab Order screen.

1. The order and start dates are pre-filled with the system date, however both fields are editable.
2. A date due or a frequency must be entered but NOT both. Use **Date Due** to enter a one-time order.
3. Select the ordering **Physician** from the drop down list containing physicians that have been entered in the phonebook.
4. Select the appropriate lab tests from the drop down list under **Common Lab Tests**.
5. Click Customize to set specific dates for tests.

The order of Lab Orders can be changed by clicking on an order and dragging it to the desired position.

There are 44 common lab tests included in the WinCare program. Additional lab tests may be added in the Utilities module.

1. If the desired lab order is not in the list, access the Utilities module from the WinCare Control Panel. Select **MAR** and click the Common Lab Tests from the MAR menu screen.
2. **Add** the new lab order and it will appear in the list in the PO/MAR module. The date defaults to the current date but is editable.
3. To modify an order, click **Edit** to make the necessary changes.
 - If a lab order is regularly **re-occurring** (ex. once a year), then use the start date as the first time that lab is done. Enter a frequency (such as QYear) to have the lab re-occur each year. Enter the ordering physician and select the lab from the common lab tests list.

Telephone Orders

The **Telephone Orders** module is designed to keep the MAR current. It is a method to prepare an order to send for a physician's signature.

This procedure is utilized to note orders received during the month via the telephone. It also prepares a sticker to apply to the MAR.

Use the Avery Label 5663 for the clear sticker for the MAR sheet.

1. Click **Sync** and double click which order's date that are to be mapped. WinCare includes all orders on or after the sync date (by start date).
2. To **print new orders** if the user is unsure which are new and which have been printed already, click **Reset** for that category. Enter the print date which will capture all new orders.
3. Using Avery form 5663, users can print clear labels. Apply the labels to the MAR sheet. This prevents reprinting of the MAR until the end of the month.
4. WinCare users can also print a MAR/Physician Order style sheet with the new orders and attach the orders to the resident's chart. A general heading is displayed on the Telephone Orders Screen that says, **Print records dated on or after** along with 4 categories that allow users to update the following orders: medications, treatments, physician orders, and lab orders.

Telephone Orders Report

Telephone Orders:

1. Print new Physician Orders without replacing the current orders by highlighting the orders and clicking **Telephone Orders Report**.
2. **Remove** the printed sticker and place on the MAR or Treatment sheet.
3. **Selected** items have a letter in brackets [] to indicate the record type.
4. **Deleting** items will not affect the list the next time it is accessed.
5. Click **Print**. The printed page(s) can be added to the current physician orders.

Dietary

This screen is designed to allow a facility to enter a resident's dietary preferences and restrictions as displayed in the screen shot below and is accessed by selecting the PO/MAR module from the WinCare Control Panel and clicking the **Dietary** button.

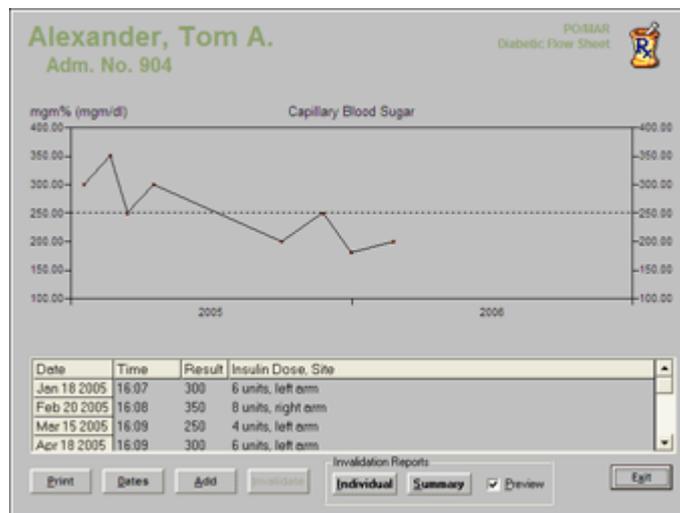
In the free text boxes, enter only one item per line. Information in the Dietary module will appear on the MAR, Treatment Sheets and the Physician Orders.

1. Determine if this entry will be for **Normal** or **Temporary Diet**. Click **Temporary** to copy the normal diet to the Temporary Diet page.
2. **Record** the dietary information for each resident .
3. Select each **Diet Type** and **Diet Consistency** as ordered by the Physician.
4. Special notes for Diet Type and Diet Consistency may be typed in the **Other** fields.
5. Select the type of **Drinks** by entering the amount of the drinks on the corresponding field for each meal time. Other drinks aside from coffee, tea, milk and juice may be recorded on the **Other Drinks** field.
 - Enter the amount in ounces.
 - Up to **6 drinks** per resident can be entered including the amount of each in ounces.
1. **Diet Nourishments or Snacks** can be entered in the Diet Nourishments/Snacks text field.
2. Patient's food and drink **Likes/Dislikes/Notes** are entered in the Likes/Dislikes field.

3. Enter resident's **Allergies**, if applicable in the Allergies field. This field is different from the allergies section in the PO/MAR module. Allergies from the dietary screen print on the tray cards only and will display on the diet report in the Reports module.
4. Enter the **Date** that the information is prescribed for into the Date Prescribed/Modified field.
5. A **Cart number** may also be indicated by filling out the Dietary Cart # field.
6. Click **Exit** to save the information and return to the PO/MAR Main Screen.

Diabetes Data

This module sets up a **Diabetic flow Sheet**. Access this screen to enter the insulin dose and blood sugar readings.



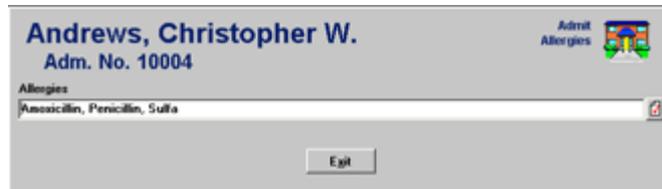
To *change or correct an erroneous entry*, highlight the record and click *Invalidate*. This process will note the time and date creating an audit trail that cannot be edited. Print the invalidation records individually or by summary.

1. Click **Add** to record a new Blood Sugar reading.
2. The Date and Time fields are auto filled but are editable.
3. Enter the **Blood Sugar Reading**.
4. Enter the **Insulin Dose** and **Site**, click **Save**.
5. **Repeat** for each administered dose.

The program will **Chart** and **Graph** the saved information automatically. Click **Print** to print the current Diabetic Flow Sheet. Use the **Dates** button to set specific report dates.

Allergies

Access this screen to enter allergies for the selected resident by clicking the **Allergies** button from the Admit main screen.



The screenshot shows a software interface for entering allergies. At the top left, the resident's name 'Andrews, Christopher W.' and admission number 'Adm. No. 10004' are displayed. In the top right corner, there is a button labeled 'Admit Allergies' with a small icon. Below this, the word 'Allergies' is written above a text input field. The input field contains the text 'Amoxicillin, Penicillin, Sulfa'. To the right of the input field is a small red checkmark icon. At the bottom center of the screen is an 'Exit' button.

- Allergies may also be entered in the PO/MAR module.
- This screen allows free text typing and includes a **Spell Check** feature. Click the red check when a misspelling is found and the screen will display spelling suggestions.
- Multiple allergies must be separated by commas.

Fluid Balance

This option is available upon purchase of the Fluid Balance Add-On module. Call WinCare Sales for more information and demo at 1-800-423-1083.

This module is used to record the fluid intake and output of a resident. Information recorded in this module can be printed from the Fluid Balance report of the Individual Reports tab in **Reports**.

Date	Total In	Total Out	Net	Notes
07-03-2000	1540	1580	-40	Normal
07-02-2000	1530	1490	40	Normal
07-01-2000	1582	1630	-48	Normal
06-30-2000	1525	1495	30	Normal
06-29-2000	1498	1398	100	Little low fluid intake
06-28-2000	1524	1488	36	Normal
06-27-2000	1510	1488	22	Dark morning urine
06-26-2000	1250	1323	-73	Not feeling well low intake

Fluid Balance Main Screen

The Fluid Balance main screen shows the daily summaries of the Fluid Intake and Output. A new Entry is added for each day that the fluid is measured. During the day the daily entry is updated as the fluids are measured. See the Add/Edit screen below.

Alexander, Tom A.
Adm. No. 904

Date: 04-20-2000

In

Fluid	Amount (ml)	Recorded By
		JHE - Jane Blackburn

Out

Fluid	Amount (ml)	Recorded By
		JHE - Jane Blackburn

IN

Juice	237	JHE
Milk	474	GL

OUT

Urine	382	JHE
-------	-----	-----

Notes: Normal

Fluid Balance Add/Edit Screen

The Add/Edit screen of Fluid Balance records the individual fluid measurements that occur on the given day. For Intake entries the user selects what type of fluid was consumed and how many milliliters. WinCare has predefined fluid types: Juice, Milk, Water, Coffee, Tea, IV, and Other. This list can be changed by the facility on the **Utilities, MAR, Fluid Balance Fluids** screen. The fluid that has been output is recorded in milliliters. Notes can be added for the day.

Food Intake

This option is available upon purchase of the Food Intake Add-On module. Call WinCare Sales for more information and demo at 1-800-423-1083.

This module is used to record the amount of food eaten each day by a resident. Information recorded in this module can be printed from the Food Intake report of the Individual Reports tab in **Reports**. The report flags entries when the percent eaten is less than 50%.

Date	Brkfst	Lunch	Dinner	Snack	Notes
05-29-2008	100				no problems
05-28-2008	100	100	100	80	no problems
05-27-2008	75	60	90		75 feeling better - food still tastes funny
05-26-2008	60	40	60	50	Sick - food tastes bad
05-25-2008	95	100	90	60	not feeling well
05-24-2008	100	100	100	100	enjoyed everything
05-23-2008	100	95	90	100	no problems

Records shown for the following dates:
 4/29/2008 To 5/29/2008 Refresh Add Edit Delete Exit

Food Intake Main Screen

For each day the food intake is tracked a record for the day is added. Then during the day the record is updated with the percentage of the food eaten at each meal and snack. Any complaints about the food are entered into the notes. The information entered into this module can be used to help answer questions on MDS assessments.

Alexander, Tom A.
Adm. No. 904

Enter percentage of the meal eaten

Date	Brkfst	Lunch	Dinner	Snack	Recorded By
04/20/2009	50 %	%	%	%	JRE - Jane Blackburn

Notes

Cancel OK

Food Intake Edit screen:

1. Program does not allow entering a date > today .
2. Entering a date < 30 days ago causes a msg asking if correct.
3. Program removes leading & trailing spaces from Notes.
4. Program does not allow the <Enter> key to start a new line in the notes.
5. Program does not allow percentage values > 100
6. Program only allows digits to be entered for percentage.

Hemoglobin/Hematocrit

This option is available upon purchase of the Hemoglobin/Hematocrit Add-On module. Call WinCare Sales for more information and demo at 1-800-423-1083.

This module is used to record the Hemoglobin and Hematocrit lab values of a resident. Information recorded in this module can be printed from the Hemoglobin/Hematocrit report of the Individual Reports tab in **Reports**. The report flags values that are out of range.

Alexander, Tom A.
Adm. No. 904

POMAR
Hemoglobin
Hematocrit

Date	Hemoglobin	Hematocrit	Lab	Notes
04-20-2009	13.5	41	Blue Light Labs	Within range
03-17-2009	11.9	41	Purple Light Labs	Low Value
02-19-2009	14.7	40.2	Blue Light Labs	Within range

Values in red indicate Hemoglobin < 13.0 or > 18.0, Hematocrit < 40.0 or > 54.0

Records shown for the following dates:
1/8/2009 To 4/20/2009 Refresh Add Edit Delete Exit

Hemoglobin/Hematocrit Screen

Allows the recording of the Hemoglobin and Hematocrit lab values. Values outside the Normal Range are displayed in red on the screen. The values used are different for males and females, the high and low values are set in Utilities, MAR, Hemoglobin/Hematocrit Ranges. In order for the ranges to work correctly the residents gender must be set on Face Sheet A1 in the Admit module. This module can be used to help determine how J1c on the MDS assessment should be answered, elevated hemoglobin and hematocrit values in the last 7 days can be a clinical sign of dehydration.

Alexander, Tom A.
Adm. No. 904

PO/MAR
Hemoglobin
Hematocrit
Add/Edit

Date	Hemoglobin	Hematocrit	Lab Doing Test
04-20-2009	13.5	41.0	Blue Light Labs

Notes
Within range

Cancel OK

Hemoglobin/Hematocrit Add/Edit Screen

The Add/Edit screen is where the individual lab results and any notes are entered.

Immunizations

Access this screen to record and track the following **Immunizations**: Influenza, Pneumonia, Tetanus, Diphtheria, and PPD injections by following the steps listed below:

Alexander, Tom A.
Adm. No. 904

PO/MAR
Immunizations

Type	Date	Note
PPD #1	01-20-2011	
Influenza immunization	12-20-2010	
Pneumococcal vaccine	09-20-2010	
Influenza immunization	01-20-2009	
Influenza immunization	01-17-2008	
Influenza immunization	08-29-2006	
Influenza immunization	08-30-2005	
PPD #2	03-20-2005	
PPD #1	02-12-2005	
Pneumococcal vaccine	01-18-2005	

Next Influenza Due: 12-20-2011 Next Tetanus Due: 03-20-2014
Next Pneumonia Due: Up To Date Next Diphtheria Due: 03-20-2014

Pneumococcal Vaccine
See guidelines for Pneumococcal boosters [guidelines](#)
 Resident's PPV status is up to date for their lifetime
 Pneumococcal booster shots may be needed ?

PPD
#1: Complete Reading: Complete #2: Complete

Reports
 Preview Individual Immunizations Due Report Add Edit Delete

Care Unit for Summary
All Care Units

Egit

1. Click the **Immunizations** button from the PO/MAR menu screen.

2. Influenza due dates are automatically recorded as one year from the last administered date, Pneumonia is due in 5 years and Tetanus or Diphtheria are due 10 years from the last administered date.
3. Click **Add** to record when an immunization had been given.
4. Select the type of immunization/vaccination from the list under **Type**.
5. Enter the **Date** of the immunization.
6. Type appropriate **Notes** such as location and observed reaction. The **Federal Requirements** can also be recorded in the **Notes**, i.e. vaccine manufacturer and lot number. (See **Federal Requirements** below)
7. Under the Reports section, click **Individual** to print the immunizations records for the current resident. Click **Immunizations Due Report** to print the immunizations record for the entire care unit or facility.
8. Click **Exit** to save the entry and return to the PO/MAR screen.

Linkage to other areas in WinCare: If users enter flu immunizations then when creating MDS assessments, W2a will be automatically answered, if the flu shot was in the flu season applicable to the MDS assessment. WinCare will notify the user that the program has set this value when entering Section W of the MDS . Depending on the check boxes under Pneumococcal Vaccine WinCare may be able to answer W3a. (See the Pneumococcal Vaccine/Booster check boxes help page).

In addition, WinCare will use flu shots and pneumococcal shots recorded to answer columns 144 and 145 on the CMS 672 Census and Conditions report.

Federal Requirements: Prior to administration of each dose of a vaccine, the health care provider must provide to the resident or their legal representative, a copy to keep of the relevant current edition Vaccine Information Statement that has been created by the CDC. (For an incompetent adult living in a long-term care facility, all relevant VISs may be provided at time of admission, or at the time of consent if later than admission, rather than prior to each immunization.)

Vaccine Information Sheets are available from the CDC Web-site (<http://www.cdc.gov/vaccines/pubs/vis>)
<http://www.cdc.gov/vaccines/pubs/vis>).

The health care provider is required to record the following information in the resident's permanent medical record:

- At the time Vaccine Information Sheets are provided
 1. the edition date of the Vaccine Information Statement distributed
 2. the date the VIS was provided
- When a Vaccine is given
 1. the name, address and title of the individual who administers the vaccine
 2. the date of administration
 3. the vaccine manufacturer and lot number of the vaccine used

Pneumococcal Vaccine/Booster Checkboxes

Resident's PPV status is up to date for their lifetime check box:

If this is checked, W3a will automatically be set to 1 when adding a new MDS assessment for this resident or when you go to Section W of an OPEN assessment. In the latter case, a message will also appear indicating why it was set to 1.

Pneumococcal Booster shots may be needed check box:

If this is checked, the program will schedule pneumococcal vaccinations every 5 years.

If this is NOT checked, the program will use the following criteria:

- a) If Resident age <65 and there are no pneumococcal vaccinations on file, one is due now.
- b) If Resident age ≥ 65 , a one-time re-vaccination is due if they were vaccinated ≥ 5 years previously and were aged < 65 years at the time of primary vaccination.
- c) If resident age < 65 and resident was ≤ 60 when PPV administered then due date is resident's 65th birthday
- d) If resident age <65 and resident was > 60 when PPV administered then due date = PPV administered date + 5 years.
- e) If check box "Pneumococcal Booster shots may be needed" is not checked and resident has had PPV shot when aged 65 or older then scheduler says "Up to Date"
- f) When adding a new MDS assessment, if a resident has had a pneumococcal vaccination (PPV) that is LESS than 5 years from the A3a date, then resident's PPV IS UP TO DATE and the program will mark W3a as 1.

Therapy Notes

The **Therapy Notes** module enables therapists to easily log the following data:

- Visits
- Date and Time of visit
- Total number of minutes per visit
- Type of Service
- Treatment Diagnosis
- Notes
- Units

The program assumes that the logged in user is the individual entering therapy notes and will audit all entries with that user's name.

The program will automatically total the minutes and days when users click the **Calculate Days/Minutes** button in Section P in the MDS module. The observation period is determined by the reference date (A3a in the MDS).

The screenshot shows a software window titled "Therapy Notes for Tom A. Alexander". The window contains several input fields and buttons. At the top, it shows "Therapist: Passkey User" and "Initials:". Below that is "Visit this day" with a dropdown set to "1" and a note "(put in a 1 for first visit, 2 for second visit, etc.)". The "Date" is "Mar 10 2006" and "Time" is "10:13". The "Type of Service" is a dropdown menu showing "97001 PT EVALUATION". The "Type of Therapy" is "PT". Below that are "HCPCS" fields: "97001", "GP", "Mod1", "Mod2", "Mod3", and "Mod4". To the right of these fields is a note: "For Medicare Part A, Therapy Minutes are the MDS Eligible Minutes (see RAI Manual Chpt 3, Section P11). For non-Medicare, enter billable minutes." Below the HCPCS fields are "Therapy Minutes" (30) and "Units" (2). Below that is "Total Minutes" (empty). The "Treatment Diagnosis" is "ICD-9" with a dropdown showing "003.22 SALMONELLA PNEUMONIA" and a "View ICD-10" button. At the bottom is a "Notes" text area, "Cancel" and "OK" buttons, and a small icon in the bottom right corner.

Add a record:

1. Click the **Add** button.
2. Enter the visit, date, and time, and type of service.
3. The type of therapy and HCPCS and modifiers are filled in automatically by the ancillary definition. These fields are non-editable on this screen.
4. Enter the therapy minutes and units (unit=15 min)
5. Select the treatment diagnosis from defined diagnosis code that was entered on face sheet 2 (A2). Both ICD-9 and ICD-10 diagnosis codes can be selected.
6. Click **OK** to save the record and return to the main Therapy Notes screen.

Edit a record by highlighting a previously entered record and click **Edit** to make changes.

Highlight the record to be removed and click **Delete**.

Print records by clicking **Print Selected** or **Print All** to print all the notes for the selected resident. To select multiple notes, hold down the **Ctrl** key while left clicking on the desired notes to select multiple notes.

Special Note for Integrated Users:

Therapy notes entered in this section automatically create an ancillary record in the Ancillary module. The visit, quantity, issue date and charge code fields are non-editable on the Ancillary screen if that information has already been entered on the Therapy Notes screen.

WinCare allows up to 4 modifiers for a HCPCS/CPT code on the UB92. The modifiers are assigned to the selected ancillary in the Ancillaries section of the Master Files module and display on the Therapy Notes screen as non-editable fields. When using the Therapy Notes module to enter therapeutic ancillaries, variations of the same ancillary may be created with the appropriate combination of modifiers as needed to simplify the data entry.

Example: Billing for a therapy (97110PT) with mutually exclusive procedures performed in distinctly different 15 minute periods would require a second modifier (59) in addition to the primary modifier (GP).

Example: Billing for a therapy (97110OT) with a therapy cap exception would require a second modifier (KX) in addition to the primary modifier (GO).

Note: Modifiers may be added/changed when entering ancillaries in the Ancillary module. Modifiers can also be added to ancillaries on the UB92 edit screen, although all edits are lost when updating unlocked bills.

Override options will be available for editing on the Ancillary screen for records that were created in the Therapy Note section in the PO/MAR module.

All therapy notes which have a date in a past period are locked, non-editable and an asterisk* appears next the locked note.

Note: Use 0513 for the CMS 1450 Revenue Code when adding a psychological therapy ancillary.

PO/MAR FAQs

Q. Can I generate a report of everyone on routine pain meds? If so, can the report print by care unit?

A. The Medications by Resident Report can be used to generate that information. Select the medications that are considered routine pain meds (hold <Ctrl> key down while clicking the mouse to select multiple selection). You will now be able to print a list by medication for the residents.

Follow the steps below to Print the Medications by Resident report by care unit:

1. Exit the reports module after the medication selection.
2. Click the down arrow on the main control panel to display the resident list.
3. Near the OK button is a list to select a care unit.
4. After the care unit selection, click OK.
5. Return to the reports module and select the report.
6. The report will display each resident's medications by care unit.

Q. Can frequencies be customized to be added to the general list?

A. Follow the steps below to customize frequencies:

1. From the WinCare Control Panel, click **MAR**.
2. Click **Administration Times**.
3. Define a standard frequency. Once defined, it will appear in the list boxes for frequency.

Q. How do I add a standard medication?

A. If there is a single medication or a group of medications that are commonly issued, then they can be added to the standard medications.

1. From the WinCare Control Panel, click **Utilities**.
2. Click **MAR**.
3. Click **Medications**.
4. Select a medication from the list.
5. Highlight the medication to add it to the standard list.
6. Once all medications have been edited, click **Exit** to save the data.

Note: All specific information about the medication (frequency, prn, reason, dosage) can be edited.

Q. If I enter a medication into the Medications section of the PO/MAR, do I need to enter that medication order in Physician's order?

A. The program automatically adds the medications on the Physician's Orders.

Q. How do I setup customized standard frequencies?

A. Setting up a frequency is the same as setting up a customized frequency with one difference. The user needs to tell WinCare 'where' to include the new frequency, whether it is under the medication/treatment list, lab orders list, or both. Once created, this frequency will appear in the dropdown boxes.

Follow these steps to add a frequency:

1. Click Utilities from the WinCare Control Panel.
2. Click MAR.
3. Click the Administration Times.
4. Enter a name for the frequency.
5. Select the desired frequency including the time of administration if needed.
6. State which drop down list are to include this standard frequency.
7. Click Exit to save the new frequency.

Q. I enter a lab order but is not appearing in the physician's order report for a particular resident. Why?

A. Generally, this problem is caused when there is no due date or frequency entered on the lab orders. To resolve this issue, follow these steps:

1. Click the PO/MAR from the WinCare Control Panel.
2. Click Lab Orders.
3. Enter the missing frequency or due date.

Q. Why the primary diagnosis does not appear in the related diagnoses field on the medications screen in the PO/MAR module after adding a primary diagnosis on Face Sheet 2 in the Admit module?

A. Follow the steps below to resolve this problem:

1. Select the resident.
2. Click **Admit**.
3. Click **Face Sheet 2**.
4. Click **Add** under the Other Diagnosis field.
5. Highlight the desired diagnosis code to select it.
6. Make a selection from the options at the bottom of the screen, to select either primary or secondary diagnosis code for the resident.

7. Click **Exit** to save the information.

Q. How can we track which patients are diabetic in WinCare?

A. There are a couple of ways a facility might do that. One way is using the CQI > Acuity Monitoring Report. Select IIa and have "Print Names" checked then click Print. This pulls from the MDS assessments for the residents.

Other way is that users can use Physician Orders codes or Medication Category and make code/category called "Diabetic". Then assign any Diabetic related order/medication to this code/category. Then when printing either the Physician Code Report or Medication Category Report (which ever facility decides to use) it will print a list of diabetic residents.

CHAPTER 8

Vitals

In This Chapter

Vitals Main Screen.....	109
Add Vital Data	110
Invalidate.....	111
Charts	112
Table	112

Vitals Main Screen

Enter basic Vital Sign data per resident in this module. Access this module by selecting the **Vitals** button from the main WinCare Control Panel screen.

Alexander, Tom A.
Adm. No. 904

Current Vital Signs
 Weight 170.0, Administrator, System: 09-12-2012 11:46 AM
 Blood Pressure 120/75, Administrator, System: 09-12-2012 11:46 AM
 Temperature 90.6, Administrator, System: 09-12-2012 11:46 AM
 Pulse 80.0, Administrator, System: 09-12-2012 11:46 AM
 Respiration 20.0, Administrator, System: 09-12-2012 11:46 AM

Previous		Current	
Date	09-10-2012	Date	09-12-2012
Time	11:35	Time	11:46
Weight	171.0 Lbs.	Weight	170.0 Lbs.
Height	72.0 Inches	Height	72.0 Inches
Blood Pressure	120/75 Syst/Dias	Blood Pressure	120/75 Syst/Dias
Temperature	90.6 F	Temperature	90.6 F
Pulse	80 per minute	Pulse	80 per minute
Respiration	20 per minute	Respiration	20 per minute

Previous BMI		Current BMI	
BMI	23.2 (Ideal BMI)	BMI	23.1 (Ideal BMI)
Ideal Weight Low (BMI 19.0)	140.1	Ideal Weight Low (BMI 19.0)	140.1
Ideal Weight High (BMI 24.0)	177.0	Ideal Weight High (BMI 24.0)	177.0

Weight Changes

Buttons: Check This Resident, Check All Residents, Print Worksheet, Exit

- The screen opens with the current vitals displayed at the top and two columns displaying **Previous** and **Current** information.
- By clicking the **ADD** button the **Current** information becomes **Previous** to allow tracking of residents' information and the **Current** changes to **New** as displayed in the screenshot above. Once the data is saved, the columns revert to the original titles.
- The **Ideal Low and High Weight (BMI)** for the previous and current record is displayed.
- If the saved data is incorrect and needs to be changed, click **Invalidate** to open the Invalidate Records screen.
- **Cancel Add** will delete all newly entered data.
- Select the Exit button from the main **WinCare Control Panel** screen.

Data entry outside of specified ranges are not allowed.

Ranges:

- Weight: 1 to 1000 Lbs
- Height: 1 to 120 inches
- Blood Pressure: both diastolic and systolic can be 0 to 400
- Temperature: 90° to 120° F
- Pulse: 0 to 250 per minute
- Respiration: 0 to 90 per minute

Warning messages are displayed if values entered are in danger ranges.

Danger Ranges:

- Weight: less than 50 or greater than 400 Lbs

- Height: less than 18 or more than 96 inches
- Blood Pressure: diastolic less than 30 or greater than 180, systolic less than 50 or greater than 300
- Temperature: less than 95° or greater than 105° F
- Pulse: less than 30 or greater than 130 per minute
- Respiration: less than 6 or greater than 30 per minute

Add Vital Data

Enter new Vital data by clicking the **Add** button. Under the **New** column, the current date/time are pre-filled with the system date/time but may be edited.

1. Enter the weight in pounds in the **Weight** field. Weight data maps to the MDS module.
2. Enter the height in inches in the **Height** field. Note that the height and weight map over to Section K as MDS assessments are created.
3. Enter the blood pressure (systolic/diastolic) in the **Blood Pressure** field.
4. Enter the temperature in degrees (Fahrenheit) in the **Temperature** field.
5. Enter the pulse in number of beats per minute in the **Pulse** field.
6. Enter the respiration in breaths per minute in the **Respiration** field.

Verify the entries prior to saving. Saved information may not be edited and will need to be invalidated if incorrect. See **Invalidate**. If information is correct, click **Save** and the BMI will be automatically calculated if height and weight have been entered in the **Current BMI** fields including the **Ideal Weight Low** and the **Ideal Weight High**.

An additional feature enables the user to check individual or all active residents for a significant weight change. The **Check All Residents** screen includes the ability to enter a rationale for the weight change.

The evaluation is based on the RAI guidelines.

- 10% - 180 days
- 7.5% - 90 days
- 5% - 30 days

Invalidate

This screen will display all vital sign records by date in descending order.

Allison, Matilda
Adm. No. 365070601

Vital Signs
Invalidate Records

Check a record to invalidate it. Invalidated records will not be used in reports and charts.

<input checked="" type="checkbox"/>	Date/Time	Lbs.	S/D	Temp.	Pulse	Resp.
<input checked="" type="checkbox"/>	08-30-2004 05:35		128/60			
<input type="checkbox"/>	08-15-2004 13:40	102	128/62	97.2°	72	16
<input type="checkbox"/>	08-03-2004 11:29	102.8				
<input type="checkbox"/>	07-24-2004 12:45		138/70			
<input type="checkbox"/>	07-17-2004 12:02		124/66			
<input type="checkbox"/>	07-11-2004 16:07		120/64	98.1°	72	16

Invalidation Rationale for selected Invalidation

Show Invalidated Records Only

Reports

Preview

Follow the steps below to invalidate a vital sign record:

1. **Invalidate** a particular record by clicking on the checkbox.
2. Enter a rationale for the selected invalidation(s)
3. Click **Exit** to automatically save the invalidation.
4. The incorrect data will be removed and replaced by the correct data. The incorrect data is not used to average results since the data would be skewed.

The screen will display all vital records, by default. To view only the records that have been invalidated, enable the **Show Invalidated Records Only** checkbox in the lower left corner.

- Click **Individual** to print a report for a single resident that includes all invalidations for the selected resident.
- Click **Summary** to print a report for all residents that have invalidation records.
- Click **BMI Weight** and **BMI Height** to access the **Height** and **Ideal Body Weight** fields.

If weights are entered, the program can check for significant weight change. Click **Check This Resident** or **Check all Residents** from the main **Vitals** screen.

Charts

The **Chart** graphs the selected resident's vital signs to track trends of the resident's condition. The chart provides an onscreen histogram.

Click **Dates** to change the date range that will be displayed on the chart.

1. Select the last 7, 30, or 90 days by clicking the corresponding button on the right.
2. You may also type specific **From** and **To** dates. If selected dates are correct, click **OK** to save the entry and return to the Charts main screen.

Table

Follow the steps below to determine the **settings** for a printed report of the table. Data is generated from the **Current** column on the Vitals main screen.

1. Edit the **Start** and **End Date** fields to reflect the needed range.
2. Click **Reset Dates** to display all of the dates in the table.
3. **Scale** the report to fit the entry to a page.
4. Click **Scaling 100%** and select the desired scaling and click **Done** to close the screen.
5. Click **Print Table**.

The report can be scaled to fit a page or a number of pages.

CHAPTER 9

Care Plan

Care Plan Main Screen

The options listed below are available in the **Problems** section which allows users to design a care plan for the selected resident. Access this module by selecting the Care Plan button from the WinCare Control Panel screen.

Allison, Matilda
Adm. No. 365070601

Care Plan 

No.	Problems	Problem Date	Review Date
5	Ineffective individual coping	Apr 14 2004	Jul 14 2004
4	Impaired skin integrity	Apr 14 2004	Jul 14 2004
3	Potential for injury	Apr 14 2004	Jul 14 2004
2	Stress incontinence	Apr 14 2004	Apr 14 2004
1	Bathing/Hygiene Self Care Deficit	Apr 14 2004	Jul 14 2004

Problems

New Reactivate
Edit Archive
Delete Print

Related To
Depression

Goals Target Date
Reduced drug usage without increase in behavior Jul 14 2004

Approaches
Assess behavior pattern for possible triggers

Long Term Goal Will attain highest level of functioning and be in a safe and secure environment.

Discharge Plan No

Other Info Reports
Exit

- **New** allows the user to begin a care plan problem.
- **Edit** enables the user to make changes to previously entered data.
- **Delete** removes the selected record.
- **Reactivate** enables the user to return a previously entered record to the current screen from the archive.
- **Archive** will remove the record and save the data.
- **Print** a report that includes the Related Tos, Goals, and Approaches of the highlighted problem ONLY.

Problems-New

WinCare recommends the use of the provided library as a guide to design **Individualized Resident Specific Care Plans** and associated documentation. The facility has the ability to add, edit, or delete items to this library in the Utilities module.

1. Click the **New** button under the Problems section.
2. Highlight a problem under **Suggested Problems**.

3. Click **Put** to display the problem in the field on the left side of the screen. Both the problem date and review date are editable and default to the current date.
 - Problems are automatically numbered; however, the number field is editable.
 - RAP numbers are automatically entered when using the RAP's library.
1. Click **Save and Add Another** to all numbers at one time or click **Save** to save the one problem and return to the main Care Plan screen. If information is not in the box on the left screen in the problem field, the care plan will display a blank line upon clicking **Save**.

Click **Categories** to activate the Care Plan Library. There are 3 items listed in the Categories:

- Medical Management
- Admission
- RAPs

The Admission and Medical Management selections do not include data; they are listed as a reminder that additional care plans may be developed in the Care Plan library in the Utilities module.

Review a Care Plan

Review a care plan on the date that it was created by clicking **Review Date**. The date can be set and the Reviewed check box can be accessed either on the screen after clicking **New** or clicking **Edit**. The review date indicates the last time the user reviewed, updated or edited the problem.

WinCare recommends careful review and updating of all aspects of the care plan, especially goals and approaches.

- Click **Reviewed** to update to the current date.
- Click **Apply to All** to allow updating all care plan problems for the resident quickly.

Archive/Reactivate

Access this screen to remove a problem that is no longer valid from active status by following the steps outlined below. It is then stored in the archive database. Use the **Reactivate** screen to restore an archived problem to active status.

Click the **Archive** or **Reactivate** button from the Care Plan main screen.

Archive:

1. **Highlight** the problem to be archived.
2. Click **Archive** to open the Archive problem screen.
3. The date will default to the current computer system date.
4. Both the **Problem** and **Archive Rationale** fields are editable and offer spell checking.

5. Enter a reason for archiving the problem in the **Archive Rationale** field.
6. Click **Archive** and the problem is now stored in the archive database.

Reactivate:

1. Highlight the problem to be restored from the archived records.
2. Click **Reactivate**.
3. Click **Exit** and a message will be displayed as a reminder to set new target dates for each of the goals associated with the problem that was reactivated.

Related To

Add a **Related To** entry for the selected problem by clicking the **New** button that displays when the user clicks to the right of the Related To section from the Care Plan screen.

1. The **Suggested Related To** screen will be displayed.
2. Highlight an item in the **Suggested Related To** field and click **Put** or double-click an item in the **Suggested Related To** field to transfer it to the box on the left side of the screen. Changes can be made to make the data resident-specific. All WinCare libraries are suggestions only and should be modified to fit the needs of the resident.
3. If additional items need to be added, click **Save and Add Another** to continue adding items prior to exiting the screen.
4. Upon completion of the data entry, click the **Save and Exit** button to return to the main Care Plan screen.

Goals

Add a goal for the selected problem by selecting the **New** button that displays when the user clicks to the right of the Goals section from the Care Plan main screen.

1. Click the **New** button that will display when the user clicks to the right of the Goals section from the Care Plan screen.
2. The **Suggested Goals** screen will be displayed.
3. Highlight an item in the **Suggested Goals** field and click **Put** or double-click on an item in the **Suggested Goals** field to transfer it to the Goal box on the left side of the screen. Changes can be made to make the data resident-specific.
4. The **target date** can be based on a specific date range by clicking 24 hours, 1 week, 2 weeks, 30 days, 60 days, or 90 days. This date is editable and allows the user to quickly create short, mid-range, and long term goals.
5. If additional items need to be added, use the **Save and Add Another** to continue adding items prior to exiting the screen.

6. Upon completion of the data entry, click the **Save and Exit** button to return to the main Care Plan screen.

Approaches

Each selection requires an **Approach** with an associated service and frequency. More than one service and/or frequency may be appropriate for the approach.

1. Select the **New** button that will display when the user clicks to the right of the Approaches section from the Care Plan screen.
2. The **Suggested Approaches** screen will be displayed.
3. Highlight an item in the **Suggested Approaches** field and click **Put** or double-click on an item in the suggested approaches field to transfer it to the approaches box on the left side of the screen. Changes can be made to make the data resident-specific.
4. To add the approach to the Physician Orders click the "Add to Physician Orders" check box.
5. Click the arrow buttons **Add**, **Add All**, **Delete** or **Delete All** to move all suggested services and frequencies to the services and frequencies fields on the left side of the screen or return the items to the suggested fields on the right side of the screen.
6. If additional items need to be added, use the **Save and Add Another** to continue adding items prior to exiting the screen.
7. Click the **Save and Exit** button to return to the main Care Plan screen.

Reports (Care Plan)

Access this screen to generate three types of **Reports** from the Care Plan module. Print an individual problem instead of the entire care plan.

- **Care Plan Report** prints the entire care plan for the resident. This report displays the problem, goals, and target date for each goal.
- **Care Directives Report** enables the selection of an appropriate discipline and print the month's care directives. Items that appear on this flow sheet include all the approaches for the selected service.
Example: Select RA (Restorative Aide) and click **Print** to print a flow sheet of approaches for this service.
- **Care Plan Archive Report** displays all archived items with the date the item was archived, including rationale, related to, problem, goals, and approaches.

Other Resident Information

Access this screen to enter **Discipline Specific Goals and Scores** for Skin Risk, Restraint Level, Management Minutes and Safety Level by selecting the **Other Resident Information** button from the Care Plan main screen. Currently, online forms are not an option.

1. Click on the desired field and enter **Discipline Specific Goals**. Scores may be entered for the following items:
 - Skin Risk
 - Restraint Level
 - Management Minutes
 - Safety Level
1. Click the **Exit** button to save the entry and return to the Care Plan main screen.

All fields include spell checking (click the button with the red check mark). There are no library items associated with new entries in this section. The program recommends editing existing data, so all data associated with the original data remains available.

Care Plan FAQs

Q. How is the Archive button used in the Care Plan?

A. The Archive button stores problems that are inactive. If the problem resurfaces, users can reactivate it via the Reactivate button. This saves reentering the data and users will be able to view problems that were previously resolved.

Q. How do I print a grid (flow sheet) for RNA?

A. Add a problem in the Care Module by clicking Care Plan > Add Problem > enter your problem description (or choose from the library) > click Save & Exit. Then click add for a goal for this problem > enter the goal > click Save & Exit.. Then add all the RNA interventions for this resident, what WinCare calls "approaches" and assign them to the RNA service. Now click Reports > select RNA > click Print and you will get a grid (flow sheet) that will list RNA tasks for this resident and can be signed off. Note that you can assign multiple services to the same task (such as Speak clearly and slowly to resident).

CHAPTER 10

ADL**In This Chapter**

ADL Main Screen	123
Add an Approach	124
Edit ADL Items	124

ADL Main Screen

Select the **ADL** button from the WinCare Control Panel to generate ADL records while the care plan is being developed.

The screenshot shows the ADL Main Screen for a resident named Alexander, Tom A. (Adm. No. 904). The interface is divided into several sections:

- ADL Approaches:** A list of approaches for the activity 'Eating', including 'Able to eat without assistance', 'Encourage fluids', and 'One dish at a time'. Below this list are buttons for 'Enter ADL Item', 'Delete', 'Edit', 'Complete', 'Save', and an up arrow.
- ADL Approaches Library:** A scrollable list of library approaches for 'Eating', such as 'Able to eat without assistance', 'Built up handles', 'Encourage fluids', 'Needs food served and cut, packages opened, rem', and 'Needs special eating utensils'. Below this are 'Add Approach' and 'Edit Approach' buttons.
- ADL Activities:** A vertical list of activities with checkboxes: Eating (checked and highlighted with an arrow), Bathing, Dressing, Continence, Toileting, Mobility, Positioning, Hygiene, Hearing, Vision, Behavior, Cognition, and Preferences.
- Customize:** Options for 'Number of Lines' (2, 4, 8, 12), 'Information Only' (unchecked), 'Shift' (Night and Evening checked), and 'Daily' (selected) vs 'Weekly' reporting.
- Report Settings:** 'Start Date' (Nov 10 2005) and 'End Date' (Nov 30 2005). Checkboxes for 'Info Only Activities as Block' (checked), 'Print Preview', and 'Print All Resident ADL Reports'.
- Buttons:** 'Add Std. ADL', 'Edit Std. ADL', 'Print', and 'Exit' at the bottom.

- The **ADL Activities** column contains options to select resident-specific ADL approaches.
- The arrow shows the current active ADL.
- The **Complete** check box tracks which field data has been reviewed.
- The **Approaches** (except preferences) have an associated editable ADL library. Select an approach and click the arrow to activate the **Customize** feature. If the approach does not require a staff initial on the report, the user can mark the box **Information Only**. When the user clicks to a different ADL approach, a check mark is placed in the box next to the approach in the column. The bottom left side of the screen displays the ADL Approach Library items.
- Highlight a specific item and click **Edit** to make changes to the approach.
- If an approach is not listed, determine if the approach is a facility standard one or customized for this resident. If it is a facility standard, click "**Add Approach**", enter the value, click OK, then use the up arrow to move that approach to the resident. If the approach is one customized for this resident, then use "**Enter ADL Item**" to enter the approach for the resident.
- Check **Info Only Activities as Block** to print only the marked approaches. If left unchecked, the ADL activity, ADL approaches and sign off boxes will appear on the printout but they will be all x'd out since this option is information only.
- The option to **View** and verify an ADL report is enabled if using a preview printer, i.e. Fineprint, which is available for purchase at www.fineprint.com.

- If using a preview printer, select the **Print Preview** check box to view and verify the ADL report prior to printing. The ADL report can also be printed from the Reports module.

Add an Approach

1. **Highlight** the ADL Approach to be edited. Use the scroll bar to find a specific item.
2. Highlight an item and click **Edit Approach** to make changes or click **Delete Approach** to remove it from the library.
3. Click **Enter ADL Item** to enter an item in the Approaches field that is not found in the ADL library.
4. The **Arrow** is equivalent to the **Put** button in the Care Plan module. The item is automatically highlighted to enable the user to **Edit** if changes are needed.
5. The editable **Start** and **End** dates default to the system date. When the start date is changed, click the **TAB** key and the last day of the month will be displayed. The prompt will always indicate which ADL category is selected. The save feature works in conjunction with activating the **Customize** button on the right of the main ADL screen. The specified date range will have sign off boxes on the ADL flow sheets.
6. Select **Exit** to return to the main WinCare Control Panel.
7. Select an approach to activate the **Customize** feature. If the approach does not require a staff member's initial on the report, the user can mark the box **Information Only**. Additional items may be entered for this field, saving each one after the customize feature is complete. Click **Complete**. When the user clicks to a different ADL approach, a check mark is placed in the box next to the approach in the column.

Note that WinCare will default to two lines. For a long written approach, WinCare will increase the number of lines without user intervention. The other options are generally used when the staff is required to initial a specific approach, i.e., turn and reposition a resident Q1h. The ADL report separates approaches as designated into each shift category.

Edit ADL Items

Enter new **ADL** items in addition to the items included in the WinCare software. These items are printed on a flow sheet called the ADL Record report in the Reports module.

Add a new ADL item:

1. Click the **New** button to the right of the ADL items field.
2. Type the **ADL Item** into the New ADL Item field.
3. Click **OK** after the item has been entered.

4. The item that has just been entered is now **highlighted** and listed in the lower ADL Item screen.
5. **Review** the entry and make needed changes.
6. Add the frequencies by highlighting an entry from the **Suggested Frequencies** screen.
7. Click the **Left Arrow** button to move the highlighted item(s) to the frequencies screen.
8. If additional items are to be entered, **repeat** the previous steps.
9. If the entry is complete, click **Exit** to close the screen.

Edit an ADL item:

1. Highlight the ADL item to be edited under ADL Items.
2. The selected ADL item is displayed from step 1.
3. Make any needed edits for the ADL item.
4. To remove a frequency from an ADL item, click on the frequency in the Frequencies screen. A **Frequency Delete** button will disappear, clicking **Delete** will remove the frequency.
5. Frequencies can be added to the ADL item by highlighting an entry from the **Suggested Frequencies** screen.
6. Click on the **Left Arrow** button to move the highlighted items to the frequencies screen.

This screen is also available from the Utilities module by clicking the **Utilities** button from the WinCare Control Panel.

1. Click the **Care Plan** button from the Utilities Menu screen.
2. Click **ADL Items** from the Care Plan Setup screen.

CHAPTER 11

MDS 2**In This Chapter**

MDS 2 Main Screen.....	129
Edit.....	130

MDS 2 Main Screen

Access this module to enable the user to create and send assessments electronically by selecting the **MDS 2** button from the WinCare Control Panel. Assessments are considered locked by CMS when the assessment has been transmitted and accepted into the state database. WinCare assigns closed dates which are never transmitted to the state. The closed dates inform the WinCare user that assessments are complete and ready to be put into the transmission queue.

Note: MDS 2 assessments are not used after 10/1/2010. This module is for viewing historical MDS 2 assessments.

Assessment	Reference	Complete	Closed	RUGs	MPPS	Effective	Transmitted
Quarterly MPAF	08-11-07	08-11-07	10-03-07	CA2			Y
Annual	05-11-07	05-11-07	06-11-07				Y
Quarterly MPAF	02-10-07	02-10-07	06-11-07	CA2			Y
Quarterly MPAF	11-10-06	11-10-06	06-11-07	CA2			Y
Quarterly MPAF	08-10-06	08-10-06	06-11-07	CA2			Y
Admission	05-10-06	05-10-06	07-03-06				Y
(Discharge & Ret. Not Anticip.)	04-29-05	05-10-06	04-29-05				Y
Other Medicare 30 day	04-01-05	04-01-05	04-29-05	CA2	02		Y

The following sections are included in this module:

- **Add** contains a list of reasons for assessments and required codes.
- **Copy** creates a duplicate of the assessment.
- **Edit** enables data entry into each section of the assessment.
- **Modify** is used to create a modification for a data error if the assessment has been accepted by the state.
- **Inactivate** is used to create a record for an incorrect type of assessment if it has been accepted by the state.
- **RUGs III Summary** displays a summary of information for skilled residents.
- **Print** will provide a printout of the highlighted assessment. In addition, if users click the "Page:" radio button after clicking Print on the MDS Main Screen, users can also print a specific page or pages, or range of pages. Examples: enter just "5" without quotes to print page 5, enter "4-7" to print pages 4 through 7 only, or enter "1,2,5" to print just pages 1, 2, and 5.
- **Assessments Due - Dates** Tool used to allow MDS scheduling of residents where assessments have insufficient information for WinCare to schedule the next due assessment.
- **Assessments Due - Calculator** displays a schedule for OBRA and PPS due assessments.
- **Transmit Files - Create** enables the creation of a transmission file containing MDS closed assessments.
- **Transmit Files - View** enables the view of the assessments included in the selected file.

- **Blank Form** - prints a blank MDS form based on the assessment selected on the screen.

Edit

The screen includes a total of 25 sections and allows data entry into each section and can be accessed by clicking the **Edit** button from the WinCare MDS 2 main screen.

Each page per section contain a Help button which accesses the RAI manual to assist the user with data entry.

Brown, Dan K.
Adm. No. 903

MDS 2.0
Navigate MDS

<input checked="" type="checkbox"/> AA Identification Information	<input checked="" type="checkbox"/> AC Customary Routine
<input checked="" type="checkbox"/> AB Demographic Information	
<input checked="" type="checkbox"/> A Identification and Background Information	<input checked="" type="checkbox"/> M Skin Condition
<input checked="" type="checkbox"/> B Cognitive Patterns	<input checked="" type="checkbox"/> N Activity Pursuit Patterns
<input checked="" type="checkbox"/> C Communication/Hearing Patterns	<input checked="" type="checkbox"/> O Medications
<input checked="" type="checkbox"/> D Vision Patterns	<input checked="" type="checkbox"/> P Special Treatments and Procedures
<input checked="" type="checkbox"/> E Mood and Behavior Patterns	<input checked="" type="checkbox"/> Q Discharge Potential and Overall Status
<input checked="" type="checkbox"/> F Psychosocial Well-Being	<input checked="" type="checkbox"/> R Assessment Information & Closing
<input checked="" type="checkbox"/> G Physical Functioning and Structural Problems	<input type="checkbox"/> S Supplement -- State Specific
<input checked="" type="checkbox"/> H Continence in Last 14 Days	<input type="checkbox"/> T Therapy Supplement For Medicare PPS
<input checked="" type="checkbox"/> I Disease Diagnoses	<input type="checkbox"/> U Medications Supplement
<input checked="" type="checkbox"/> J Health Conditions	<input checked="" type="checkbox"/> V Rap Summary
<input checked="" type="checkbox"/> K Oral/Nutritional Status	<input type="checkbox"/> W Supplemental MDS Items
<input checked="" type="checkbox"/> L Oral/Dental Status	

Completed By Electronic Signatures Exit

Andrews, Flossie S.
Adm. No. 908

MDS 2.0
Section A (2 of 2)
Identification and Background Information

B. REASONS FOR ASSESSMENT

a. Primary reason for assessment
1. Annual assessment

b. Special codes for use with supplemental assessment types in Case Mix demonstration states or other states where required <blank>

9. RESPONSIBILITY/LEGAL GUARDIAN
(Check all that apply)

a. Legal guardian
 b. Other legal oversight
 c. Durable power of attorney/health care
 d. Durable power of attorney/financial
 e. Family member responsible
 f. Patient responsible for self
 g. NONE OF ABOVE

10. ADVANCED DIRECTIVES
(For these items with supporting documentation in the medical record, check all that apply)

a. Living will
 b. Do not resuscitate
 c. Do not hospitalize
 d. Organ donation
 e. Autopsy request
 f. Feeding restrictions
 g. Medication restrictions
 h. Other treatment restrictions
 i. NONE OF ABOVE

Help Completed By: Jennifer Eiseman Section A Completed Exit

WinCare automatically converts data, including lower case or combination lower case to comply with CMS specifications for electronic transmission.

- As each section is completed, the checkboxes to the left of the section are activated. Grayed out boxes will not allow data to be entered because such data is not needed or required.
- Assessments do not have to be completed in order nor does the data have to be entered completely before moving to a different section or exiting the program. Data is saved automatically.

- The space bar places check marks in the boxes when appropriate. It will **NOT** place a check mark in the box when a number is required.
- Only an appropriate number can be entered in the box. In the example shown, only 0, 1, 2, or 3 can be entered. Type a number or click with the mouse successively until the appropriate number is reached.
- **Tab** on the keyboard also moves the user through the modules.
- The arrows on either side of the **Exit** button will move the user back to the previous screen or forward to the next screen.
- In **Section G**, the user may find it quicker to use **Tab** and the numeric keypad on the keyboard to enter data, rather than the mouse. When there are 2 columns as in Section G for data input, the **A** column has an arrow pointing to it. The **B** column has a dotted line surrounding the text of the statement.
- In Section T, the Medicare or State RUGs Level may be manually calculated in Section T3a. The RUGs level will be automatically calculated when closing the assessment. The HIPPS modifier in Section T3a will pre-fill in if entered on the Add screen. For off cycle Medicare assessments, the user can manually change the HIPPs Modifier by clicking on the **Select** button. The user may manually enter a selection as needed by clicking the radio button in front of the selection. Bolded selections are additional HIPPs codes.
- Sections S,T, and U are state specific items and are not required for some states. WinCare will not activate those sections not required by your state.

CHAPTER 12

MDS 3**In This Chapter**

MDS 3 Main Screen.....	135
Add.....	136
Edit.....	138
Copy.....	158
Modify.....	159
Inactivate.....	159
Dates	160
Calculator.....	161
Create Transmit Files	163
View Transmit File	165
MDS 3 FAQ's.....	165

MDS 3 Main Screen

Access this module to enable the user to create and send assessments electronically by selecting the **MDS 3** icon from the WinCare Control Panel. Assessments are considered locked by CMS when the assessment has been transmitted and accepted into the state database. WinCare assigns closed dates which are never transmitted to the state. The closed dates inform the WinCare user that assessments are complete and ready to be put into the transmission queue.

The main screen lists the resident's assessments: showing the description of the assessment; the provider NH for Nursing Home, SW for Swing Bed; the Assessment Reference Date (ARD); the Completed Date; the Closed Date; for PPS assessments the Medicare RUGs and HIPPS; and if the assessment has been placed in a transmission file. WinCare doesn't know if or when the assessment is actually transmitted.

Assessment	Provider	Reference	Complete	Closed	RUGs	HIPPS	Transmit File Made
30-day	NH	11-01-12	11-01-12	09-25-12	RUA	30	Y
Admission/14-day	NH	10-16-12	10-16-12		RUA	20	Y
5-day	NH	10-09-12	10-09-12	09-21-12	RUA	10	Y
Entry Record	NH	10-05-12	09-21-12				Y
w/ Disch Return Not Anticipated	NH	02-15-11	02-15-11	09-21-12			Y
30-day	NH	02-01-11	02-01-11	12-28-10	RUA	30	Y
Admission/14-day	NH	01-16-11	01-16-11		RUA	20	N
5-day	NH	01-09-11	01-09-11	12-28-10	RUA	10	Y

The RUGs IV Summary button was not available in the initial release of WinCare Version 7. This feature will be implemented in a future service release.

The following sections are included in this module:

- **Add** allows the creation of a new assessment by answering the A0200 and A0310 questions..
- **Copy** creates a new assessment that will have the information contained in the assessment the copy is made from.
- **Edit** enables data entry into each section of the assessment.
- **Modify** is used to create a modification for a data error if the assessment has been accepted by the state.
- **Inactivate** is used to create a record for an incorrect type of assessment if it has been accepted by the state.
- **RUGs IV Summary** displays a summary of information for skilled residents.
- **Print** will provide a printout of the highlighted assessment. In addition, if users click the "Page:" radio button after clicking Print on the MDS Main Screen, users can also print a specific page or pages, or range of pages. Examples: enter just "5" without quotes to print page 5, enter "4-7" to print pages 4 through 7 only, or enter "1,2,5" to print just pages 1, 2, and 5.

- **Assessments Due - Dates** Tool used to allow MDS scheduling of residents where assessments have insufficient information for WinCare to schedule the next due assessment.
- **Assessments Due - Calculator** displays a schedule for OBRA and PPS due assessments.
- **Transmit Files - Create** enables the creation of a transmission file containing MDS closed assessments.
- **Transmit Files - View** enables the view of the assessments included in the selected file.
- **Blank Form** - prints a blank MDS form based on the assessment selected on the screen.

Add

To add an MDS 3 assessment click **Add** on the MDS 3 Main Screen.

Alexander, Tom A.
Adm. No. 904

MDS 3.0
Add New Assessment

Target Date
03/26/2012 Today Target Date Help

A0200. Type of Provider
Type of provider
 1. Nursing home (SNF/NF)
 2. Swing Bed

A0310. Type of Assessment
A. Federal OBRA Reason for Assessment
 01. Admission assessment (required by day 14)
 02. Quarterly review assessment
 03. Annual assessment
 04. Significant change in status assessment
 05. Significant correction to prior comprehensive assessment
 06. Significant correction to prior quarterly assessment
 99. None of the above

B. PPS Assessment
PPS Scheduled Assessments for a Medicare Part A Stay
 01. 5-day scheduled assessment
 02. 14-day scheduled assessment
 03. 30-day scheduled assessment
 04. 60-day scheduled assessment
 05. 90-day scheduled assessment
 06. Readmission/return assessment
PPS Unscheduled Assessments for a Medicare Part A Stay
 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction)
Not PPS Assessment
 99. None of the above

C. PPS Other Medicare Required Assessment - OMRA
 0. No
 1. Start of therapy assessment
 2. End of therapy assessment
 3. Both Start and End of therapy assessment
 4. Change of therapy assessment

D. Is this a Swing Bed clinical change assessment?
 Complete only if A0200 = 2
 0. No
 1. Yes

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?
 0. No
 1. Yes

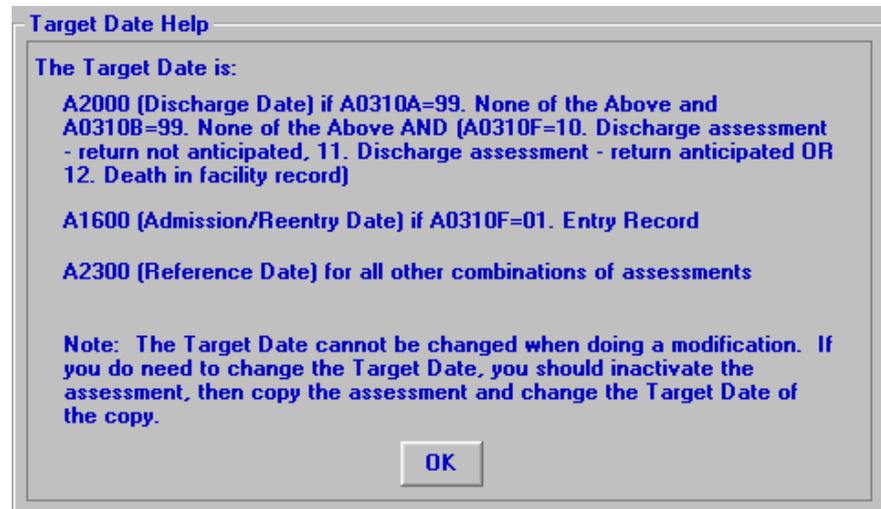
F. Entry/discharge reporting
 01. Entry
 10. Discharge assessment-return not anticipated
 11. Discharge assessment-return anticipated
 12. Death in facility
 99. None of the above

G. Type of discharge. - Complete only if A0310F = 10 or 11
 1. Planned
 2. Unplanned

Help Cancel OK

You can create both Nursing Home and Swing Bed assessments from this screen. A proper combination of choices must be made to create an assessment. An improper combination will result in an Invalid Assessment Type and no assessment will be created. Refer to Chapter 2 of the "CMS's RAI Version 3.0 Manual" for coding instructions.

Starting with the April 2012 version of WinCare the Target Date for the assessment is set when the assessment is added.



Edit

The screen includes a total of 22 sections and allows data entry into each section and can be accessed by clicking the **Edit** button from the WinCare MDS 3 main screen.

Each page per section contain a Help button which accesses the RAI manual to assist the user with data entry. Adobe Reader is required to view the RAI manual.

WinCare automatically converts data, including lower case or combination lower case to comply with CMS specifications for electronic transmission.

- As each section is completed, the check boxes to the left of the section are activated. Grayed out boxes will not allow data to be entered because such data is not needed or required.
- Assessments do not have to be completed in order nor does the data have to be entered completely before moving to a different section or exiting the program. Data is saved automatically.
- The space bar places check marks in the boxes when appropriate. It will **NOT** place a check mark in the box when a number is required.
- Only an appropriate number can be entered in the box. In the example shown, only 0, 1, 2, or 3 can be entered. Type a number or click with the mouse successively until the appropriate number is reached.
- **Tab** on the keyboard also moves the user through the modules.
- The arrows on either side of the **Exit** button will move the user back to the previous screen or forward to the next screen.
- In **Section G**, the user may find it quicker to use **Tab** and the numeric keypad on the keyboard to enter data, rather than the mouse. When there are 2 columns as in Section G for data input, the **A** column has an arrow pointing to it. The **B** column has a dotted line surrounding the text of the statement.

Section S is state specific items and are not required for some states.
WinCare will not activate those sections not required by your state.

CMS Memo - Use of Dashes

Use of Dashes in Completing the MDS 3.0 Assessment:

Serious Potential Impact to Beneficiaries and Nursing Home Facilities

This memo seeks to convey to Nursing Homes and Swing Bed providers information on an early data quality issue - the overuse of dashes - and is intended to help health care providers understand both when to code dashes and the potential serious impact of excessive use of a dash (-) in the MDS assessment.

While the recent CMS review of dashes was focused on the Discharge Assessment, the proper coding of dashes is important for all assessments. The new MDS 3.0 discharge assessment now includes clinical items for quality monitoring, quality measure calculations, and for communicating resident status at discharge to support coordination and continuity of care.

It is now more important than ever to have an accurately completed discharge assessment.

Our initial analysis of the first five months of MDS 3.0 data for the discharge assessment showed a large number of dashes (up to 40%) especially for QM items such as pain and pressure ulcers. We need to take steps now to immediately correct improper coding of dashes; these data quality issues have serious implications.

Excessive use of the dash in any assessment item impacts the accuracy of the quality measures reported on Nursing Home Compare and 5-Star. Using a dash may reduce the size of the facility's quality measure resident sample and result in an inaccurate representation of the facility's actual resident population. Important clinical information regarding resident condition may be missing, and missing data will also skew the QM rates (both positive and negative). Facilities need to be able to demonstrate quality improvement, and be able to accurately determine appropriate care for its residents. Having the most accurate and up-to-date information on the discharge assessment is important for facilities to demonstrate quality improvement, and assessing the most appropriate care for its residents.

Several Quality Measures use data from the sections of the MDS 3.0 that assess mental status, depression, and pain. These measures also use data from the discharge assessment under certain circumstances. In all cases, these measures will use data from the resident interviews, if those sections are complete. If the resident interviews are not complete, the measures will use data from the staff assessments. If neither the resident interview nor the staff assessment is available for one of these three sections, the resident may be excluded from the measure, thereby reducing the facility's sample size when calculating the measure and potentially the accuracy of the quality measure. It is therefore important on all assessments, including discharges, that facilities make every effort possible to complete the resident interviews and, if this is not feasible, to complete the staff assessments. This will ensure that the sample used for the facility's Quality Measures is as representative as possible.

The following assessment guidance is applicable for resident interviews on unplanned discharge:

For the BIMS, PHQ-9 and Pain interviews, if the resident is discharged unexpectedly and the resident interview has not yet been completed the staff assessment should be completed if appropriate clinical record information is available.

Proper coding instructions will be added to this memo and posted very soon. Future manual updates and other communication venues will provide more detailed guidance and training to appropriately code clinical items to accurately reflect care provided in our nation's nursing homes and swing beds. In the meantime, we stress to all providers that the assessments must be fully completed with all available information at the time of assessment."

CMS will continue to review the quality as data becomes available, and intends to share this information with facilities and providers to facilitate resolution of issues that detract from data quality, accuracy and reliability.

Excerpts From the MDS 3.0 Manual Describing the Appropriate Use of a Dash:

Chapter 2: Assessments for the Resident Assessment Instrument

"For unplanned discharges, facility staff should complete the discharge assessment to the best of their ability. The use of the dash (-) is appropriate when facility staff are unable to determine the response to an item, including the interview items, when the resident is unexpectedly discharged. In some cases, facility staff may have already completed some resident interview items on the assessment and should record those responses or may be in the process of completing an assessment." Facility staff should complete the resident interview whenever possible. However, when there is an unplanned discharge it is understood that facility staff may not be able to complete any or all resident interview items. In instances of unplanned discharges facility staff may dash the resident interview items and should complete the staff assessment items. This is applicable only in instances of an unplanned discharge. It does not apply to instances where there are resident interview scheduling issues; the facility is responsible for ensuring sufficient time for resident interviews.

Chapter 3: Introduction to Chapter 3 Overview of the Item-by-Item Guide to the MDS 3.0

"Almost all MDS 3.0 items allow a dash (-) value to be entered and submitted to the MDS QIES ASAP system. The dash is appropriate in those instances where information cannot be obtained because information was not available to the assessor for that assessment time period."

- A dash value indicates that an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed.
- Dash values allow a partial assessment to be submitted when an assessment is required for payment purposes.
- There are five date items (A2400C, M0300B3, O0400A6, O0400B6, and O0400C6) that use a dash-filled value to indicate that the event has not yet occurred. For example, if there is an ongoing Medicare stay, then the end date for that Medicare stay (A2400C) has not occurred, therefore, this item would be dash-filled.
- The few items that do not allow dash values include identification items in Section A (e.g., reasons for assessment, resident name, assessment reference date) and ICD-9 diagnosis codes (Item I8000).

To determine whether a specific item allows a dash value or not, refer to the MDS 3.0 Data Submission Specifications at:
www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp

Date Values

Entry for Date Values:

On the entry screen dates must be entered in one of these standard formats: MM/DD/YYYY, MM/DD/YY, Month Day Year. Instead of "/" you can use a "dash", if the year is left off it defaults to the current year. If a date value is active on the screen then a date is required, there are exceptions for ongoing/unknown dates and not assessed/ no information dates. The following are valid dates: 11/1/2010, 11/1, 11-1-10, 11-1, Nov 11 2010, Nov 11, and November 11, 2010

Ongoing and Unknown Dates:

Some of the MDS 3 question ask the date something ended, if the item hasn't ended as is ongoing, then entering a dash ("-") will signify that it is ongoing. Items that can be ongoing are A2400C, O0400A6, O0400B6, and O0400C6. For Item M0300B3 if it is unknown then it requires a dash ("-"). On the printed MDS 3 form the dates will show as eight dashes ("-----").

Not Assessed/ No Information:

If an date item is Not Assessed or there is No Information then leave the date field blank on the screen. The following items allow a Blank value: M0300B3, O0250B, O0400A5, O0400B5, O0400C5, O0400A6, O0400B6, and O0400C6. For item M0300B3, if M0300B1 is unassessed and has a value of dash ("-") then M0300B3 must be left blank.

Calculated Values in Sections C and D

WinCare will automatically calculate the totals for C0500, D0300, and D0600 following the CMS guidelines. The calculated value for C0500 can be changed to 99 if the interviewer determines it is appropriate by clicking the "Enter 99" button. Once "Enter 99" has been selected the button changes to "Calculate" which will take you back to the calculated value.

Alexander, Tom A.
Adm. No. 904

8005 3.0
Section C (2 of 4)
Cognition Patterns

C0400: Recall
Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue [something to wear, a color, a piece of furniture] for that word.

A. Able to recall "sock"
 0. No - could not recall
1. Yes, after cueing ["something to wear"]
2. Yes, no cue required

B. Able to recall "blue"
 0. No - could not recall
1. Yes, after cueing ["a color"]
2. Yes, no cue required

C. Able to recall "bed"
 0. No - could not recall
1. Yes, after cueing ["a piece of furniture"]
2. Yes, no cue required

C0500: Summary Score
Add scores for questions C0200-C0400 and fill in total score [00-15]
Enter 99 if the resident was unable to complete the interview
This item will be automatically calculated based on the BIMS values entered with the following exception:
If all BIMS items have numerical values and there are 4 or more items = "0", "99" should be entered if resident was unable to complete interview, otherwise the calculated value should be entered.

12 Enter 99

Help < Exit >

Section G - Get ADLs

WinCare interfaces with several third party vendors that gather ADL information in real time. When Interfaced with a third party vendor like S-cores, the GET ADLs buttons in Section G for items G0110A-G0110J and G0120 will query the third party software and load the suggested ADL values. The values are displayed in red boxes next to the item entry boxes. To have the program load the suggestions for you click the Accept button.

Example of G0110A items.

Peacock, Janice A.
Adm. No. 453677

MDS 3.0
Section G (1 of 4)
Functional Status

G0110. Activities of Daily Living (ADL) Assistance
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

1. ADL Self-Performance
Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

Coding **Activity Occurred 2 or More Times**

0. Independent - no help or staff oversight at any time

1. Supervision - oversight, encouragement or cueing

2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance

3. Extensive assistance - resident involved in activity, staff provide weight-bearing support

4. Total dependence - full staff performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times

7. Activity occurred only once or twice-activity did occur but only once or twice

8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

2. ADL Support Provided
Code for most support provided over all shifts, code regardless of resident's self-performance classification

Coding

0. No setup or physical help from staff

1. Setup help only

2. One person physical assist

3. Two+ persons physical assist

8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

	1 Self-Performance	2 Support
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	2	2
B. Transfer - how resident moves between surfaces including to or from bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	2	3
C. Walk in room - how resident walks between locations in his/her room	2	2
D. Walk in corridor - how resident walks in corridor on unit	2	2
E. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	3	3
F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	3	3

Buttons: Help, Accept, Get ADLs, Exit

Example for G0120

Peacock, Janice A.
Adm. No. 453677

MDS 3.0
Section G (2 of 4)
Functional Status

G0120. Bathing
How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower [excludes washing of back and hair]. Code for most dependent in self-performance and support

A. Self-performance

3 0. Independent - no help provided

1. Supervision - oversight help only

2. Physical help limited to transfer only

3. Physical help in part of bathing activity

4. Total dependence

8. Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

B. Support provided

3 0. No setup or physical help from staff

1. Setup help only

2. One person physical assist

3. Two+ persons physical assist

8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

Buttons: Get ADLs, Accept

G0300. Balance During Transitions and Walking
After observing the resident, code the following walking and transition items for most dependent

Coding

0. Steady at all times

1. Not steady, but able to stabilize without staff assistance

2. Not steady, only able to stabilize with staff assistance

8. Activity did not occur

1 A. Moving from seated to standing position

0 B. Walking (with assistive device if used)

0 C. Turning around and facing the opposite direction while walking

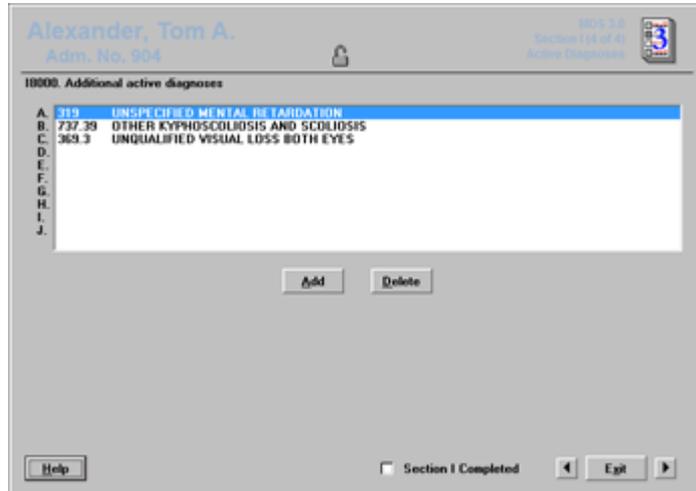
0 D. Moving on and off toilet

0 E. Surface-to-surface transfer [transfer between bed and chair or wheelchair]

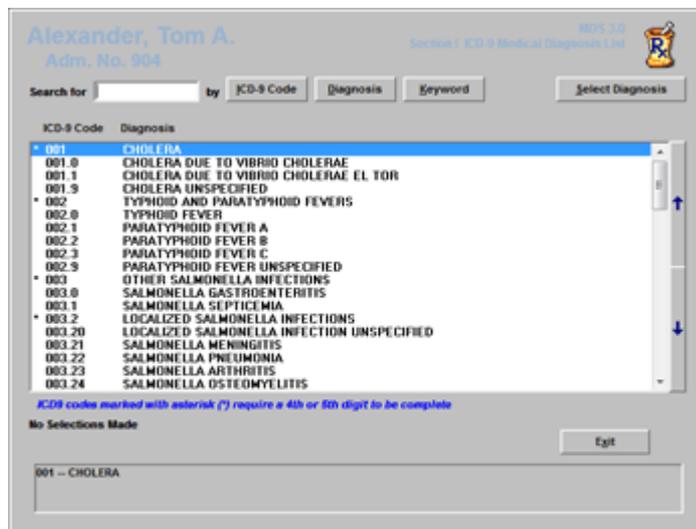
Buttons: Help, Exit

Section I - Active Diagnoses

Section I is Active Diagnoses. Check the diagnoses that apply. For Item I8000 you can add additional active diagnoses.



Currently diagnoses have to be manually entered, in the future they will carry over from the Face Sheet. To add a diagnoses click **Add**.



Diagnoses with an * (Asterisk) in front of them are not valid for inclusion on the MDS assessment. The asterisk means the diagnosis requires a 4th or 5th digit to be complete. I.e. 002 has an asterisk so you would have to code one of these instead: 002.0, 002.1, 002.2, 002.3, 002.9. You may need to check with the physician to get the correct diagnosis.

Exceptions:

Texas:

Texas Health & Safety Code §81.103 prevents the reporting of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) information on the MDS. NFs shall not input the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) code (042.*) for people who are HIV positive or for those with a diagnosis of AIDS in item I8000 on the MDS 3.0. NFs also shall not input the ICD-9-CM codes for AIDS Related Complex (042.*), Exposure to HIV (V01.79), Asymptomatic HIV infection status (V08), or Nonspecific serologic evidence of HIV (795.71).

Providers can complete MDS 3.0 item I8000 for other sexually transmitted diseases (STDs) that are not HIV or AIDS or related diagnoses.

Washington:

Washington State does not allow collection of HIV/STD information. The following ICD-9 codes should not be submitted on an MDS: 042, 054.1, 079.51, 079.52, 079.53, 079.59, 099.0, 099.1, 099.2, 099.4, 099.8, 099.9, 795.71, V02.7, and V08.

Section S - State

Section S "State" has State required items for those states that have a section S.

The following States have a Section S on one or more assessment types:

CA, CT, FL, IL, LA, MD, ME, MS, ND, NE, NY, OH, PA, SD, VA, VT, WV

Notes:

California: The California Department of Public Health All Facilities Letter 10-25 specifies that the CA Section S form is mandatory.

CA agreed to require its MDS 3.0 Section S form completed on all assessments, including the Medicare PPS. However, this did not occur. Therefore, the CA MDS 3.0 Section S form is not required for Medicare PPS assessments.

Therefore, until further notice from the State, every question on the CA Section S form must have a response to avoid a rejection of an MDS. Any question left blank or with a dash filling is not allowed.

Use the following to guide your responses: (Updated with AFL 14-20 9/9/2014)

If a resident has a POLST form, enter the appropriate responses between S9040A and S9040H.

If resident does not have a POLST form, enter the following:

S9040A	0	No
S9040B	9	Not completed
S9040C1	9	Not completed
S9040D1	9	Not completed

S9040E	0	No
S9040F	0	No
S9040G	9	Not completed
S9040H	1, 2, 3, or 9	Answer according to resident's current Advance Directives

Section V - Care Area Assessment

Screen 2 of Section V is the Care Area Assessment (CAA) Summary.

The CMS RAI Manual defines the section:

The MDS does not constitute a comprehensive assessment. Rather, it is a preliminary assessment to identify potential resident problems, strengths, and preferences. Care Areas are triggered by MDS item responses that indicate the need for additional assessment based on problem identification, known as “triggered care areas,” which form a critical link between the MDS and decisions about care planning.

...

Whereas the MDS identifies actual or potential problem areas, the CAA process provides for further assessment of the triggered areas by guiding staff to look for causal or confounding factors, some of which may be reversible. It is important that the CAA documentation include the causal or unique risk factors for decline or lack of improvement. The plan of care then addresses these factors, with the goal of promoting the resident’s highest practicable level of functioning: (1) improvement where possible, or (2) maintenance and prevention of avoidable declines.

Alexander, Tom A.
Adm. No. 904

MDS 3.0
Section V (2 of 3)
Care Area Assessment (CAA) Summary

V0200. CAAs and Care Planning

A. CAA Results

Care Area Care Planning

Triggered Decision

Location and Date of CAA Documentation

CAA Resources

Care Area	A.	B.	Location and Date of CAA Documentation	CAA Resources
01. Delirium	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, noted by t	01.
02. Cognitive Loss/Dementia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	02.
03. Visual Function	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	03.
04. Communication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	04.
05. ADL, Functional/Rehab Potential	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	05.
06. Urinary Incont. and Indwelling Catheter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	06.
07. Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>		07.
08. Mood State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	08.
09. Behavioral Symptoms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	09.
10. Activities	<input type="checkbox"/>	<input type="checkbox"/>		10.
11. Falls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, noted by t	11.
12. Nutritional Status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	12.
13. Feeding Tube	<input checked="" type="checkbox"/>	<input type="checkbox"/>		13.
14. Dehydration/Fluid Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	14.
15. Dental Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	15.
16. Pressure Ulcer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	16.
17. Psychotropic Drug Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	17.
18. Physical Restraints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	18.
19. Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Nurses Station 2, "A-F" drawer, 9/25/10	19.
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>		20.

Help

Blue text is too long and will be truncated on the printout

Egr

When entering the screen, WinCare reviews the assessment and then calculates which items are triggered based on how questions were answered in the assessment. If the assessment is subsequently changed then you must come back into Section V to re-trigger the Care Areas.

Triggered Care Areas are indicated by a check mark in column A. This is filled in by WinCare and cannot be directly changed by the user. It can only be changed by changing answers on the assessment. Column B should be checked by the user if the CAA is being addressed in the Care Plan.

The column of button on the far right under CAA Resources takes you to the CAA resource screen for the item. The CAA Resources is based on Appendix C of the CMS RAI Manual.

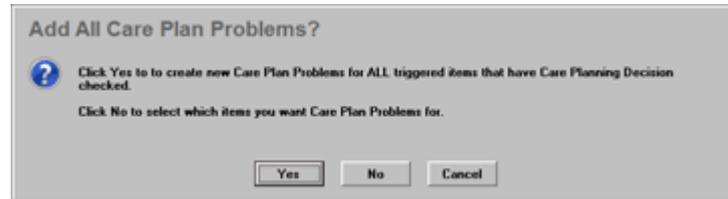
The Care Plan button will add a problem to the care plan to be completed in that module for CAA items that have column B checked (Care Planning Decision). All or selected checked items can be added.

On screen 3 of Section V there are reports to print the "CAA Summary", and the "CAA Resources".

The "Location and Date of CAA Documentation" field allows the entry of more text than will printout on the printed MDS, to alert you that the text may not fit on the printout it will turn blue. If the surveyors are only given the printout for review, then you need to make sure that information fits on the printed MDS.

Care Plan (Section V)

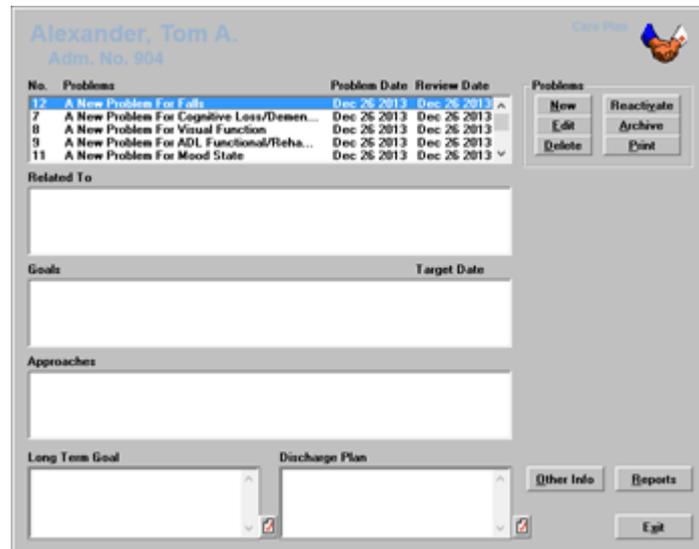
The Care Plan button on screen 2 of Section V will add a problem to the care plan to be completed in that module for CAA items that have column B checked (Care Planning Decision). All or selected checked items can be added.



Clicking Yes will add all the problems if they don't already exist in the Care Plan. An example results message form the add all:

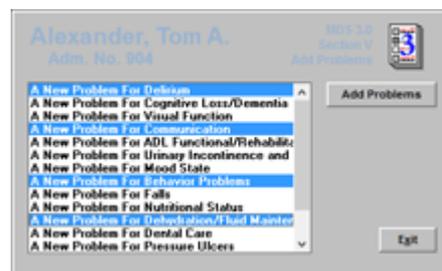


If the Care Plan module is not already open it will open up and you can now fill out the information for the newly added problems. The new problems show up as "Add a New Problem For ...".



When you are done working in the Care Plan click exit to return to Section V of the assessment you were working on.

If you select not to add all the problems then a list of problems will be displayed.



You can select a problem by clicking on it on the list, to select additional problems hold the Ctrl key down and click on the problem. When done making your selections click Add Problem(s). The added problems will disappear from the list, you can add more or click Exit, then if the Care Plan Module is not already open it will open for you to complete the Care Plan for the new problems.

CAA Resources

The specific resources or tools contained in the CAA Resources are provided by care area. The general instructions for using them include:

Step 1: After completing the MDS, review all MDS items and responses to determine if any care areas have been triggered.

Step 2: For any triggered care area(s), conduct a thorough assessment of the resident using the care area-specific resources.

Step 3: Check the box in the left column if the item is present for this resident. Some of this information will be on the MDS - some will not.

Step 4: In the right column next to each checked item provide supporting documentation regarding the basis or reason for checking the item, including the location and date of that information, symptoms, possible causal and contributing factor(s) for that item, etc.

Step 5: Obtain and consider input from resident and/or family/resident's representative regarding the care area.

Step 6: Analyze the findings in the context of their relationship to the care area. This should include a review of indicators and supporting documentation, including symptoms and causal and contributing factors, related to this care area. Draw conclusions about the causal/contributing factors and effect(s) on the functional ability of the resident, and document this information in the Analysis of Findings section.

Step 7: Decide whether referral to other disciplines is warranted and document this decision.

Step 8: In the Care Plan Considerations section, document whether a care plan will be developed and the reason(s) why or why not.

(From Appendix C of the CMS RAI Manual)

The CAA Resources screens are like the forms provided in Appendix C.

Alexander, Tom A.
Adm. No. 804

003 10
CAA Resources
1. Edition (2 of 7)

Pain

- Pain Care Area Triggered (review findings for relationship to delirium)
- Pain frequency, intensity, and characteristics (time of onset, duration, quality) (J0400, J0600, J0800, J0850 and clinical record) indicate possible relationship to delirium
- Adverse effect of pain on function (J0500A, J0500B) may be related to delirium (C1300)

Supporting Documentation

[J0600A=04] Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)
[J0500A=1] Yes
[C1300A=1] Behavior continuously present, does not fluctuate

Diseases and conditions (diagnosis/signs/symptoms)

- Circulatory/Heart
 - Anemia (J0200)
 - Cardiac dysrhythmias (J0300)
 - Angina, Myocardial Infarction (MI) Atherosclerotic Heart Disease (ASHD) (J0400)
 - Congestive Heart Failure (CHF) pulmonary edema (J0600)
 - Cerebrovascular Accident (CVA) (J4500)
 - Transient Ischemic Attack (TIA) (J4500)
- Respiratory
 - Asthma (J6200)
 - Emphysema/Chronic Obstructive pulmonary Disease (COPD) (J6200)
 - Shortness of breath (J1100)
 - Ventilator or respirator (O0100F)

[Continued]

Analysis of Findings

Your analysis of finding goes here. Your analysis of finding goes here. Your analysis of finding goes here. Your analysis of finding goes here.

Help
Exit

All free text boxes have spell check.

Supporting and Documentation sections have two icons to the right of the box. The icon with the magnifying glass opens a screen with the assessment items and answers which pertain the items on the left. This information can be pasted into the Supporting Documentation. The top icon opens a re-sizeable window for the Supporting Documentation, to make entry and review easier.

To have WinCare spell checking ignore equation type of data (such as B0100=1), intentionally mistype something and click the spell check button. Click Options and select "Ignore words with numbers" and click OK. This will make CAA Resources area easier to use.

Section Z - Assessment Administration

Section Z provides billing information and who completed the assessment.

Alexander, Tom A.
Adm. No. 904

MDS 3.0
Section Z.11 of 21
Assessment Administration

20100. Medicare Part A
A. Medicare Part A HPPS code (RUG group followed by assessment type indicator)
LC160
1.0066
Calculate 20100 and 20150

B. RUG version code
1.0066

C. Is this a Medicare Short Stay assessment?
 0. No 1. Yes

20150. Medicare Part A Non-Therapy Billing
A. Medicare Part A non-therapy HPPS code (RUG group followed by assessment type indicator)
LC160
1.0066

B. RUG version code
1.0066

20200. State Medicaid Billing (if required by the state)
A. RUG Case Mix group
LC1
Calculate
B. RUG version code
1.0057

20250. Alternate State Medicaid Billing (if required by the state)
A. RUG Case Mix group
Calculate
B. RUG version code

20300. Insurance Billing
A. RUG Case Mix group
Calculate
B. RUG version code

Help | < | Exit | >

The first screen calculates the RUG values of the assessment and determines if the assessment is a Medicare Short Stay. All the information on the screen is calculated when the appropriate button is clicked. CMS wants Z0100 and Z0150 calculated on all assessments the items are active on, not just Medicare residents. Individual states have their requirements for Z0200 and Z0250, check with your state to see if they are required and what RUG is needed if they are required. The RUG used is set in Utilities, Facility, MDS 3 Options, RUGs. If you make changes to an assessment after calculating the RUGs you need to come back into Section Z and calculate the RUGs again to pick up the assessment changes.

Alexander, Tom A.
Adm. No. 904

MDS 3.0
Section Z.12 of 21
Assessment Administration

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality

Signature	Title	Sections	Date Completed	Signed
A. System Administrator		A,V,Z	06-14-2011	<input type="checkbox"/>
B. Laura Durrell	MDS Nurse	E,M,V	06-07-2011	<input type="checkbox"/>
C.				<input type="checkbox"/>
D.				<input type="checkbox"/>
E.				<input type="checkbox"/>
F.				<input type="checkbox"/>
G.				<input type="checkbox"/>
H.				<input type="checkbox"/>
I.				<input type="checkbox"/>
J.				<input type="checkbox"/>
K.				<input type="checkbox"/>
L.				<input type="checkbox"/>

Z0400 is not editable

Do manual Z0400 entry Don't Print Z0400 Signatures/Sections

Z0500. Signature of RN Assessment Coordinator verifying assessment completion
A. Signature
B. Date RN Assessment Coordinator signed assessment as complete Jun 10 2011

Help | < | Exit | > | Section Z Completed

The second screen records who worked on the assessment and which sections they worked on and the date they completed their work on the assessment. WinCare by default tracks what sections the user has made changes in and records this with the most recent date in Z0400. The user is determined by how they login to WinCare.

A user can enter information and have it recorded as another user, i.e. a data entry clerk can enter data for the nursing staff. See the information on "MDS Data Entry Clerk" for more information.

If for whatever reason information was entered into the MDS assessment while logged into WinCare as the incorrect user, there are two options to address the invalid entry:

1. Do manual Z0400 entry: when this is checked then Z0400 can be edited as needed. The edited values and the original values are saved with the assessment and checking or un-checking the option will show the appropriate entries.
2. Don't Print Z0400 Signatures/Sections: when this is checked and the assessment is printed, Z0400 will be blank on the printed copy and can be completed by hand as needed. The hand completed Z0400 page of the assessment would need to be kept in the resident's records.

When a modification is created the Z0400 information is not changed from the original assessment, unless a user makes changes in a section they did not originally work in.

Once an assessment has been placed in a transmission file, future edits will not change the Z0400 dates, if a user works on a new section then that section is added to Z0400 for that user keeping the original date.

When an assessment is copied to create a new assessment type then the automatically filled in Z0400 information is not copied into the new assessment.

Checking and Closing

In order for an assessment to be transmitted it must first be Checked then Closed.

To check the assessment click **Check**, If the check is successful then the assessment can be closed by clicking **Close**.

If the Check find problems they will be listed and you can print the messages, then fix the problems listed.

By default WinCare checks the assessment with our built in Completeness Check, however the CMS Validation Utility Tool can be used. These settings are in Utilities, Facility, MDS 3 Options.

"Is this assessment required to be transmitted to Federal Repository" is an option to exclude an assessment from being transmitted. This feature can be used for Medicare Advantage Plans that need the RUGs from PPS assessments, but the assessments cannot be transmitted to the Federal Repository. The default setting for this option comes from the resident's Care Unit settings.

MDS Data Entry Clerk

The MDS Data Entry Clerk feature allows data entry users to enter information into an MDS assessments for another user, so the other user is recorded in Z0400. The data entry clerk cannot enter MDS information as themselves. Any regular user (non-MDS Data Entry Clerk) can enter information as themselves or for another user by changing the "Person you are entering data for" on the assessment navigation screen.

To define a person as a MDS Data Entry Clerk go into Utilities, Facility, WinCare Security, then Edit an existing User or add a new one. On the Edit/Add screen is the option "MDS3 Data Entry Clerk - only enters MDS3 data for another person", which when checked makes the user an MDS Data Entry Clerk.

"If there ever is a time where a MDS Data Entry Clerk will be viewing/printing many assessments, but NOT editing, it is recommended to have that user have another account where "MDS Data Entry Clerk" is not checked in User Definition in WinCare Security. By doing this, this will avoid the prompt about who the clerk is doing data entry for, which otherwise could appear on every assessment they tried to view. If the clerk will be doing any editing of MDS 3 data, they should ways use the login with the "MDS Data Entry Clerk" checked in their User Definition in WinCare Security so that the assessment's Z0400 will always be accurate. Note that one could always set the rights to the MDS 3 sections on the 2nd account as View/Print only (with Edit on MDS 3 clearance) to prevent editing with the "MDS Data Entry Clerk" option unchecked."

Electronic Signatures

Electronic Signatures is a WinCare Add-on. This means it is not included with the base modules of WinCare, but can be activated with a registration number if this add-on is purchased. Electronic signatures are available for items V0200B, V0200C, Z0400 and Z0500 of MDS 3 assessments.

When a user is done completing their sections in the MDS, they can go to Z0400 and electronically sign off for the work they have completed. To sign off click Signed to the right of the signature line.

Alexander, Tom A.
Adm. No. 904

MDS 3.0
Section 7 of 20
Assessment Administration

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality

Signature	Title	Sections	Date Completed	Signed
A. Jane Blackburn	Director of Nurses	A,B,Z	08-24-2011	<input checked="" type="checkbox"/>
B. Robert Milford	Activities Director	M,N	08-24-2011	<input type="checkbox"/>
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				

Z0400 is not editable

Do manual Z0400 entry Don't Print Z0400 Signatures/Sections

Z0500. Signature of RN Assessment Coordinator verifying assessment completion

A. Signature: Jane Blackburn Signed

B. Date RN Assessment Coordinator signed assessment as complete: Feb 01 2011

Help Entering data for: Robert Milford Section Z Completed [Left Arrow] [Right Arrow] [Exit]

When doing this, WinCare authenticates the user before it marks it off as signed by asking for user name and password.

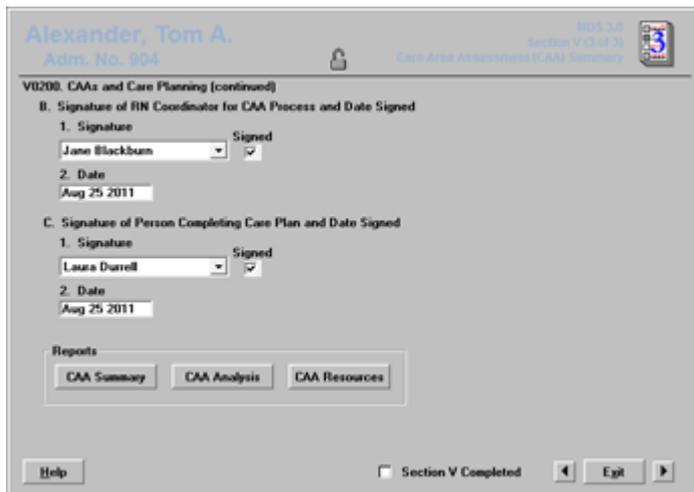
Electronic Signature Verification

Log On Name:

Electronic Signature Password:

Cancel OK

In Section V items V0200B and V0200C can also be electronically signed.



Then when the assessment is printed, the user name, title, and sections they completed is printed. The user name if it is electronically signed will have a (ES) symbol next to their name to show that this user already signed for it electronically.

Resident Alexander, Tom A.		Identifier 904	Date 02-02-2011	
Section Z Assessment Administration				
Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting				
I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.				
Signature	Title	Sections	Date	Section Completed
A. Jane Blackburn	Director of Nurses	A-B,Z	08-24-2011	
B. Robert Mitford	Activities Director	M-N,Z	08-24-2011	
C.				
D.				

CMS has stated that if a facility electronically signs a MDS, then they do not have to sign the printed copy. To remove the electronic signature, uncheck the signed box and then the user must authenticate themselves before the signature can be removed. Note that both the electronic signing and the removal of a signature, in a section are recorded in the WinCare Audit Trail.

Copy

Copy an assessment if the selected type of assessment is not the correct assessment or that a significant change is required and the assessment has not been transmitted to the state. The Assessment Reference Date of the copied assessment will be the current date.

1. **Highlight** the assessment.
2. Click **Copy** to change the reason for assessment without reentering data.

Modify

Modify an assessment if a data entry error that has been discovered after the transmitted to the state IF the error does NOT affect the care plan for the resident in any way. In other words, if the error or errors would cause something to trigger in Section V that didn't trigger before, OR cause an item that triggered before to no longer trigger, that affects the care plan and is therefore inappropriate for Modification assessment. If the error affects the care plan, then user should do a Significant Correction of Prior Full/Quarterly (A0310A = 05 or 06).

1. Highlight the assessment to be modified.
2. Click **Modify**.
3. Click Yes to create modification record
4. Fill in X0900 "reasons for Modification", then click OK
5. You can now select a new assessment type or leave it as it was originally.
6. WinCare automatically copies the highlighted assessment.
7. Click **Edit**.
8. **Edit** the assessment as needed.
9. Click **Check** and **Close** the assessment in Checking and Closing.

Per CMS MDS 3.0 specifications effective 5/19/2013, modification assessments may not change the ISC (item subset code) of an assessment that has been accepted into the State System. To determine which ISC an assessments is, refer to Chapter 2 of the "CMS's RAI Version 3.0 Manual", starting on page 2-10.

If you really DO want to make a change that would change the ISC of this assessment, then do the following instead:

1. DON'T do a modification assessment
2. Copy the assessment using the Copy button on main MDS 3 screen, making the desired change to the reasons for assessment. Make sure the target date is the desired date.
3. Inactivate the original assessment and send the inactivation to the State
4. Complete and send the copied assessment

Inactivate

Inactivate an assessment if the assessment was transmitted and accepted by the state database, but was later found to be the wrong type of assessment.

1. **Highlight** the assessment to be inactivated.
2. Click **Inactivate**.

3. Click Yes to create inactivation record.
4. Fill in X0150 "Reasons for Inactivation", then click OK
5. Click **Edit**.
6. Click **Check** and **Close** the assessment in Checking and Closing.

Dates

Access this screen to track the MDS assessments due date by clicking the **Dates** button under **Assessments Due** from the MDS 3 main screen. The only residents that show on this screen are residents which the program doesn't have enough information to schedule assessments. This is normally used when using WinCare for the first time.

Resident	Date Last Comprehensive	Date Last Quarterly	Last Quarterly Ordinal number
Armstrong, Edie...	May 11 2010	Oct 26 2010	2
Brown, Dan K.	Jan 14 2009	Oct 14 2009	3
Cerosos, Ruth J.	Oct 09 2009	Jul 09 2010	3
Davidson, Willi...	Jan 17 2010	Aug 15 2010	2
Donaldson, Heat...	May 22 2010	Aug 22 2010	1
Garcia, Roxio L.	unknwno	unknwno	unknwno
Husley, Maria T.	unknwno	unknwno	unknwno
Jaramaga, Micha...	unknwno	unknwno	unknwno
Kelly, Evelyn M.	unknwno	unknwno	unknwno
Langston, Marie A.	unknwno	unknwno	unknwno
Lesoy, Wazgie T.	unknwno	unknwno	unknwno
Lilly, John H.	unknwno	unknwno	unknwno
Miles, Patrick R.	unknwno	unknwno	unknwno
Nguyen, Mae D.	unknwno	unknwno	unknwno
Powers, Glenn M.	unknwno	unknwno	1
Smith, Roseanne A.	unknwno	unknwno	unknwno
Tedd, Laura R.	unknwno	unknwno	unknwno
Towers, Maria B.	unknwno	unknwno	unknwno
Wesley, Brian R.	unknwno	unknwno	unknwno

ARD-Assessment Reference Date (A2300)

Resident: Garcia, Roxio L.

Last Comprehensive Assessment ARD:

Last Quarterly ARD:

Last Quarterly Ordinal number:

Exit

Setup the three fields on the lower section of the screen to enable the scheduler to begin tracking the due dates for the selected resident.

1. Enter the correct **ARD** date in the field next to Last Comprehensive Assessment ARD.
2. Enter the correct **ARD** date in the field next to Last Quarterly ARD.
3. Enter the correct **ordinal** number in the field next to Last Quarterly Ordinal Number. I.e. if first quarterly since the admission or last annual enter "1".

The ARD date controls quarterly assessments. Quarterlies are to be done within 92 days from the previous ARD date. Annual assessments are controlled by the last comprehensive and last quarterly assessment: ARD of previous OBRA comprehensive assessment + 366 calendar days, AND ARD of previous OBRA Quarterly assessment + 92 calendar days. As an example, if the third quarterly is completed three weeks early, the annual must be done early (within 92 days from R2b date) or a fourth quarterly can be completed to maintain the OBRA schedule without additional intervention after the initial setup.

Calculator

The program will calculate the due dates for OBRA and PPS assessments by clicking the **Calculator** button under **Assessments Due** from the MDS 3 screen.

Alexander, Tom A.
Adm. No. 904

OBRA Complete
Comp. ARD: 10-14-2010
Quarterly ARD Date: None Found

OBRA Due
OBRA Annual: 10-15-2011
Next Quarterly: 01-14-2011

Admit Date: 10-02-2010

Medicare Status: Resident is enrolled in Medicare.

PPS Sched. Start Date: 10-02-2010

Override Census:

Medicare Day on Admit Date: 1

Current Medicare Day: 62

PPS Complete
05 Day ARD: 10-06-2010
14 Day ARD: 10-14-2010
30 Day ARD: 10-23-2010
60 Day ARD: 11-21-2010
90 Day ARD: None Found

PPS Earliest ARD
05 Day: 10-02-2010
14 Day: 10-12-2010
30 Day: 10-22-2010
60 Day: 11-20-2010
90 Day: 12-20-2010

PPS Latest ARD
05 Day: 10-06-2010
14 Day: 10-15-2010
30 Day: 10-30-2010
60 Day: 11-29-2010
90 Day: 12-29-2010

Move OBRA Due Dates back by 0 days.

System Date: 12-02-2010

Buttons: Report, Scheduler, Exit

The PPS guidelines are used for displaying dates in the fields under the PPS Earliest ARD column. The PPS Latest ARD column refer to the last dates that can be entered in A2300 for a PPS assessment. See chapter 2 of the RAI Version 3 Manual for details of completion dates.

If the resident is currently receiving Medicare benefits, click the box **Resident is enrolled in Medicare** and the program will automatically keep the **Current Medicare Day** updated beginning with the entry on face sheet 2 (Clinical) or in the Census (Integrated) and will fill in the dates as MDSs are completed and locked. Note that if you are Clinical, when the resident goes off Medicare benefits, users need to go to face sheet 2 and uncheck the check box "Enrolled in Medicare" so that the PPS schedule is no longer shown for this resident.

Use **Move OBRA Due Dates back by ... days** to have the OBRA dues dates be earlier.

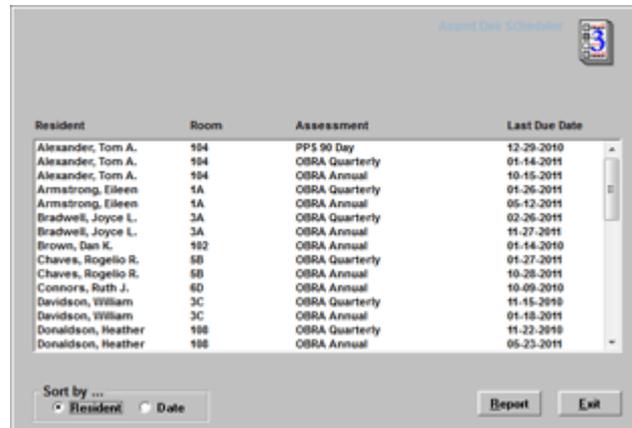
Click the **Scheduler** button to display a list of active residents, type of assessments and the dates that the assessments are due.

Click **Exit** to save and return to the main MDS 2 screen.

WinCare does NOT support Change of Therapy assessment (COT) scheduling at this time. Facilities will need to manually track their COT assessments, see chapter 2 of the CMS RAI manual for the COT schedule.

Scheduler

Selecting the Scheduler button from the Calculator screen displays a list of active residents, type of assessments and the dates that the assessments are due.



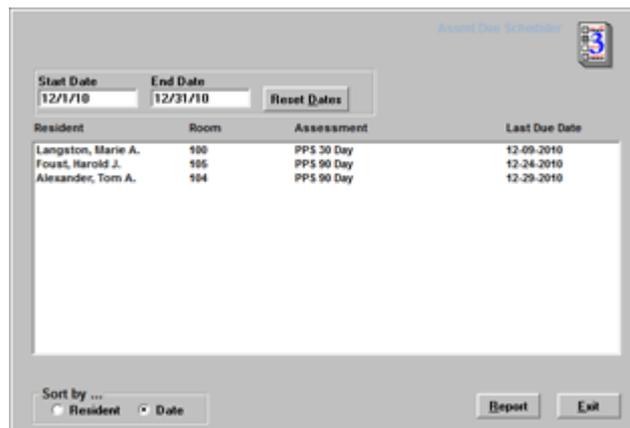
Resident	Room	Assessment	Last Due Date
Alexander, Tom A.	104	PPS 90 Day	12-29-2010
Alexander, Tom A.	104	OBRA Quarterly	01-14-2011
Alexander, Tom A.	104	OBRA Annual	10-15-2011
Armstrong, Eileen	1A	OBRA Quarterly	01-26-2011
Armstrong, Eileen	1A	OBRA Annual	06-12-2011
Bradwell, Joyce L.	3A	OBRA Quarterly	02-26-2011
Bradwell, Joyce L.	3A	OBRA Annual	11-27-2011
Brown, Dan K.	102	OBRA Annual	01-14-2011
Chaves, Rogelio R.	5B	OBRA Quarterly	01-27-2011
Chaves, Rogelio R.	5B	OBRA Annual	10-28-2011
Connors, Ruth J.	6D	OBRA Annual	10-09-2010
Davidson, William	3C	OBRA Quarterly	11-15-2010
Davidson, William	3C	OBRA Annual	01-18-2011
Donaldson, Heather	108	OBRA Quarterly	11-22-2010
Donaldson, Heather	108	OBRA Annual	05-23-2011

Sort by ...
 Resident Date

Report Exit

Follow the steps below to display a list of assessments that are due for a specific month.

1. Click the **Date** radio button
2. A **Start Date** and an **End Date** field are displayed.
3. Change the **Start Date** to the first of the month.
4. Change the **End Date** to the last day of the same month.



Start Date: 12/1/10 End Date: 12/31/10 Reset Dates

Resident	Room	Assessment	Last Due Date
Langston, Marie A.	100	PPS 30 Day	12-09-2010
Foust, Harold J.	105	PPS 90 Day	12-24-2010
Alexander, Tom A.	104	PPS 90 Day	12-29-2010

Sort by ...
 Resident Date

Report Exit

Click the **Report** button to print a report with the due dates for the selected month or specified date range.

Create Transmit Files

WinCare allows MDS 3 transmission files to be created two different ways.



1. **Create Transmit File:** For routine submission of completed MDS 3 assessments that are ready for transmission.
2. **Create Batch Transmit:** Create batch MDS 3 files for third party quality assurance companies. See a historical view of assessments.

Create Transmit File

Create Transmit File:

Access **Create Transmit File** function by selecting the MDS 3 button from the WinCare Control Panel and click the **Create** button under the Transmit Files header, then click **Create Transmit File**.

1. Select assessments that are to be placed in a transmission file including all closed forms by clicking **Select All** and **Select None**.
 - Select an **individual** assessment by clicking it once to highlight it.
 - Select a **range** of assessments by clicking on one assessment and hold down the shift key while clicking on another assessment.
 - Select **multiple** assessments, by holding the **Ctrl** key down while clicking each assessment.
1. Click **Create File** to create a transmission file. The program will name the file and store it in a folder called **Upload** in the WinCare directory. The location of transmission files is controlled by the **Submit File Directory** in **MDS Options**.
2. After the file has been created, a small screen will be displayed containing the name of the file and the option to **Copy the File to the Clipboard**. Once the user has connected to the state system, the file can be pasted into the appropriate field on the state screen.
3. The **HELP** button opens the online user manual to information detailing the steps to create and transmit a file correctly.
4. Click the **Exit** button to return to the main MDS 2 screen.

Note that if a resident's name and/or assessments are not in the queue for transmission; the assessment (tracking form) is **NOT** closed or the assessment has previously been put in a transmission file.

To remove one or more assessments from the send list, highlight the assessments and click **Remove**. **Restore** one or more removed assessments back to the transmission queue by exiting this screen and opening **Checking and Closing** of each assessment that is to be resent. Click **Resend**.

Transmission Errors or Validation Report Errors: If unable to connect to the state system, call National (CMS) MDS transmission Help Line at 1-800-339-9313. If errors have been received on validation reports, call WinCare Support at 1-800-889-2349 and fax a copy of the report to 1-541-776-3304.

Create Batch Transmit

Create Batch Transmit:

Many third party quality assurance companies (like LTCQ), that assist nursing homes, require a set period's worth of MDS data (such as 2 years). Facilities can also use this screen to make sure that all closed assessments have been put into a production MDS transmission file. Making a MDS batch file with the desired information is easy to do.

Access **Create Batch Transmit** function by selecting the MDS 3 button from the WinCare Control Panel and click the **Create** button under the Transmit Files header, then click **Create Batch Transmit**.

1. Select the **Sort** order.
 - You can sort the data by last **Name**, **Date** (assessment reference date), or **Transmitted** status. All sorts are in ascending order. The Transmitted status sort will start the list with assessments that are closed but have not been put in a transmission file.
1. Set the **Date Range - From** and **To** for the report.
2. Click the **Make List** button.
3. Select the assessments to include in the batch transmission file.
 - All assessments can be selected by clicking **Select All**.
 - All selected assessments can be de-selected by clicking **Select None**.
 - Select an **individual** assessment by clicking it once to highlight it.
 - Select a **range** of assessments by clicking on one assessment and hold down the shift key while clicking on another assessment.
 - Select **multiple** assessments, by holding the **Ctrl** key down while clicking each assessment.
1. Click **Create File** to create a transmission file. The program will name the file and store it in a folder called **Upload** in the WinCare directory. The location of transmission files is controlled by the **Submit File Directory** in **MDS Options**.

2. After the file has been created, a small screen will be displayed containing the name of the file and the option to **Copy the File to the Clipboard**. Once the user has connected to the state system, the file can be pasted into the appropriate field on the state screen.

The **HELP** button opens the online user manual to information detailing the steps to create and transmit a file correctly.

The **Exit** button returns to the main MDS 3 screen.

Note that if a resident's name and/or assessments are not in the queue for transmission; the assessment (tracking form) is **NOT** closed.

View Transmit File

View assessments included in a transmission file and prepare the file to be transmitted by clicking the **View** button under the **Transmit File** section from the MDS 3 main screen. All files are stored within the program and the user may select a file from the **Transmission Files** drop down list.

1. **Highlight** the desired file to view the contents.
2. Click **Copy to Clipboard and Exit** to copy the file.
3. Click **Print** to print a list of the files included in the transmission file.

MDS 3 FAQ's

Q: We are getting Timeout error when checking our MDS 3.0 assessments. What could be wrong?

A: WinCare cannot get a response from the Validation Utility Tool (VUT) to complete the assessment check. Below are possible causes and resolutions from most likely to least likely:

Cause #1: Validation Utility Tool not running

If the Validation Utility Tool is local, double-click the Validation Utility Tool icon on your desktop. Set sleep interval to 0.05 and click GO button. When the VUT status bar says "checking for files" or "Next check at " then that means it is ready to go. This usually takes about 60 seconds on most systems. Then minimize the VUT. If your IT department has it running on their server, ask them to see if the Validation Utility Tool is running and did they remember to set the sleep interval to 0.05.

Cause #2: Validation Utility Tool is running, but sleep interval is running at the default 5 minutes

WinCare will time out after 30 seconds when doing the completeness check. Click on the Validation Utility Tool on the taskbar see if the interval is the default 5 minutes. If it is, then click Cancel. Change interval to 0.05 and click GO then minimize. Do your check again.

Cause #3: Validation Utility Tool is running (on server or local) but the user's Check/Input paths are wrong

When you check the Validation Utility Tool by clicking on it on the windows taskbar, it shows you the input & results paths. You need to make sure WinCare is pointed to the same location. To do so:

From the WinCare Control Pane click Utilities

Click Facility

Click MDS 3 Options

Set input paths by clicking the [...] buttons and browsing to the same location as your tool is pointing to.

Cause #4: Validation Utility Tool is running and input/results paths are correct, but logged on WINDOWS user doesn't have read/write/delete access to the Validation Utility Tool's input/results paths.

The input path on a local machine by default is C:\program files\Validation Utility Tool\assessments and results path is C:\program files\Validation Utility Tool\Results. Note that your installation may vary. If you checked MDS 3 Options Under Utilities > Facility and your paths point to a server, check with your IT to see if you have sufficient rights to these paths.

IMPORTANT Windows 7/Vista Users: Users do not have rights to modify anything in the C:\program files\ subdirectories. If you installed your VUT to this location, you must uninstall it and install to a different location, such as C:\Validation as WinCare must put in the XML file that it sends to the VUT and delete it and the VUT itself needs to post its result in the results folder.

Q: Where can I print the CAA Triggers, CAA Summary or CAA Rationale Reports?

A: The triggers can be printed on the CAA Summary report. You can also click "View Triggers" in Section V. The CAA Summary and CAA Rationale Reports are both in the Reports Module. Click Reports then click Individual Reports Tab and in the lower-right hand corner you will see the reports you need CAA Summary and CAA Rationale Reports.

Q: When I do a completeness Check for a MDS 3.0 assessment, the Validation Utility Tool gets a run-time error "Error in FormatCheck". Also WinCare times out during the check. How can I fix this?

A: Check the Resident's Medicare number on the assessment, this is item # A0600B on the MDS 3.0 assessment. If A0600B is a "N" (without quotes) we know this will cause the error. If there is a no Medicare number for this resident, A0600B needs to be blank.

CHAPTER 13

Notes

In This Chapter

Progress Notes Main Screen	171
Add a Note	171

Progress Notes Main Screen

Open this screen to enter notes for the selected resident by clicking the **Notes** button from the WinCare Control Panel.

Date	Author	Subject	Note
Feb 24 2006 14:07	Stephen Fry	Diet Review	Flossie feeds herself I
Feb 24 2006 13:55	Laura Durrell	Review	No documentation of
Apr 18 2005 10:54	System Administrator	RCC	Flossie is generally qu

Editing the documentation is **NOT** an option. A new note must be generated correcting and explaining the error.

Add a Note

Add a new note by the following steps:

NOTE

William is able to transfer independently. Bed mobility is independent as well as being able to move self for realignment and pressure redistribution. Dresses self in street clothing daily. Uses the toilet with noted continence; he does wear briefs as he has reported urinary incontinence infrequently.

William feeds himself but needs to have mealtime supervision due to his impulsive eating. He needs verbal cues/reminders to initiate tasks but is able to complete cares of his own; staff does check with him to assure that he is appropriately clearing and following safety issues. Elimination pattern is monitored as well as his intake.

No documentation of mood problems. He continues to interact with staff and residents in a positive manner. He has a sense of humor and frequently seen laughing and joking with staff and other residents.

1. Select **Add** to fill in the logon name into the author field.
2. Tab to **Subject** and make an entry into the required field. (max. 30 characters.)
3. **Tab** and type the progress note and review the data. Editing is not an option.
4. Highlight an individual note and click **Print One**. Click **Print All** to select all stored notes.
5. Click **View** to display a previously entered note.

CHAPTER 14

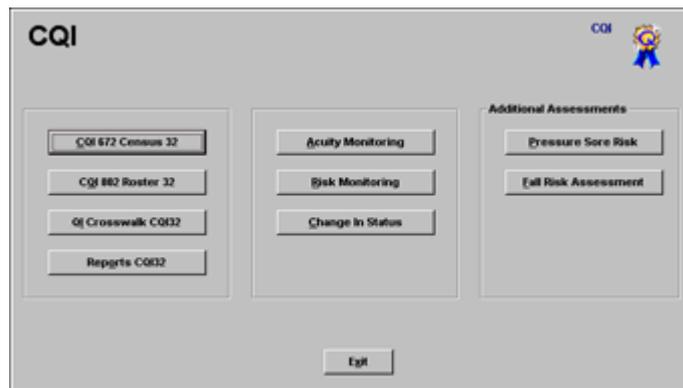
CQI 2**In This Chapter**

CQI 2 Main Screen 175

CQI 2 Main Screen

This module contains several sections that produce reports or graphs to display the current conditions and status of the residents. Access this screen by clicking the **CQI 2** button from the WinCare Control Panel. These CQI reports are created from the MDS 2 assessments.

Note: MDS 2 assessments are not used after 10/1/2010. This module is for viewing historical CQI reports.



CHAPTER 15

CQI 3**In This Chapter**

CQI 3 Main Screen	179
CMS 672 Census.....	179
CMS 802 Roster.....	182
Acuity Monitoring.....	183
CQI FAQs	184

CQI 3 Main Screen

This module contains several sections that produce reports or graphs to display the current conditions and status of the residents. Access this screen by clicking the **CQI 3** button from the WinCare Control Panel. These CQI reports are created from the MDS 3 assessments.



New 672 and 802 formats for the MDS 3 were released in the Fall of 2012. The top two buttons are the new format and the bottom two are the old formats for historical reference.

CMS 672 Census

CMS 672 Census creates a new census report to display the conditions of the current residents and can be accessed by selecting the CQI 672 button from the CQI 3 menu screen.

1. Click **Add** to generate a new matrix report.
2. Enter a name for the matrix.
3. A **comment section** has been added for the user's benefit that will allow unlimited text.
4. Click **Generate** to produce a worksheet with data from the MDS.
5. Click on a **column header** for a description of each area. To **Edit** a response, highlight the box indicated and double-click to add or backspace to delete a mark.
6. Click **Blank** to produce a blank 672 form to use as a worksheet, if needed.

If a resident does not have an open assessment, the program will look at the most recently closed MDS assessment.

Highlight the newly created census form and if needed select one of the special options listed below:

- **Edit Res** allows users to Edit F-Tag information on each resident. See Edit Res.

- **Edit Tot** allows users to **Edit** F-Tag totals, re-calculate all totals and click **Save**. See Edit Tot.
- **Replicate** copies the original and enables changes to be made prior to the generation of the report. See Replicate.
- **F-Tag Report** enables the selection of F-Tags to include in the report. See F-Tag Report.

Some of the 672 items cannot be answered from the MDS assessments and require manual entry:

1. F100 - Bedfast all or most of time
2. F110 - Documented psychiatric diagnosis, partially answered by the MDS, need to manually check for a primary or secondary psychiatric diagnosis.
3. F111 - Dementia, partially answered by the MDS, need to manually check for a primary or secondary dementia or organic mental syndrome diagnosis.
4. F113 - Of the total number of residents with behavioral healthcare needs, how many have an individualized care plan to support them
5. F114 - Receiving health rehabilitation services for MI and/or ID/DD
6. F118 - Rashes
7. F142 - Who use non-oral communication devices
8. F143 - With advance directives

Edit Res

Access this screen to edit **F-Tag** information on each resident currently assessed or being assessed in the facility by the following steps.

1. Click the **Edit Res** button from the CMS 672 Census screen.
2. Click on a **column header** for a description of each area.
3. If the information is no longer current, double-click in the field to add or remove a mark.
4. WinCare will automatically add or remove a resident's name based on admissions or discharges from the last generation of the report.
5. The entire form with listed F-Tags can be viewed on the screen by using the scroll bar.
6. Users can print this worksheet by clicking **Print**.

The 672 worksheet will automatically refresh the resident list each time it is generated to reflect a current census.

Edit Tot (Total)

Access this screen to edit F-Tag information on each resident currently assessed or being assessed in the facility by clicking the **Edit Tot** button from the CMS 672 Census screen.

- Select each tabbed sheet to view or edit the displayed data.
- Click **Recalculate Totals** to enable the program to automatically recalculate the totals.

F-Tag Report

Generate a report that allows the user to determine which F-Tags will be included by selecting the **F-Tag** button from the CMS 672 Census screen.

- Print a specific item by highlighting the tags to deselect them or click **Select None** to deselect all of them, utilizing the scroll bar on the right and click **Print**.
- The program defaults to the selected **All F-Tags**. If F-Tags (not initially selected) need to be printed prior to exiting this screen, select **Invert Selection** and click **Print**.
- The program can include the resident's social security number by clicking **Include SS#** check box.

Replicate 672 Census

Use the **Replicate** function from the 672 main screen if there have been only a few changes since the last creation to copy the original and edit as needed.

Note: User intervention is not required for the residents who will be added to the new matrix field or for the residents who will be removed from the new matrix field. The resident list for each field is informational for the user.

1. **Highlight** a previously created matrix.
2. Click the **Replicate** button.

3. Enter a **Matrix Name** and make a selection from the **Care Unit** drop down list.
4. The **Residents to be Generated** field is required for the user to receive the correct information.
5. Check the residents who have new MDS assessments since the last report creation.
6. Uncheck the residents that do not have MDS assessments but have had manual edits on the previous assessment.
7. An optional **Comments** field enables the entry of comments that are to be associated with the new matrix.
8. Click **Generate/Copy**.

CMS 802 Roster

Access the **CMS 802 Roster** screen to create a report with the current data from the MDS module by selecting the Add button from the main 802 screen.

1. Title the report in the data field under **Matrix Name**.
2. Select the type of **Care Unit**.
3. Enable the **Use Open Assessment** checkbox to use only closed MDS assessments.
4. A **Comment section** has been added for the user's benefit that will allow unlimited text.
5. Click **Generate**.
6. Click on a **Column header** for a description of each area. To **Edit** a response, highlight the box indicated and double-click to add or backspace to delete a mark.
7. Click **Blank** to create and print a blank worksheet, if needed.

The 802 will automatically refresh the resident list each time it is generated to reflect a current census.

One of the 802 items cannot be answered from the MDS assessments and requires manual entry:

- 19. Need for Increased ADL Help

Replicate 802 Roster

Use the Replicate option if there have been only a few changes since the last 802 creation to automatically copy the original and allow editing as needed. Access this screen by highlighting a previously created matrix and click the **Replicate** button.

Note: User intervention is not required for the residents who will be added to the new matrix field or for the residents who will be removed from the new matrix field. The resident list for each field is informational for the user.

1. The **Residents to be Generated** field is required for the user to receive the correct information.
2. Check the residents who have new MDS assessments since the last report creation.
3. Uncheck the residents that do not have MDS assessments but have had manual edits on the previous assessment.
4. A **Comment Field** enables the entry of comments that are to be associated with the new matrix.
5. Click **Generate/Copy**.
6. By default the rooms are not copied, as they can be different from the original matrix. However, if rooms are desired, after doing the replication, edit the new matrix and click [Include Rooms] button to have the room field in the 802 matrix updated to the current room assignments. This button only appears when all rooms are blank in the matrix.

Acuity Monitoring

This screen is accessed by selecting the Acuity Monitoring button from the CQI 3 main screen. This report is based entirely on MDS Coding so information is not generated on the screen.

The individual responses to a section can be generated in the report or the entire section of an MDS or in a combination of individual items with other sections. It can take a snapshot of the facility population or it can be used to gather statistics to support hypotheses.

1. **Highlight** an MDS area on the left section of the screen.
2. Select the **directional arrow** to move the selected item to the field on the right. The user may also select an entire MDS section from the bottom of the screen. If all items in the section are desired, click **All**.
3. Click the checkbox for **Print Names** if the facility needs to print the names of the residents associated with the response.

Example: Print a report for a restraint that was specifically marked in the MDS (trunk restraint).

1. **Highlight** P0100B, and P0100E on the left side of the screen and click the directional arrow to the right.

2. Check **Print Names** to include the names of the residents on the report.
3. Click **Print** to print the report.

The individual responses to a section can be generated in the report or the entire section of an MDS or in any combination of individual items with other entire sections of the MDS. It can take a snapshot of the facility population or it can be used to gather statistics to support hypotheses.

For example: Residents with memory problems, with visual limitations that wander – is there a correlation with accidents? The Acuity Monitoring Report would have the following items checked on the first two screens: B1000, B1200, C0500, C0700, C0800, C1300A, C1300B, C1300C, C1300D, and J1800 information.

CQI FAQs

Q. Can the 802 Roster report be manually edited?

- A. Follow the steps below to manually edit the 802 Roster report:
1. Select CQI 3 from the WinCare Control Panel.
 2. Click the CQI 802 Roster button.
 3. Highlight the assessment.
 4. Click Edit.
 5. The report will be displayed and editable to enable data changes.
 6. Click Exit to save the changes and leave the screen.

Q. How do I generate and print a new 802 Roster report?

- A. Follow the steps below to manually edit and print a new 802 Roster report:
1. Select **CQI 3** from the WinCare Control Panel.
 2. Click the **CQI 802 Roster** button.
 3. Enter a matrix name for the report and click **Add** to generate a new report for the current date.
 4. Highlight the report and click **Edit**.
 5. Click **Print**.

Q. Is there a way that the WinCare program can remember data that was entered in the prior 672 reports?

- A. The program contains a Replicate function that remembers information from a prior report. Follow the steps below to use the Replicate function:
1. Select CQI 3 from the WinCare Control Panel.
 2. Click **CQI 672 Census** .

3. Highlight the prior report and click **Replicate**.
4. Verify the resident list and click **Generate/Copy** to create a new matrix based on the prior information.

Q. The total number of residents in my current census does not match with the number of residents that are displayed in the new generated 672 report.

A. The number of residents may not match because the 672 report only counts the MDS assessments that have been completed.

CHAPTER 16

Reports

In This Chapter

Reports Main Screen.....	189
Printer Setup.....	189
Resident ID Labels (Avery 6150)	195
Mailing Labels / Envelopes.....	197
Nutrition Labels	198
Tray Cards.....	198
Clinical Reports FAQs.....	210

Reports Main Screen

Access this screen by selecting the **Reports** button from the WinCare Control Panel. Print a report from one of the three tabbed screens by clicking in the checkboxes next to the desired report and clicking the **Print** button.

1. Click the **checkbox** next to the report.
2. Use the **Select Resident Set** option to select one resident or all residents by several sort options.
3. Click **Print**.

Follow the steps below to print a **blank** MAR or Treatment report:

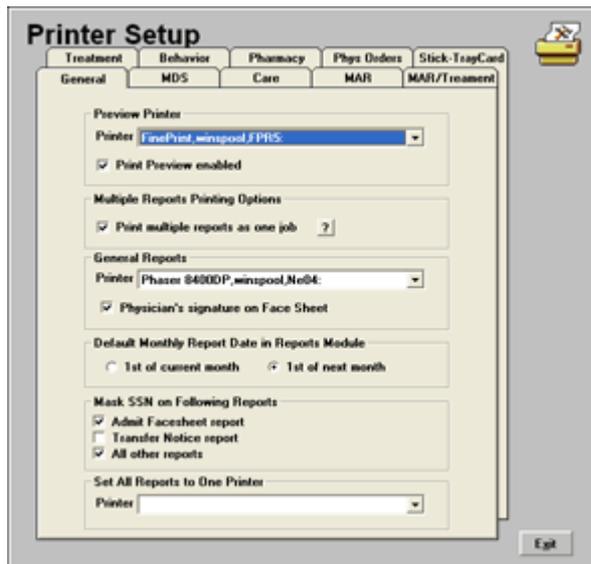
1. Click the **Individual Reports** tab.
2. **Select** either the MAR or Treatment report.
3. Under the MAR Reports options, click **Blank Form**.
4. Click **Include Comments** and **Include Resident Info**, if needed.

Print multiple copies by typing a number on the **Copies** field underneath the **Select Resident Set**.

Printer Setup

Printer Setup includes six tabbed screens with global settings that will affect reports for all residents and may be accessed in the report module or from the control panel of the Utility Module and allows customization of the appearance and contents of the reports.

General Tab



Access this screen to define printer settings by selecting **Printer Setup** from the Reports main screen and clicking the **General** tab.

The **Print Preview** option allows preview of reports that normally do not preview (ex. Resident Roster Report). WinCare recommends the purchase of Fineprint. It is available at www.fineprint.com. If Fineprint is installed, click the checkbox **Print Preview Enabled**.

- **Selection** of a printer is required prior to printing a report. To simplify data entry, click the drop down box for **Set All Reports to One Printer** to automatically fill in the selected printer for all printer selections on the tabbed screens.
- The user must **specify** which printer is assigned to the following reports: Care Plans, Care Directives, MDS Reports, Pharmacy Report, MAR Reports, MAR/Treatment Report, Treatment Report, Behavior Report, Stick-Tray Card reports, Physician Order Reports, and Other Reports.
- The checkbox **Print Multiple Reports as one job** enables the program to combine multiple reports into one print job to save time for the user.
- Enable the checkbox **Physician's Signature on Face Sheet** under General Reports if the signature of the physician is required on the face sheet.
- Click the checkbox **1st of Next Month** to enable the reports to default to the current month.

The complete Social Security number is displayed on reports by default but can be masked to only show the last 4 digits by enabling the following checkboxes under the Mask SSN on Following Reports option.

- Admit Facesheet report
- Transfer Notice Report
- All other Reports

Physician Orders Tab

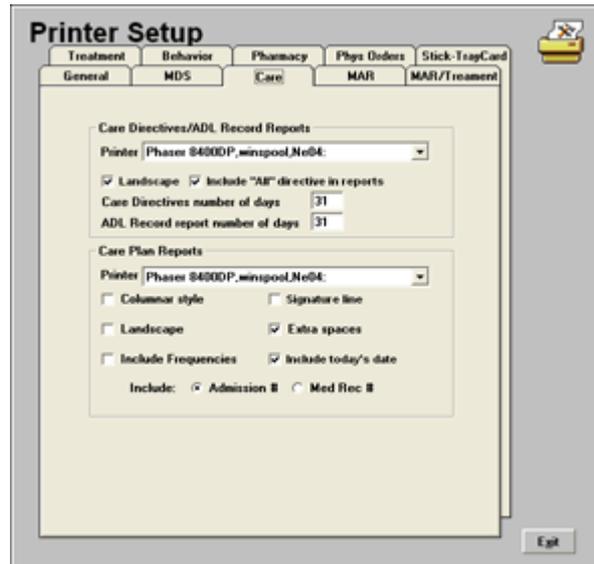
Access this screen to define a printer for the **Physician Orders** report by selecting the **Printer Setup** button from the **Reports** main screen.

Click the **Phys Orders** tab from the Printer Setup screen and use the scroll bar to move to the desired printer and click once to make the selection.

By default, the setting **Scale Report by** is set at **100%**. This is an editable field and the percentage can be reduced to make the font smaller to minimize the amount of paper used or enlarged to make the font more readable. The larger font will require more paper to print the physician orders. Changing the setting does not affect the format of the MAR.

- Leave the check box blank for **PO Codes on New Page in Code Report** and all codes are printed continuously without page breaks.
- Enable the check box **PO Codes on New Page in Code Report** to print each physician order code on its own page.

Care Plan Tab



Access this screen to define a printer for the **Care Plans** report by selecting the **Printer Setup** button from the Reports main screen.

Click the **Care Plans** tab from the Printer Setup screen to view the three basic styles for Care Plan Reports including Portrait (default), Columnar, Landscape.

The following options for Care Plans are available:

- The checkbox for **Columnar Style** or **Landscape** determines the orientation of the displayed report. Note: The Columnar Style selection forces the report into Landscape, even when Landscape is not selected. Both Columnar Style and Landscape need to be unchecked to print in Portrait.
- Frequencies will always print on the care directives. Select **Include Frequencies** to include them on the printed care plan.
- Deselect the check box **Include Today's Date** if the date of printing is NOT to be on the care plan.
- Enable the check box **Signature** if a signature is required for each care plan problem.
- Click **Extra Spaces** to have spaces between care plan problems. This is helpful if users wish to write additional remarks or approaches on the care plan.

Pharmacy Tab

Access this screen to fax a resident profile (**MAR**) report directly to a pharmacy by selecting the **Printer Setup** button from the Reports main screen.

Select the **Pharmacy** tab from the Printer Setup screen to view the following items needed prior to transmitting the report.

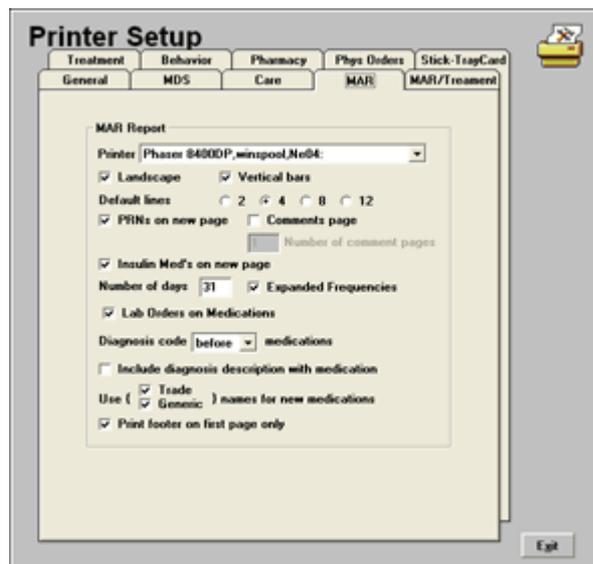
- Install fax software on the computer. The **Fax** software will automatically install printers that an application (including WinCare) uses to print the report. The fax software sets the protocol to fax the report to the user's selected destination.
- A fax modem and an analog phone line or access to a shared fax printer on the network is required.

Select a Fax Printer:

1. Click **Printer Setup**.
2. Click the **Pharmacy** tab.
3. Select the **Fax Printer** from the printer drop down box.
4. **Print** the pharmacy report and the report will be faxed directly to the pharmacy.

MAR Tab

Access this screen to determine the settings that affect the **MAR** reports by selecting **Printer Setup** button from the Reports main screen and clicking the **MAR** tab.



The MAR report print portrait but this screen offers the option to print landscape.

- WinCare prints **horizontal bars** with contrasting shading to help identify which row the user has selected. Enable Vertical Bars to emphasize the columns.

- **Medications/Treatments** will display on their own page when the **PRN** checkbox is checked.
- Enable the **Comments** page as when PRN's were given and the reasons for archiving the information.
- Enable **Insulin Meds on New Page** to display the insulin and other insulin related items on a separate page.
- The **Number of Days** defaults to 31 but may be edited as needed.
- Enabling the checkbox for **Expanded Frequencies** will include the detail of the frequency description per JACHO. If left unchecked, the frequency description will be abbreviated.
- Set the **Number of MAR Lines** for the medication and treatment reports. The program will automatically adjust and print the lines that the medication/treatment requires.
- Enable the option **Print Footer on First Page Only** to either print the MAR footer on one page or all pages.
- Enabling the checkboxes for **Trade** or **Generic** name will print for each medication added after the change.

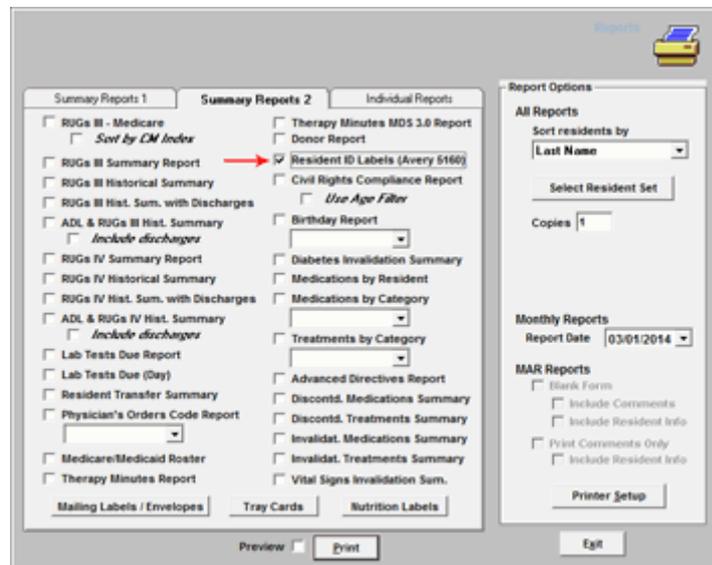
MDS Tab

Access this screen to define a printer to print the **MDS** reports that is different from the printer that was defined on the **General Tab** by selecting the Printer Setup button from the Reports main screen.

Click the **MDS** tab from the Printer Setup screen and use the scroll bar to move to the desired printer and click once to make the selection.

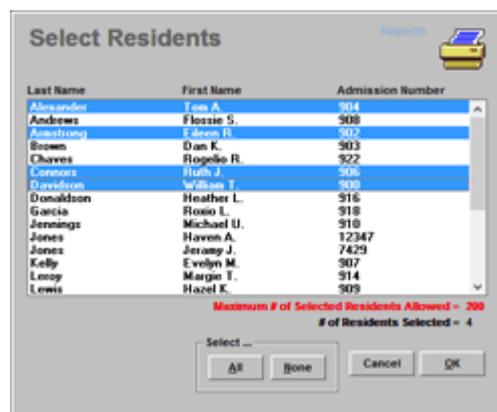
Resident ID Labels (Avery 6150)

On the Summary Reports 2 tab is the "Resident ID Labels (Avery 6150)" report.



The report prints the Resident's name, primary physician, room #, and Medical record # on a label.

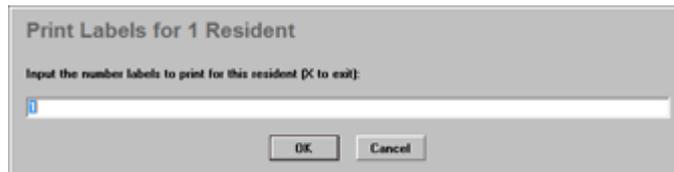
The labels print by default for all residents, "Select Resident Set" is used to print labels for a specific resident or residents.



When you click "Print" an screen comes up that lets you select which label to start printing with, so partial page of labels can be used for the first page. (If Select Resident Set was used, the first prompt will be to confirm the use of the set.)



If a single resident is selected you have an option to specify how many labels to print for the resident.



AT this point if you need to cancel the printing enter "X" for the quantity and click OK, otherwise enter the number of labels to print (default is 1) and click OK.

Mailing Labels / Envelopes

Access this screen to determine the settings for printing mailing labels by clicking **Mailing Labels** from the Reports main screen.

Lists can be created in **Phone Book** or **Notification**. The Phone Book section prints all members of the selected categories or the notification section prints members that have been defined per resident.

Under the **Phone Book** section, select the sort method.

1. Click in all applicable check boxes.
2. Click **Make List** and a list will be generated for preview.

Under the **Notification** section, select the sort method.

1. **Select** all items to be included in the list.
2. Click **Make List** to generate a list for preview.
3. Click **Label Type** and make a selection.
4. Click **Print Resident Names** to add names in addition to the contacts/organizations on the label.
5. The **Print List** button will be grayed out until a list is created.

The printing order for labels has the two options listed below.

- Across then Down
- Down then Across

Once a list has been created, individual addresses can be selected for printing using standard Windows selection methods; i.e. Shift-Click and/or Ctrl-Click.

The addresses in the list can either be printed on mailing labels or directly on Number 10 envelopes. If you select Envelopes then an **Envelope Setup** option is available, where the printer can be selected and whether or not a return address will be printed.

Nutrition Labels

Access this screen by clicking the **Nutrition Labels** button from the main **Reports** screen.

This option is available upon purchase of the Tray Card Add-On module. Call WinCare Sales for more information and demo at 1-800-423-1083.

Tray Cards

Access this screen by clicking the **Tray Cards** button from the main **Reports** screen.

This option is available upon purchase of the Tray Card Add-On module. Call WinCare Sales for more information and demo at 1-800-423-1083.

Tray Cards are designed to allow a facility to put residents' dietary preferences and restrictions onto a 3-7/8" by 3" card. This card can be printed on plain paper then subsequently cut up, or on card-stock. Then this card can be placed on the meal trays of the residents.

Tray Cards Getting Started

To use the Tray Cards, you need to log each resident's diet in the Dietary screen in the PO/MAR module. Click [PO/MAR] from the WinCare Control Panel, and click [Dietary]. When you do so, you will see a screen like this:

The screenshot shows the 'Dietary Information' screen for 'Alexander, Tom A.' (Adm. No. 904). The current diet is set to 'Normal'. The screen is divided into several sections:

- Diet Type:** Includes checkboxes for Regular, Low Salt, Low Protein, Liberal ADA, High Fiber, Full Liquid, No Added Salt, Low Caloric, Renal, Low Residue, Clear Liquid, Diabetic (MCS), Low Choles/Sat-Fat, Soft, Lactose Restricted, Low Sodium, High Protein, Low Fat, Vegetarian, and Cardiac. There is an 'Other' field for additional diet types.
- Diet Consistency:** Includes checkboxes for Regular, Chopped Meat, Pureed, Dysphagia, Consistency As Tolerated, Ground Meat, Thickened Liquids, and Edentulous. There is an 'Other' field for additional consistency types.
- Drinks:** A table for entering drink quantities for Breakfast, Lunch, and Dinner. Columns include Coffee, Tea, Milk, Juice, and other drinks with 'oz' (ounces) specified.
- Diet Nourishments/Snacks:** A field for entering allowed or preferred snacks, such as 'smoothie' and 'Mixed fruits'.
- Allergies:** A field for listing food allergies, such as 'strawberries, crabs, shrimp'.
- Notes, Likes/Dislikes:** A field for entering preferences or dislikes, such as 'Does not like liver, cauliflower'.

The 'Date Prescribed/Modified' field is set to 'Apr 18 2005'. An 'Exit' button is located at the bottom right.

Fill out the Diet Type and Diet Consistency just as you may have done before. If a Diet Type is not listed in WinCare's default choices, put any other Diet Types under the "Other" field. Note that if you enter more than one type in this field, you need to enter one per line. Same applies to the Diet Consistency "Other" field.

You can enter what drinks the resident is allowed/preferred, including the size of the drink in ounces. Note that up can add up to 6 different drinks that aren't already listed (Coffee, Tea, Milk, or Juice) along with any drink restrictions.

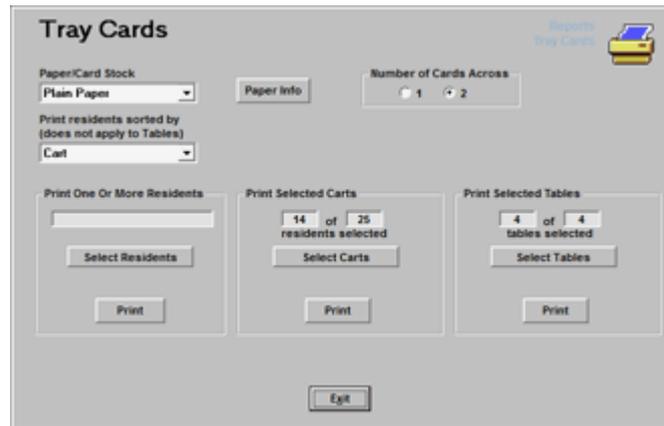
Enter the your Diet Nourishments or Snacks in the Diet/Nourishments/Snacks field. One item per line, which means you need to press <Enter> after entering any item.

Enter the resident's FOOD ALLERGIES in the "Allergies" field. Note that this is SEPARATE from the Allergies screen under the [PO/MAR] screen. Just like before, your MAR type reports will use the Allergies listed under [PO/MAR] > [Allergies] screen. On the Allergies field in the new Diet screen, this shows the food allergies on the tray cards and eventually will also show on the Diet Report in the Reports module.

Enter likes/dislikes into the "Notes, Likes/Dislikes" field, pressing <Enter> key after each item. Finally enter the Date Prescribed into the Date Prescribed/Modified field then click [Exit] to save.

Once you have entered this information for your residents, you are ready to print out tray cards. To do so, click [Reports] from the WinCare Control Panel and click [Tray Cards].

Tray Cards Main Screen



The Dietary **Tray Cards** can be printed three ways:

1. by selecting residents - **Print One or More Residents**
2. by selecting Cards - **Print Selected Cards**
3. by selecting Tables - **Print Selected Tables**

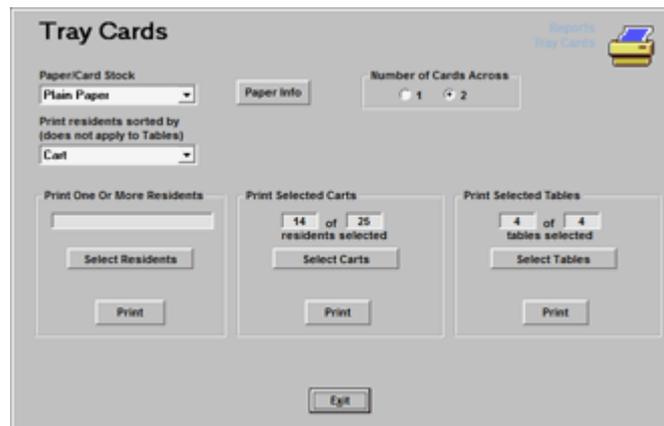
Paper Info: Currently you can only print to plain paper. In the future you there will be the ability to select labels and other paper types and/or sizes.

Number of Cards Across allows for 6 cards (2 across) per page or 3 wide cards (1 across) per page.

Sorting: When using **Select Residents** or **Select Cards** you can pick a sort order for the residents that are printed. The residents can be sorted by Cart, Room, or Name. The sort options do not apply to **Select Tables**.

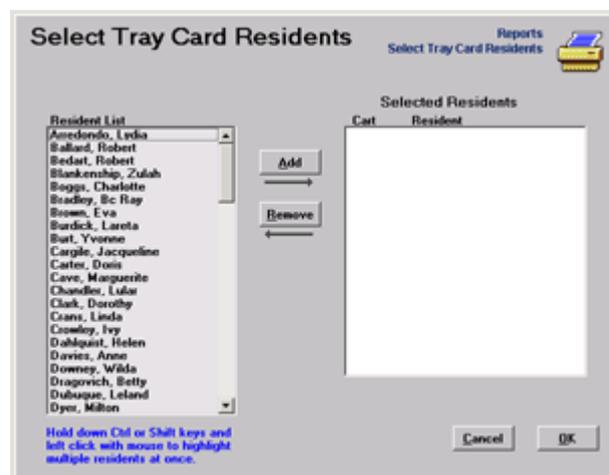
Tray Cards - Print One or More Residents

Using Print One or More Residents in Tray Cards



There are two steps to print using **Print One or More Residents**, first you select the residents with **Select Residents** and then you **Print** the cards.
*Note: if you want to include cart information for the selected residents you must set up the carts first in **Select Carts**.*

Select Residents:

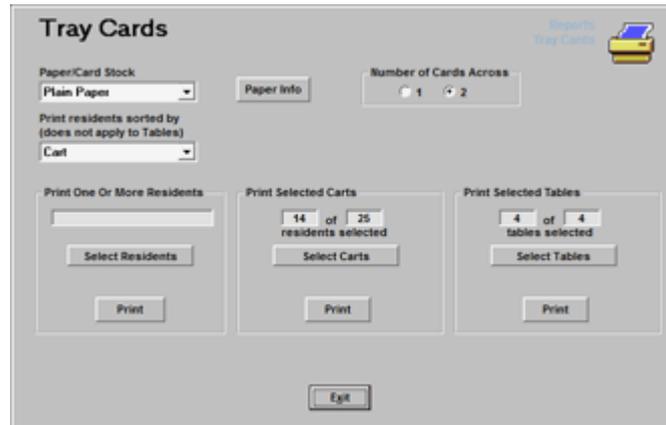


To select the residents you want, hold down the <Ctrl> key and click the left mouse button on a resident to select them (or deselect them, if they are already highlighted). You can also highlight a group of them by clicking on the first one you want, then holding down the <Shift> key and clicking on the last one, and that will highlight those residents and all in between. Once you have the residents you want selected, click the [Add] button to add them to the print list. You can also add them by double-clicking on the individual resident name. You also can remove any names from the selected list by highlighting the name(s) you want removed and clicking the [Remove] button.

If you have the residents you want to print, click [Ok]. Now you are ready to print, click [Print] under "**Print One or More Residents**".

Tray Cards - Print Selected Cards

Using Print Selected Cards



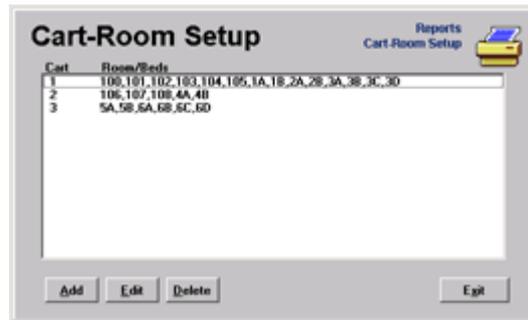
There are two steps to print using **Print Selected Cards**, first you select the cards with **Select Cards** and then you **Print** the cards.

Select Tray Cards:



If you do not see any carts listed, then no carts are defined. Click [Cart/Room Setup] and follow the instructions below. Otherwise, select the cart(s) you want by holding down the <Ctrl> key and left-clicking on them. Then click [Add] to add them to the final print list. If you want to take any residents out of the list highlight the residents on the right-hand column and click [Delete]. You may instead or also highlight a cart on the left most column and click [Delete] to remove those residents from the print list.

Cart/Room Setup:



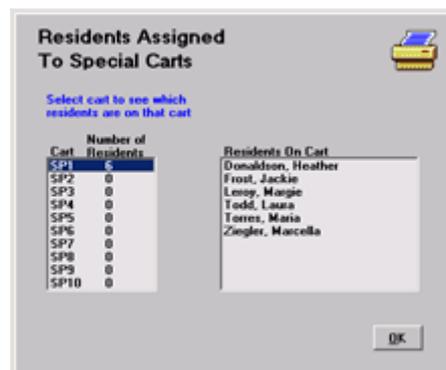
If you see none in the list, then no carts are defined. You will need to click [Add] and then add the rooms that are assigned to that cart. Just like other areas of WinCare, you can select rooms by using shift+left click or ctrl + left click on the room(s) you want assigned to that room. Note that you will also need to assign a cart designation in the upper right hand corner, then when finished, click [Ok]. To [Edit] a cart or to view all the rooms assigned to it, highlight the cart on the screen shown in figure 6 and click [Edit]. When finished, click [Ok] or [Cancel]. If any cart needs to be deleted, highlight that cart and press [Delete].

Special Carts:

You can add/remove residents from special carts by highlighting them and clicking the [Move/Return] to/from Special Cart.

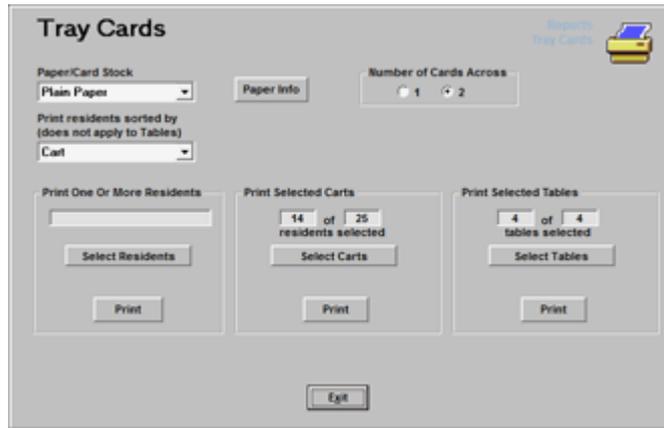


Select the special cart that you want the resident to be on and click [Ok]. Note that if you have multiple residents selected, then all those residents will be added to the cart. Also, note that you won't see this screen if you are moving residents OFF a special cart. In that case they will revert to the carts they were assigned before (if any). If you want to view what residents are on what special carts, click [View Special Carts] and select the cart you want to see. When finished, click [Ok].



Tray Cards -Print Selected Tables

Using Print Selected Tables



There are two steps to print using **Print Selected Tables**, first you select the tables with **Select Tables** and then you **Print** the cards.

Select Tables:

Please keep in mind that the CARTS mentioned in this section of the program are INDEPENDENT of the carts mentioned in the "Print by Cart" section. In the "Print by Cart" section, the carts are associated by residents. In this section, Carts are associated by their tables, which in turn are associated with residents. Also in the PO/MAR > Dietary screen, the Dietary Cart that is referred there is referring to the Cart in "Print by Cart" section of the Dietary Tray Card module.

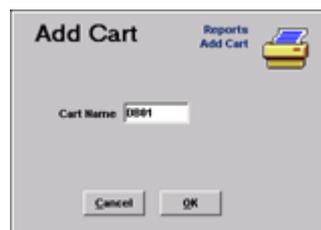
1. Click Select Tables to organize your tables.



2. You must first setup at least one cart before you can setup the tables. Click Cart Setup.



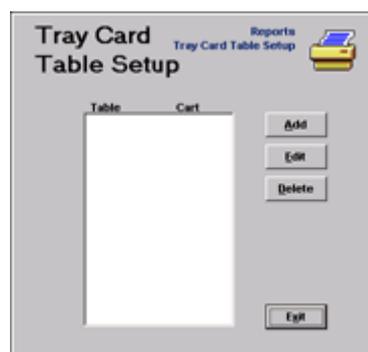
To add a new cart, click Add. The cart name/number is limited to 4 characters. Click Ok to save your new cart, or Cancel to not make any changes.



To change the name of an existing cart, highlight the cart you want to change and click Edit. Make the change and click Ok to save or Cancel to not make any changes.

To eliminate a cart, highlight it by left clicking on it with the mouse. Click the Delete button. WinCare will ask you to confirm.

3. Now you are ready to setup tables. Click Table Setup.



Click Add to create a table



First enter a Table Name and Select the cart from the drop down menu. The list of carts comes from the carts you setup in Instruction #2.

Add the residents from the admitted list shown at left to the "Residents at table" column. Note that you can add the residents by double-clicking on the resident name under left hand column, or highlighting groups of them by holding down Ctrl and left click and then click Add.

Remove any residents from the table by either double-clicking on the name in the right hand column, or highlighting the resident then clicking Remove.

You can have the seating order arranged any way you want by holding down the left mouse button and dragging the resident to the appropriate seat on the table.

Click Ok to save, click Cancel to save no changes.



Click Edit to change the seating assignments or table name or cart assignment for a Table

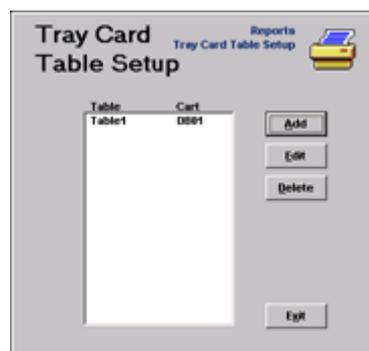


Add the residents from the admitted list shown at left to the "Residents at table" column. Note that you can add the residents by double-clicking on the resident name under left hand column, or highlighting groups of them by holding down Ctrl and left click and then click Add.

Remove any residents from the table by either double-clicking on the name in the right hand column, or highlighting the resident then clicking Remove.

You can have the seating order arranged any way you want by holding down the left mouse button and dragging the resident to the appropriate seat on the table.

Click Ok to save, click Cancel to save no changes.



Highlight a table and click Delete if you wish to remove a table. You will be given a confirmation before it does the delete

4. Now that the Carts and Tables are setup, you can now print the tables you want on the "Select Tray Card Tables" screen. Double-click the tables you want to print from the "Table List" column, or highlight the table(s) and click Add. Once the tables are in the "Final Print List" column, you may drag and drop the tables to print in the order desired. If any tables need to be removed from the print list, highlight the table and click Remove.



5. Exit the "Select Tray Card Tables" screen and click Print under "Print Selected Tables" frame to print your tray cards organized by tables.

Clinical Reports FAQs

Q. How do I print a report in WinCare Clinicals for multiple residents? All Residents?

- A. To print a report for all or multiple residents:
1. First go to **Reports** on the WinCare Control Panel.
 2. Click the **Individual Reports** tab.
 3. Select the report(s) that you want to print.
 4. Click **Select Resident Set** and select the residents you want in the report.
 5. Click the **All** button if you want all residents.
 6. You can also hold the CTRL key down while you select. (This selects them if they are not highlighted, or unselects them if they are selected).
 7. After highlighting the residents you want to print the report for (such as a MAR), then click **OK**.
 8. Click **Print**.
 9. When WinCare asks '**Use selected resident set? Yes No**', click **Yes** and the reports for those residents will print.

If you want to print for all residents in the facility, then another way to do that is to click **Print All Residents** instead of going to **Select Resident Set** then print.

CHAPTER 17

ResTrust

In This Chapter

ResTrust Main Screen.....	213
Reports (Resident Trust).....	214
Enter Bank Interest.....	214

ResTrust Main Screen

Access this module to track the deposits and withdrawals of residents' personal money by selecting **Resident Trust** from the Admit main screen or by selecting the **Res_Trust** button from WinCare Control Panel.

Alexander, Tom A.
Adm. No. 904

Type	Date	Time	Note	Amount	Balance	A/R Trans #
D	01-05-2005	12:36	Deposit	\$100.00	\$100.00	
W	01-28-2005	13:37	Haircut	\$10.00	\$90.00	
W	02-10-2005	13:38	Shaving Cream	\$5.00	\$85.00	
D	02-25-2005	13:39	Deposit	\$100.00	\$185.00	
W	03-10-2005	13:43	Cable TV	\$40.00	\$145.00	
W	03-19-2005	13:40	Magazine Subscription	\$28.00	\$117.00	
I	03-31-2005	00:00	Bank Interest	\$0.21	\$117.21	

Reports

This Resident **Summary** **Master**

From Date: 11/13/2008 To Date: 2/17/2009 Report Date: 2/17/2009

Complete or Monthly Reconciliation For Resident Shown Above **Comprehensive Daily Reconciliation For All Residents**

Add **Delete** **Update** **Enter Bank Interest**

Exit

1. Click **Add** to unlock the fields in the grid and make a new entry.
2. Select a transaction type from the drop down list in the **Type** column.
3. Type a **description** for the transaction in the **Note** column.
4. Enter the transaction amount in the **Amount** column.
5. Balances are calculated when the user clicks in the **Balance** field and placed into the history of the account.
6. Click **Update** for all changes to take effect.
7. Click the **Enter Bank Interest** button to enter interest.
8. Remove a transaction by highlighting the entry and click **Delete**.
9. Click **Exit** to return to the Admit main screen or the WinCare Control Panel.

Reports:

- **This Resident:** Report includes all transactions plus the ending balance for the selected resident, and date range.
- **Master:** Updates resident trust entries and prints all individual resident trust records and balances.
- **Summary:** Updates resident trust entries and prints the resident name, room/admission #, total individual balances and the facility total. This report can tally only the entries on or prior to that date.
- **Complete or Monthly Reconciliation for Resident Shown Above:** Prints all records since the creation of the selected resident's trust account plus the total deposits, total withdrawals, running balance and final balance.
- **Comprehensive Daily Reconciliation for All Residents:** Generates a list of transactions for a specified period.

Reports (Resident Trust)

Five different reports can be generated from this screen and are listed below:

- **This Resident** includes all transactions plus the total balance for the selected resident.
- **Master** updates resident trust entries and prints all individual resident trust records and balances.
- **Summary** updates resident trust entries and prints the resident name, room/admission #, total individual balances and the facility total. This report can tally only the entries on or prior to that date.
- **Complete or Monthly Reconciliation for Resident Show Above** prints all records since the creation of the selected resident's trust account plus the total deposits, total withdrawals, running balance and final balance.
- **Comprehensive Daily Reconciliation for All Residents** generates a list of transactions for a specified period.

Enter Bank Interest

Click the **Enter Bank Interest** button from the Res_Trust main screen to enter the total amount of received interest according to the bank statement. The **Resident Trust Bank Interest History** screen will display the dates that have distributed interest, the dollar amount and the resident's names.

Note: Entry of a minimum balance to calculate interest must be entered in the Utilities module prior to distributing bank interest. (Utilities > Facility > Resident Trust)

1. Click **Add** to open the Bank Interest Entry screen to enter the interest to be distributed. Enter a **Start** date, **End** date and the **Post** date. The **Post** date is the date the money is to be considered distributed.
2. Enter the **Total Amount** of received interest.
3. Click **Distribute Interest** to display the **Resident Trust / Bank Interest Distribution** screen.

The **Resident Trust/Bank Interest Distribution** screen will inform the user which residents have received interest and the dollar amount.

1. Enter a **Start**, **End**, and **Post** date. The post date is the date the money is to be considered distributed.
2. Enter the **total amount** of received interest according to the bank statement in the interest field.
3. Click **Done** when data entry is complete.
4. A screen comes up that shows how the interest was distributed. This is view-only. Click **Exit** to continue.

5. Highlight the month and click **View Detail** to view which resident received interest for a specific month.
6. Redistribute interest if incorrect amount was entered by highlighting the month and click **Redistribute Interest**. Enter the correct interest and click **Distribute Interest** to overwrite the old interest entries for that month.
7. All interest entries can be removed by clicking **Remove All Int.** WinCare will display a small screen asking for confirmation of the removal.

CHAPTER 18

Phone Book

In This Chapter

Phone Book Main Screen.....	219
Print / Export Options	219
Add/Edit a Physician.....	220
Add/Edit an Insurance Carrier	222
Completeness Check-Phone Book	223

Phone Book Main Screen

Setup of the phone book is required. Access this screen to add physicians, insurance carriers, transportation, etc. Select the radio button next to a category to activate a section. The **Completeness** is for integrated users. All category entries (names of physicians, insurance carriers, etc.) are displayed in drop down fields on the face sheets.

Clinical:

Brown, John A. Phone Book
Physicians

Select Category for this Entry

Physicians Insurance Carriers Pharmacies Other
 Dentists Mortuaries Transportation
 Hospitals Churches Labs

Name	Title	Phone 1	Phone 2	City State Zip
Brown, John A.	MD	541-494-4954	541-294-9404	Medford, OR 97504
Graham, Emily	MD	541-234-0987		Medford, OR 97501
Paulson, James	MD	541-494-9453	541-494-4945	Medford, OR 97504

Export to Text File Open Folder Current Avery Label: 5160/5260

Integrated:

Brown, John A. Phone Book
Physicians

Select Category for this Entry

Physicians Insurance Carriers Pharmacies Other
 Dentists Mortuaries Transportation
 Hospitals Churches Labs

Name	Title	Phone 1	Phone 2	City State Zip
Brown, John A.	MD	541-494-4954	541-294-9404	Medford, OR 97504
Graham, Emily	MD	541-234-0987		Medford, OR 97501
Paulson, James	MD	541-494-9453	541-494-4945	Medford, OR 97504

 Completeness

Export to Text File Open Folder Current Avery Label: 5160/5260

Print / Export Options

- **Print List** prints a list of items in the selected category.

- **Print in Full** prints the list of entries plus address and phone numbers.
- **Print Labels** is formatted to print the name and address on Avery mailing labels.
- **Label Types** opens the Avery Label screen to display the non-editable dimensions of the label types. A statement is displayed in blue under the Print Labels and Label Types buttons to state which labels are currently selected.
- **Export to Text File** will create a tab delimited file with address information for all the phone book entries and categories. This can be used for Marketing purposes and other mailings, with Word, Excel, or other similar applications. The first line of the file contains the column headers: Category, Last Name, First Name, Middle Name, Title, Position, Company, Department, Street, AddressLine2, City, State, Zip, Email Address, Phone 1, Phone 2, Phone 3, Fax. The Category is the Phone Book Category: Dentists, Physicians, Churches, Hospitals, Insurance Carriers, Laboratories, Mortuaries, Pharmacies, Transportation, and other.
- **Open Folder** will open the folder that contains the last Export File created.

Add/Edit a Physician

The physicians entered in this section will be included in drop down fields on the face sheet 2 screen.

Clinical

Graham, Emily

Select Category for this Entry

Physicians
 Insurance Carriers
 Pharmacies
 Other
 Dentists
 Mortuaries
 Transportation
 Hospitals
 Churches
 Labs

Search NPI Registry

Last Name: Graham First Name: Emily Middle Name:

Title: MD Position:

Company/Organization: Department:

Street Address: 3100 State Street City: Medford State: OR Zip Code: 97501

Address Line 2: Email Address:

Phone 1: Day 541-234-0987 Phone 2: Night 541-234-8709 Phone 3: Pager 541-234-4321 FAX: 541-234-1234

Comments:

Physician UPIN#: H72634 PIN (Medicaid): 928372 NPI: 0593454394

Cancel Save

1. Enter the Physician's last and first name and other data as needed.
2. **Spell Checking** is available for the Comments section.
3. Enter the Physician's **NPI** number.

Integrated

Brown, John A.

Select Category for this Entry

Physicians Insurance Carriers Pharmacies Other
 Dentists Mortuaries Transportation
 Hospitals Churches Labs

Search NPI Registry

Last Name: Brown First Name: John Middle Name: Austin

Title: MD Position:

Company/Organization: Medford Clinic Department:

Street Address: 600 Doctor's Plaza City: Medford State: OR Zip Code: 97504

Address Line 2: Email Address:

Phone 1: Day (541-494-4954) Phone 2: Night (541-394-9484) Phone 3: Pager (541-854-9875) FAX: (541-349-5944)

Comments:

EIN: 987638342 SSN: 124-94-4324 NPI: 1004004049 State License No: 50400

Specialty Code: 01 - General Practice Taxonomy Code: 208D00000X General Practice

Physician UPIN# ABC600 PIN (Medicaid): 123654987

Cancel Save

1. Enter the Physician's last and first name and other data as needed.
2. **Spell Checking** is available for the Comments section.
3. Enter the Physician's NPI number. The **Internet Update** button will access the NPI Registry and attempt to find NPI number. If Internet Update doesn't return the correct results then the **Search NPI Registry** button will open the NPPES NPI Registry website in your web browser, you can search for NPI numbers at this site.
4. Click **Save** to save the entry and return to the main Phonebook screen.

Add/Edit an Insurance Carrier

Access the **Insurance Carriers** screen by clicking the radio button next to the insurance carrier's category. The carriers entered in this section will be available in a drop down box on Face Sheet 2. The fields highlighted in **Red** in the integrated version are required.

Clinical:

1. Enter the company name in the **Company Name/Organization** field.
2. Type the address information for the **Insurance Carrier** into the address fields.
3. Enter other **Demographic Information** regarding the insurance carrier as needed. All other fields may be completed as needed. Enable a **Spell Checking** option for the Comments section when clicking the button with the red check mark at the right of the Comments field.
4. Enter the Account Number for the insurance carrier into the Account Number field. If the account number is unknown, contact the insurance carrier.

Integrated:

The screenshot shows a web-based form for adding an insurance carrier. The title is 'Aetna Health Insurance'. At the top right, there are links for 'Phone Book', 'Insurance Carriers', and 'Edit Entry'. Below the title is a 'Select Category for this Entry' section with radio buttons for 'Physicians', 'Insurance Carriers', 'Pharmacies', 'Other', 'Dentists', 'Mortuaries', 'Transportation', 'Hospitals', 'Churches', and 'Labs'. A 'Search NPI Registry' button is on the right. The form has several input fields: 'Last Name', 'First Name', 'Middle Name', 'Title', 'Position', 'Company/Organization' (pre-filled with 'Aetna Health Insurance'), and 'Department'. Address fields include 'Street Address' (pre-filled with '151 Farmington Avenue'), 'City' (pre-filled with 'Hartford'), 'State' (pre-filled with 'CT'), and 'Zip Code' (pre-filled with '06156'). There are also fields for 'Address Line 2', 'Email Address', 'Phone 1' (pre-filled with '060-273-0123'), 'Phone 2', 'Phone 3', and 'FAX'. A large 'Comments' text area is at the bottom, with a red checkmark button to its right. At the very bottom, there are dropdown menus for 'CMS Payor ID' (pre-filled with 'NSQ700'), 'NSF' (pre-filled with 'F Insurance Company'), and 'HIPAA' (pre-filled with 'CI Commercial Insurance Co.'). 'Cancel' and 'Save' buttons are at the bottom right.

1. Enter the company name in the **Company Name/Organization** field.
2. Type the address information for the **Insurance Carrier** into the address fields.
3. Enter other **Demographic Information** regarding the insurance carrier as needed. All fields not highlighted in red are optional and can be completed as needed. Enable a **Spell Checking** option for the Comments section when clicking the button with the red check mark at the right of the Comments field.
4. Enter the **CMS Payor ID** for the insurance carrier into the CMS Payor ID field. If the ID is unknown, contact the insurance carrier.
5. Select a code for a **Source of Payment** (type of insurance carrier) for NSF and HIPAA. The item Insurance Company (F) can be selected as a default for NSF. **Most states will only accept electronic transmissions in a HIPAA mode.**
6. Click **Save** to save the entry and return to the main Phonebook screen.

Completeness Check- Phone Book

The screen displays missing physician and insurance carrier information, Medicaid PIN and Taxonomy Codes that are required for electronic billing submission. If information is **Complete**, a message "Information is Complete" will be displayed.

If **Incomplete**, the detail screen will open and a **Print** button will be available.

CHAPTER 19

Utilities

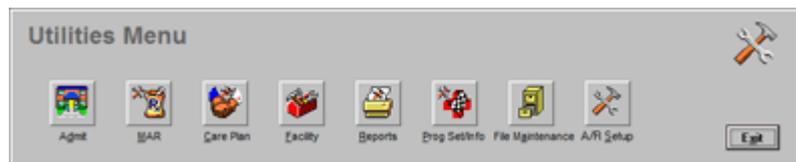
In This Chapter

Utilities Control Panel.....	227
Admit	227
MAR	228
Care Plan Setup.....	236
Facility	239
Reports (Utilities).....	277
Prog Set/Info	279
File Maintenance.....	281
A/R Setup.....	283

Utilities Control Panel

Unlike the screens in the rest of the program, the screens in the **Utilities** module do not include a resident name in the upper left hand corner. The absence of the name indicates that a **global** function is occurring which is available for all residents.

Select the **Utilities** button from the main WinCare Control Panel to display the **Utilities Menu** screen.



The following modules include maintenance tools and setup options for the program.

- **Admit** controls whether future dates can be used for Admissions, COS, and discharges.
- **MAR** enables entry and customization of standard orders for the PO/MAR module.
- **Care Plan** contains a Care Plan library and enables the addition and customization of standard frequencies and services.
- **Facility** contains security options and maintenance tools.
- **Reports** enables the ability to select printers and determine how report information will be displayed.
- **File Maintenance** enables data backup on a regular basis to maintain the stability of the database.
- **Prog Set/Info** provides options that enable WinCare Technical Support to assist the facility to resolve issues.
- **A/R Setup** (Integrated Only) contains settings for the Integrated version of WinCare.

Admit

Check box controls whether future dates can be used for Admissions, COS, and discharges.

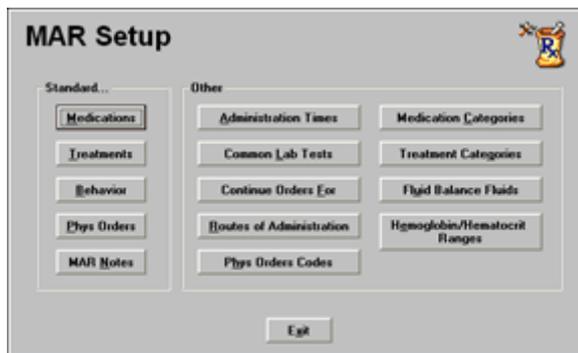


MAR

MAR Setup

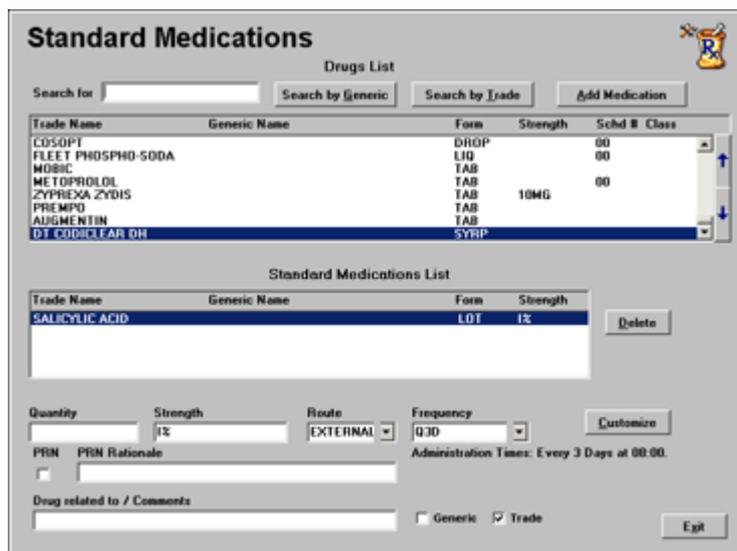
Click the **MAR** button from the Utilities Menu screen to display the MAR setup screen displayed below.

If the facility has standard orders that apply for most residents, loading them into this section will save entry time.



Medications (Std)

This feature allows the addition of standard medications to display in the standard medications list in the PO/MAR module. It includes a search function for the standard medication and the ability to specify the dosage, route of administration, etc. This is the only screen that allows deletion of the user-defined standard medications from the current list.



- **Add, Edit, or Delete** entries throughout this section in the same manner as in the PO/MAR module.
- The **Customize** option to designate a schedule works identically to the customize screen in the PO/MAR module. See Customize.

Add/Edit a standard medication:

1. Click in the **PRN** box if needed and complete the rationale.
2. If a different number of PRN lines are needed, click in the box and type in the number of lines.
3. Select the desired **frequency** from the drop down list.
4. Select the **route of administration** by clicking on the ordered route.

Delete a standard medication:

1. **Highlight** an item in the standard medication list.
2. Click the **Delete** button to the right of the standard medication list field to remove the standard medication item.

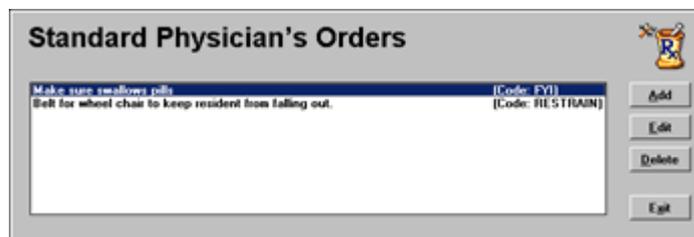
Treatments (Std)

This feature allows the addition of **Standard Treatments** to display in the standard treatments list in the PO/MAR module. It allows the user to specify the rationale, frequency, etc. and customize the schedule for standard treatments. A comments field is included on the main screen.

1. Selecting the **Add** button allows free text typing and enables the entry to be displayed in a drop down box in the standard treatments list in the PO/MAR module.
2. Enter a **rationale** for the standard treatment in the comments field.
3. Select a **frequency** from the drop down list.
4. Click the **Customize** button to create a schedule for the standard treatment. The Customize option to designate a schedule works identically to the customize screen in the PO/MAR module.

Physician's Orders (Std)

This feature allows the addition of Standard Physician Orders that will appear in the standard medications list in the PO/MAR module.



- Click **Add** to enter a standard physician order. The field allows free text typing.
- **Select** a code from a drop down list. Codes are entered in the Physician Orders Code section which is accessible from the main MAR setup menu in the Utilities module.
- The entry will be displayed in a drop down box in the standard physician order list in the PO/MAR module.

MAR Notes (Std)

This feature allows the addition of **Standard MAR Notes** to display in the standard medications list in the PO/MAR module.

If the note is an actual physician order, enable **Include in Physician's Orders** check box and the order will automatically be included on the MAR, MAR/Treatments and Physician's Orders.

1. Click **Add** to enter a standard MAR Note. The field allows free text typing.
2. Click the **Customize** button to designate a schedule for the standard MAR note. This screen works identically to the customization screen in the PO/MAR module.
3. The entry will be displayed in a drop down box in the **MAR Note** in the PO/MAR module.
4. Click **Exit** to return to the main MAR Setup screen.

Common Lab Tests

This feature allows the addition of common lab tests to display in the lab tests drop down list in the PO/MAR module. Access this screen by selecting the Common Lab Tests button from the MAR Setup screen.

1. Enter the name of the new lab test and click **Add**.
2. **Review** which lab tests are ordered most frequently and sort them into that order by highlighting the order and dragging it into the desired position.
3. **Changing** the order will not cause any problems with existing lab orders in the Physician Orders.
4. Remove a lab test by highlighting the entry and clicking the **Delete** button.
5. Click **Exit** to save changes and return to the **MAR Setup** screen.

Administration Times

This feature allows the addition of frequencies to display in all frequency drop down lists. Access this screen by selecting **Administration Times** from the MAR Setup screen.

Use the following options to designate a schedule for a frequency:

- A **Frequency Code** must be entered which is limited to 10 characters. The same names as a pre-existing code, i.e., BID can be used as this customization will only apply to this particular MAR item.
- Define the frequency for this MAR item by day (max. 24 times per day). It is set to every day by default but can be changed if the medication is to be given every seven (7) days, i.e. Enter a seven (7) in the field under Every.
- Specify the times for the MAR item by editing the boxes in the At section. The times begin in the upper left corner and move from left to right. Entering non-numeric characters in these boxes is acceptable. (max. 8)
- WinCare uses a **24 hour clock**. Midnight is 00:00
- Each box represents a row to be signed off on the MAR printout.
- Include the selected frequency code on the medication/treatment list of the lab orders list.
- Click **Exit** to save and return to the main **MAR Setup** screen.

When a Frequency is changed here, that change also affects all residents who have the same frequency (except those that have been customized). Example: In Administration Times in Utilities, QD time is changed from 0800 to 0700. Now all residents medications/treatments/behaviors which have QD frequency will be changed to 0700, EXCEPT the QD frequencies where the user click Customize when doing data entry.

Time Formats for Administration Times

Note that all valid time formats will automatically be converted to military time as soon as you tab to or click on another field. If not a valid time, the data will be considered as text.

Valid Time Formats

Basically, all normal time entry formats are allowed, including the 4 digit military times without a colon. A, a, P, p and be used instead of AM and PM. A space before the A, P, AM, PM is optional.

Examples:

11:00 am, 11:00 pm, 11:00am, 11:00pm, 11:00 am, 11:00 pm

11a, 11am, 11 a, 11 am, 11p, 11pm, 11 p, 11 pm

1130a, 1130am, 1130p, 1130pm, 1300p, 1300pm

13:00, 0800, 1300

Invalid Time Formats

Single or double digits only, such as 1 or 11.

Military time without a colon and without the leading 0, for example 800.

Military time/24-hour Clock

Military time or 24-hour clock notation counts the hours of the day from 00 to 23 rather than using the common am/pm notation. Hours and minutes are indicated by 00:00 or 0000 for midnight, 01:00 or 0100 for 1:00 am, 12:00 or 1200 for noon, 13:00 or 1300 for 1:00 pm etc.

Continue Orders For

This feature allows the user to set the length of time for the continuation of physician orders. Access this screen by clicking **Continue Orders For** from the MAR Setup screen.



The program's default is set at 30 days but the field is editable by clicking in the field and entering the desired number.

A change is global and will affect all residents in the current census.

Click the **Exit** button to return to the **MAR Setup** screen.

Routes of Administration

The screen will allow the user to enter Routes of Administration in addition to the routes included with the WinCare software. Access this screen by following the steps listed below:



1. Click **Routes of Administration** from the MAR Setup screen.
2. Enter the name or abbreviation per a facility's policy and procedure and click **Add**.
3. The add screen allows free text typing and will be displayed wherever a routes drop down list is available on the screen in the PO/MAR module.
4. Highlight a route and click Delete to remove the item from the list.
5. Click **Exit** to save and return to the main **MAR Setup** screen.

Physician Codes

The screen allows the user to enter a physician code that will provide a report on the types of orders. Access this screen by selecting the **Physician Codes** button from the MAR Setup screen.



1. Click **Add** to enter a new physician orders code in addition to the codes included in the WinCare software.
2. From the **Add** screen, a text box will activate enabling the user to type in the abbreviation. A user can type the full name to print on the report rather than the abbreviation.
3. Click **OK** to save the new PO Code.
4. The new code will be displayed in the PO Code list.
5. Click **Exit** to save and return to the main **MAR Setup** screen.

Medication Categories

The screen allows the user to enter Medication Categories that will be available for selection on the Medication screen. Access this screen by following the steps listed below:



1. Click **Medication Categories** from the MAR Setup screen.
2. Enter the name or abbreviation for a new category per a facility's policy and procedure and click **Add**.
3. The add screen allows free text typing and will be displayed wherever a Medication Categories drop down list is available on the screen in the PO/MAR module.
4. Highlight a Category and click Delete to remove the item from the list.
5. Click **Exit** to save and return to the main **MAR Setup** screen.

The only characters allowed for a Category Name are: Alphanumeric, space, dash '-', and slash '/'.

Medications that are assigned a Medication Category can be reported on the **Medications by Category** report. The report allows the reporting of a single category or All categories. The standard report Sort options are available. The option to Sort Residents by Diagnosis, sorts the Medications by the diagnosis assigned to the medication (Related Diagnosis).

Fluid Balance Fluids

The screen allows the user to enter Fluids that will be available for selection on the Fluid Balance Add/Edit screen. Access this screen by following the steps listed below:



1. Click **Fluid Balance Fluids** from the MAR Setup screen.

2. Enter the name or abbreviation for a new fluid type per a facility's policy and procedure and click **Add**.
3. Highlight a Fluid and click Delete to remove the item from the list.
4. The order the fluids appear in the listing can be changed by rearranging the list by dragging and dropping individual fluids.
5. Click **Exit** to save and return to the main **MAR Setup** screen.

Note: When you enter this screen for the very first time and if the screen is empty, you will need to follow these steps to get the predefined fluids added to the list automatically:

1. Exit this screen and **Utilities**.
2. Go into the **PO/MAR** and click **Fluid Balance**.
3. Click **Add** then **Cancel**.
4. Exit out of **Fluid Balance** and the **PO/MAR**.
5. Go back into **Utilities, MAR, Fluid Balance Fluids**
6. The predefined fluids are now available.

Hemoglobin/Hematocrit Ranges

The Hemoglobin/Hematocrit Ranges screen allows the setting of the Minimum and Maximum values for both Males and Females. The ranges are used for the Hemoglobin/Hematocrit add-on module in the PO/MAR.

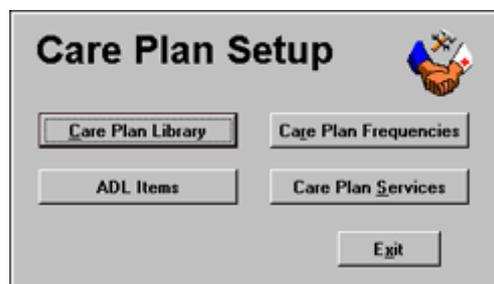
Hemoglobin/Hematocrit Ranges 

Enter the normal range for Hemoglobin and Hematocrit.
If Hemoglobin or Hematocrit values are outside the ranges indicated below, they will be flagged in the Hemoglobin-Hematocrit program and report.

	Hemoglobin		Hematocrit	
	Min	Max	Min	Max
Male	<input type="text" value="12.0"/>	<input type="text" value="18.0"/>	<input type="text" value="40.0"/>	<input type="text" value="54.0"/>
Female	<input type="text" value="12.0"/>	<input type="text" value="15.0"/>	<input type="text" value="35.0"/>	<input type="text" value="47.0"/>

Care Plan Setup

The screen displays options that enable the setup of variables for the Care Plan module.



Care Plan Library

This screen provides a Care Plan Library for the RAPs. The resident's individual care plan data is pulled from the library; it is viewed and edited to provide individualization. The individualization occurs in the actual care plan module for each resident.

The **Categories** field controls which library is viewed but the consecutive items will subsequently control the content.

1. Click **Care Plan Library** from the Care Plan Setup screen.
2. **Highlight** a RAP.
3. Click **Edit** to make needed changes.
4. WinCare displays the categories: **Medical Management** and **Admissions** as a reminder that additional categories can be built by the facility. There is no data in those two categories.

The bottom portion of the **Care Plan Library** screen has three printing options.

- **Print Library** prints all the libraries in the program.
- **Print Category** prints just the selected category. In a new program, the only library provided is RAP.
- **Print Condition** prints whichever condition that the user selected. WinCare strongly recommends that each condition is printed and the facility review it for content.

Care Plan Frequencies

The screen enables the entry of new care plan frequencies in addition to the frequencies that are included in the WinCare software by selecting the **Care Plan Frequencies** button from the Care Plan Setup screen.

1. Enter a new frequency and click **Add** to enable the entry to be displayed in the frequency list in the care plan module.

2. To save time, drag the frequencies from most frequently used to the least used to reduce the time selecting the desired frequencies.
3. WinCare defaults to the most common shift frequencies.
4. Click **Exit** to return to the Care Plan Setup screen.

Care Plan Services

Access this screen to add a care plan service that will be displayed in the service list in the Approaches section of the Care Plan module by selecting the **Care Plan Services** button from the Care Plan Setup screen.

1. Enter a new service and click **Add** to enable the entry to be displayed in the service list in the care plan module.
2. Enter the abbreviated name into the **New Service Abbreviation** field which is limited to 25 characters.
3. Enter the full name of the service into the **New Service Name** field, i.e. Restorative Aid.

ADL Items

Use the **ADL Items** screen to enter new ADL items in addition to the items included in the WinCare software.

All residents display the same ADL record so WinCare recommends using this section cautiously to prevent potential survey problems. The item being added might not be appropriate for some units. These items are printed on a flow sheet called the ADL Record report in the reports module.

1. Click the **ADL Items** button from the Care Plan Setup screen.
2. Click **New** and type in the new ADL item into the New ADL item field.
3. Click **OK** when you are finished entering the item.
4. The item that has just been entered is highlighted and listed in the lower ADL item screen.
5. **Review** the entry and make needed changes.
6. Add the frequencies required for the item by highlighting an entry from the **Suggested Frequencies** screen.
7. Click the **left arrow button** to move the highlighted item (s) to the frequencies screen for the ADL item.

8. If more items need to be entered, repeat the steps that were outlined above.
9. If the entry is complete, click **Exit** to return to the **Care Plan Setup** screen.

Add a frequency that is not displayed on the list by clicking MAR from the Utilities Menu screen.

Facility

This screen displays a list of menu options to enable the user to make global settings and provide maintenance of the program.

Clinical:

Facility Setup 

Facility Information	WinCare Startup Interface
MDS 2 Options	Facsheet Options
MDS 3 Options	CQI Options
IRF Facility Information	Payment Sources
Swingbeds Facility Info	Levels of Care
WinCare Security	Resident Trust Options
Password	Clear BAP Locks
Room Master	Clear CAA Locks
Computers / Care Units	Add-On Registration
Max Case Optimizer	ICD-10 Effective Date
HL7 Subscribers	HL7 Sources

Integrated:

Facility Setup 

Facility Information	Computers / Care Units
MDS 2 Options	Facsheet Options
MDS 3 Options	CQI Options
IRF Facility Information	Payment Sources
Swingbeds Facility Info	Resident Trust Interest
WinCare Security	Clear BAP Locks
Password	Clear CAA Locks
Room Master	Add-On Registration
Max Case Optimizer	ICD-10 Effective Date
HL7 Subscribers	HL7 Sources

Facility Information

Access this screen selecting Facility Info from the Utilities Menu screen and clicking the **Facility Information** button.

Facility Info	
Purchased By	Justin Parker
Title	Administrator
Facility Name	WinCare Nursing Home
Address	11 N Peach
Address 2	
City	Medford
State	OR
Zip Code	97501
Medicare Provider Number	658235
Medicaid/Medi-Cal No.	654824
Medicaid/Medi-Cal No. 2	
National Provider ID	5904983905
Facility ID	458
Contact Name	Justin Parker
Contact Phone	541-773-3906
Contact Ext.	
Exit	

Prior to creating transmission files, enter information into the following required fields:

- Purchased by
- Title
- Facility Name
- Address
- Address 1 (not required)
- City
- State
- Zip Code
- Medicare Provider Number
- Medicaid/Medi-Cal Number
- National Provider ID
- Contact Name
- Contact Phone
- Contact FAX (not required)

If corrections to the information is needed, the facility will need to call WinCare Support at 1-800-889-2349 and re-register.

MDS Options

This was only used for the MDS 2 which was replaced by the MDS in October 2010.

This screen must be set up prior to transmitting MDS files. The **MDS Options** screen determines how WinCare creates the MDS assessment because different states have different assessment requirements. Select the quarterly that your state uses. You may contact your RAI coordinator to verify the type of quarterly. The RAI coordinator's phone number and email address are available by accessing the CMS (HCFA) website: <http://cms.hhs.gov/medicaid/mds20/raicoord.pdf>.

Select **MDS Options** from the Facility Info screen to open the MDS Options screen.

Standard – This is the standard 2-page quarterly that most states use.

RUGS 98 – This is also known as a RUGS III Optional Quarterly. This has more sections than Standard quarterly. This allows the quarterly to produce a RUGS score.

RUGS 97 – This is also known as a RUGS III Optional Quarterly (1997 Update). This is almost identical to a RUGS 98, with only 2 extra items on the form.

MPAF – Some states allow the short form PPS (Minimum PPS Assessment Form) to be submitted for PPS assessments. This form is not mandated by the government and is optional. WinCare has made this module available for purchase as an add-on module. After registration, complete the following checkboxes:

- Use MPAF for PPS Assessments (AA8a=0, AA8b=1-5,7,8)
- Use MPAF for PPS Quarterly Assessments (AA8a=5 or 10, AA8b= 1-5,7,8)
- Use Section S with MPAF PPS Assessments (State Specific)
- Use Section S with MPAF PPS Quarterly Assessment (State Specific)

State (Std + Options) – Some states use a non-standard quarterly assessment form. In these cases, define the quarterly in WinCare.

1. Click the radio button **State (Std + Options)**
2. Click **Set Options** to display a screen that lists items available to add to the selected assessment. The items can be selected either by clicking **Select All**, **Deselect All** or by clicking each **specific item** in any order for selection.
3. Upon completion, click **Save**.

Use **Other State Qtrly. (AA8a=5, AA8b=6)** if it applies to your state. Select the option that applies otherwise ignore this section. For explanations on what each selection means, see the explanations under **Partial Quarterlies**.

Some states use special assessments where AA8a=0. These are non-standard assessments. In this case, the user will need to tell WinCare which sections are included in this assessment. Click **Set Options** for the quarterly assessment.

Some states require either Section T, or Section U or both. Some states require quarterlies to have RAPs.

The **Asmt Start Date for Transmission** should only change in rare circumstances. If an assessment is created before it should be transmitted to the system, it would not be transmitted (which is correct).

If your state requires **Section T** for other assessments in addition to regular PPS assessments which are included in the program, check **Use T** and click **T setup**. Check the appropriate check boxes to enable Section T on assessments the state requires.

- If the user's state requires **Section U**, check the box and click **U setup**. Check the boxes for each assessment that uses Section U. For confirmation which assessments are required, call the state RAI coordinator.
- If using **Section V** for an assessment that does not require Section V, select the "**V Setup**" button. Now check the boxes for the appropriate assessment. For example, if you wanted to add V to quarterlies only, you would check the first box, because a quarterly AA8a = 5 and the AA8b are normally blank.

Other Settings:

The **Use "Section Completed" Checks** will track which sections are complete or incomplete. This will require the user to click a check box for each section of each MDS assessment confirming which sections are complete. To use this feature, check the box.

Allow "Test" Submission Files: If your facility uses a third party vendor for quality assurance (example: LTCQ), click **Allow "Test" Submission Files**. This will activate a new feature. When in the MDS File Create Screen (**MDS 2 > Create > Create Transmit File**) a new option will open up "Production" and "Test". Use "Test" to send your files to your quality assurance vendor. The advantage of this is that when using test mode, your assessments will **STAY IN THE QUEUE**. After making any corrections as your quality assurance vendor may suggest, the assessments will still be in the queue so that you can transmit to the State without having to click Resend in Section R for each assessment (which is what you'd have to do if you do not turn on this feature).

Submit File Directory:

WinCare saves the transmission file by default inside the **Upload** folder that is in the WinCare directory. This option enables the user to select a different location from the default. Click the elliptical button (...) to the right of the **Submit File Directory** field. A small screen will open and enable the user to select a different folder or drive.

RUGs III (Utilities)

Access this screen by selecting **RUGs III** from the MDS Options screen.

Medicare:

The settings should be defined as displayed below:

- Version - 5.20
- Model - 53
- Classification - Index
- CMI Set - There are two choices for this setting that include 53-Group PPS Rural or 53-Group PPS Urban. Contact your Medicare Fiscal Intermediary to verify the correct setting.

Click **Exit** to return to the MDS Options screen if Medicaid is not needed.

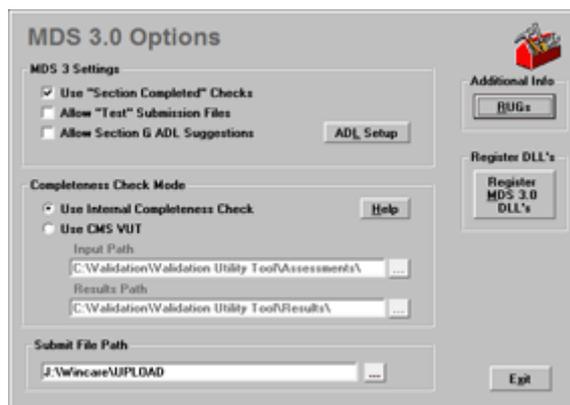
Medicaid: These settings are state specific. Contact your Medicare Fiscal Intermediary to verify the correct settings.

- Version
- Model
- Classification
- CMI Set

Click the **Exit** button to return to the MDS Options screen.

MDS 3 Options

This screen must be set up prior to transmitting MDS files.



The **Use "Section Completed" Checks** will track which sections are complete or incomplete. This will require the user to click a check box for each section of each MDS assessment confirming which sections are complete. To use this feature, check the box.

Allow "Test" Submission Files: If your facility uses a third party vendor for quality assurance (example: LTCQ), click **Allow "Test" Submission Files**. This will activate a new feature. When in the MDS File Create Screen (**MDS 2 > Create > Create Transmit File**) a new option will open up "Production" and "Test". Use "Test" to send your files to your quality assurance vendor. The advantage of this is that when using test mode, your assessments will **STAY IN THE QUEUE**. After making any corrections as your quality assurance vendor may suggest, the assessments will still be in the queue so that you can transmit to the State without having to click Resend in Section R for each assessment (which is what you'd have to do if you do not turn on this feature).

Allow Section G ADL Suggestions when checked will activate the **Get ADLs** buttons for Section G items G0110A-G0110J and G0120 on MDS 3 assessments. This requires the subscription to a third party ADL capture application. WinCare interfaces with several third party vendors. S-cores is a preferred vendor. The **ADL Setup** button opens a screen to configure the interface with the third party ADL capture software.

Completeness Check Mode - There are two completeness checks available, the Internal (WinCare) Completeness Check and the CMS Validation Utility Tool (VUT). Both should give the same results but the WinCare Completeness Check is simpler to use and gives clearer messages. However, the WinCare Completeness Check only works with assessments that have an Assessment Reference Date of 4/1/2012 or later. Use Internal Completeness Check is the default option.

With WinCare's initial release of the MDS 3.0 we used the MDS 3.0 Validation Utility Tool (VUT) provided by QTSO and CMS to check MDS 3 assessments. This can still be used by selecting **Use CMS VUT**. The VUT must be running to use this option to check assessments. Set the **Input** and **Results** paths to the folders being used by the VUT. More information on the VUT is below and on our website at:

WinCare.com/faq/faq.mds3.html#37

<http://wincare.com/faq/faq.mds3.html#37> (Item 9).

Submit File Directory: WinCare saves the transmission file by default inside the **Upload** folder that is in the WinCare directory. This option enables the user to select a different location from the default. Click the elliptical button (...) to the right of the **Submit File Directory** field. A small screen will open and enable the user to select a different folder or drive.

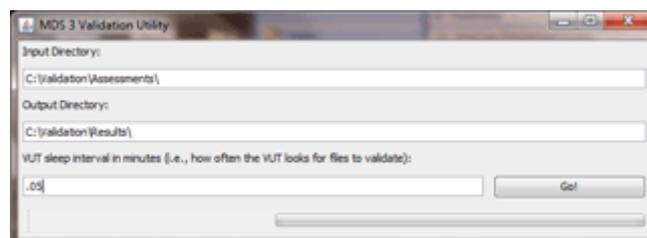
RUGs allows the setting of the RUGs versions used for calculating the HIPPS codes for Z0100 through Z0300 on MDS 3 assessment.

The **Register MDS 3.0 DLL's** button, will register the .NET DLLs used by MDS 3, if they failed to register during the WinCare installation or upgrade.. If you are Vista or Windows 7 then you will need to run WinCare "As Administrator" for the registration to work correctly. WinCare does require that .NET 2.0 is installed.

Validation Utility Tool (VUT):

The MDS 3.0 Validation Utility Tool (VUT) provided by QTSO and CMS can be used by WinCare to check MDS 3 assessments. This tool can be run on a Windows Server or Workstation. The workstation that is going to be checking the MDS 3.0 assessments will need access to the folders used by the VUT. The VUT is available on the WinCare website. Extract SetupVUT.exe from the zip file and run it to install the VUT.

If you are running Vista, Windows 7, or Windows 8 then you cannot use the default install path for the VUT. During the install, the setup program will suggest a destination folder of "C:\Program Files\Validation Utility Tool\", change this to "C:\Validation\", or another location that is not in the "Program Files" path. The VUT must be running in order to "Check" an MDS 3.0 assessment in WinCare. We recommend a sleep interval of .05 (3 seconds), if it is longer than 30 seconds then WinCare will time-out while checking the assessment. Click "Go" to start the utility, in about 60 seconds it will be ready to process assessments. You will need to set the sleep interval every time you start the VUT. Then it can be minimized and let run in the background.



After installing the VUT on a workstation that will be completing MDS assessments, in WinCare go into Utilities, Facility, MDS 3 Options, and set the Input and Result paths to the folders being used by the VUT.

ADL Setup

This screen is used to configure the interface with the third party ADL capture software.

This screen is normally maintained by the WinCare Support Team. The ADL software name is determined based on the third party ADL capture vendor being used. The rest of the information is used to identify the facility for the third party software, the login information, and web URL to connect to the software package.

RUGs

Access this screen by selecting **RUGs** from the **MDS 3 Options** screen.

Medicare:

The settings should be defined as displayed below:

- Version - 1.01

- Model - 66 Group
- Classification - Index
- CMI Set - There are two choices for this setting that include 66-Group PPS Rural FY2012 or 66-Group PPS Urban FY2012. Contact your Medicare Fiscal Intermediary to verify the correct setting.

Click **Ok** to return to the MDS Options screen if Medicaid is not needed.

Medicaid and Medicaid Alternate: These settings are state specific. Contact your Medicare Fiscal Intermediary to verify the correct settings.

- Version
- Model
- Classification
- CMI Set

Some State Medicaid Settings:

NE State Medicaid: 5.20, 34 Group, Index, 34 - Group Nursing Only

OH State Medicaid: 5.20, 44 Group, Hier, Ohio Medicaid 44 Group

PA State Medicaid: 5.20, 44 Group, Index, PA 44 group - Norm. Nurs. Only

TX State Medicaid: 5.20, 34 Group, Index, Texas Medicaid 34 Group

TX Alternate State Medicaid: 1.01, 48 Group, Index, 48 - Group Nursing Only

WA State Medicaid: 1.01, 57 Group, Index, WA 57 Group 06/14

WA Alternate State Medicaid: 1.01, 48 Group, Index, WA 48 Group 12/10

WinCare Security Menu

Click the **WinCare Security** button from the Facility Setup screen to open the Security Options sub menu.

- Users and Security Levels
- Audit Trail



Users and Security Levels

Select **Users & Security Levels** from the Security Options menu to open the WinCare Security screen. This screen enables an individual with administrative rights to assign logins, security levels, and areas of access for each user. Use the Delete option to permanently remove a user and their security level (option with administrative rights only).



Add New User /Assign Security Level

WinCare recommends that the facility assign at least one or preferably two individuals as the System Administrator and define a password (required). A prompt will display for a password if no password has been entered.

Users are listed with their assigned security levels in the upper white box. The listed Security Levels are in the lower white box and include 9 default security levels. When the user is added, his/her password will be blank. To set the password, **Exit** the program and login as the new user leaving the password blank, you will then be asked to set the password for the user.

From the WinCare Control Panel, click Utilities.

1. Click **Facility**
2. Click **WinCare Security**
3. Click **Users/Security Levels**.
4. Click the **Add** button.
5. Enter the user's full name, log on name, initials, and security level as required.
6. Check "MDS 3 Data Entry Clerk" if the user will be entering MDS 3 data only for other users. If they won't be entering MDS data, or will be entering MDS data as themselves then leave unchecked.
7. Click **OK** to return to the main WinCare Security screen.

Assign Clearances (Rights) per module/screen:

1. Highlight the module/screen.

2. Enable or block users by checking or unchecking the checkbox located next to the radio buttons for the following functions:
 - Clear to **View**
 - Clear to **Edit**
 - Clear to **Add**
 - Clear to **Archive**
 - Clear to **Delete**
 - Clear to **Print**

To improve the selection process, there are two additional options.

- Highlight the MDS 2 module and the button **Apply to all MDS 2 Clearances** will be displayed. Clicking this option can save the user time since there are many sections in the MDS and the security settings defined for MDS 2 will be applied to all MDS modules for this security level.
- Select **Clone** to copy the security functions from one level to another level without needing to reenter data. Enter a new name for the cloned security level and click OK. This action will create a duplicate copy of a level including all selected clearances but the new level will have a different name.

Add/Edit Security Level

Select the **Add** button next to the Security Fields section to open the Clearances screen.

Add a Security Level:

1. Enter a name for the new security level on the clearances screen.
2. Click the Clearances Apply to Discharge Records radio button next to Yes to enable users to edit discharged records.
3. Click the OK button.

Edit a Security Level:

1. Highlight the level.
2. Select the Edit button to open the Clearances screen.
3. Reassign clearances as needed.
4. From the Clearances screen, the remaining steps to assign clearances are the same whether adding or editing the security level.

Assign Clearances (Rights) per module/screen:

1. Highlight the module/screen.
2. Enable or block users by checking or unchecking the checkbox located next to the radio buttons for the following functions:
 - Clear to **View**
 - Clear to **Edit**
 - Clear to **Add**
 - Clear to **Archive**
 - Clear to **Delete**
 - Clear to **Print**

Upon completion, click the **Exit** button to return to the Facility Information screen.

Clone a Security Level

Use the **Clone** option if two or more users have similar rights.

1. Click **Clone**.
2. **Edit** the cloned security level as needed.
3. **Assign** the cloned level to another group.

Clear Passwords

User the **Clear Passwords** option on the Users and Security Levels screen to remove a resident's login (user name and password). It also removes the electronic signature passwords if applicable.

1. Open the **Utilities** module from the WinCare Control Panel.
2. Click **Facility** from the Utilities sub-menu.
3. Open the **WinCare Security** section from the Facility Setup Menu screen.
4. Click **Users and Security Levels**.
5. Click the **Clear Passwords** option.
6. The program will ask for confirmation: **Are you sure you want to clear the login and electronic signature passwords for user (name) ? (cannot be undone)**.
7. Click **Yes** to clear the information or **No** to abort the change.
8. If clicking **Yes**, the program will display a final confirmation: **Login & electronic signature passwords for user (name) have been cleared. The user will be prompted for new passwords at login.**

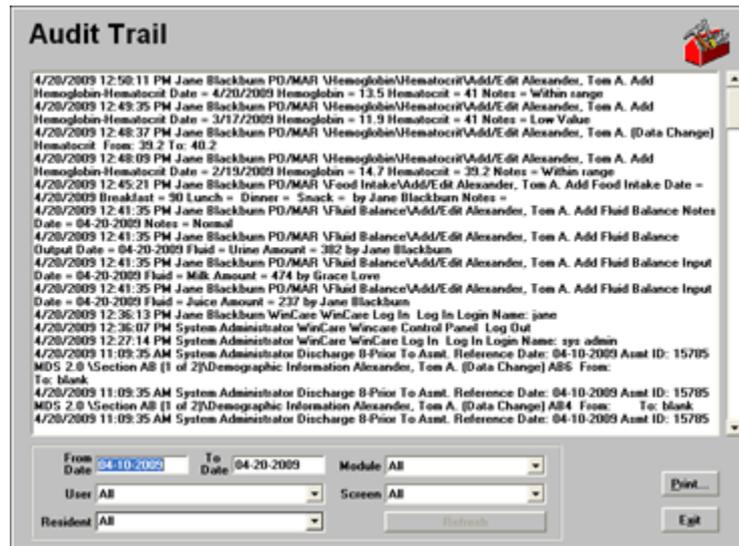
Audit Trail

This feature is designed to help users meet HIPAA requirements by tracking changes that are made to clinical WinCare data by the individual who makes the change and is accessed by selecting the **Utilities** button from the WinCare Control Panel.

1. Select the **Facility** button from the Utilities Control Panel.
2. Click the **WinCare Security** button from the Facility Setup screen.
3. Click the **Audit Trail** button from the WinCare Security screen.

The Audit Trail includes the following modules:

- Admit
- Ancillary (Integrated)
- Billing (Integrated)
- Care Plan
- MDS 3.0
- PO/MAR
- Room Master
- Vital Signs
- WinCare



1. Click the **Audit Trail** button from the Security Options screen.
2. By default, the program will show the last 10 days of activity. Change the date range by editing the **From Date** and the **To Date**. Type in the last two fields to make the changes to the date fields. Dates can be entered in a format of 1/31/2005 and it will be automatically converted to 01-31-2005.
3. View all records for an individual by clicking the drop down arrow for **User** and click the name of the user. The list of users is pre-filled from the users that have been entered in the WinCare Security module.
4. View the records for a specific module by clicking the drop down arrow next to the **Module** field. Select the name of the module.
5. View the records for a specific Resident by clicking the drop down arrow next to the **Resident** field. Select the name of the Resident.
6. View the records for a specific screen by clicking the drop down arrow next to the **Screen** field. Select the name of the screen.
7. Click **Refresh** to display the selected information.
8. Click **Print** to display the Print Audit Trail screen.
9. The screen shows the number of records that have been selected for printing and offers the following options:
 - Print Orientation
 - Print Preview
 - A **Printer** field displays the current default printer but additional printer selections can be made by clicking the drop down arrow to display a list of available printers.
1. After selections are complete, click **OK** to print or **Cancel** to return to the Audit Trail main screen.

Password

Use the password screen to change the Password of the current logged in user. The login password can be changed and/or the Electronic Signature password. *Setting the log in password for a new user is done the first time they log in to WinCare.*



The image shows a 'Change Password' dialog box with two columns. The left column is for 'Log on Password' and the right column is for 'Electronic Signature Password'. Each column has three input fields: 'Old password', 'New Password', and 'Verify'. Below the input fields, there are two paragraphs of instructions. The first paragraph, under 'Log on Password', states: 'Log on password must be between 6 and 10 characters long. The password may not be all the same character. The password may not contain spaces.' The second paragraph, under 'Electronic Signature Password', states: 'Electronic Signature password must be between 6 and 10 characters long. The password may not be all the same character. The password may not contain spaces.' At the bottom right of the dialog box are 'Cancel' and 'OK' buttons.

1. Select **Password** from the Facility Information screen to open the Change Password screen.
2. Enter the old password.
3. Tab to the **New Password** field and enter the new password.
4. Tab to the **Verify** field and enter the password again.

If a user forgets the password, the System Administrator can select the *Clear Password* button in **Users and Security Levels** to remove the forgotten password.

Room Master

The Room Master enables the users to add, view, or edit rate information for each individual bed or room. This function can be accessed in the Utilities module for both clinical and integrated users. The integrated version also includes it in the Master Files module.

Room	Station	Daily Rate	Unskilled Rate	Monthly Rate	Eff. Date	Rev. Code
100	Blue	\$0.00		\$4000.00	01-01-2003	0110
101	Blue	\$0.00		\$4000.00	01-01-2003	0110
102	Blue	\$0.00		\$4000.00	01-01-2003	0110
103	Blue	\$0.00		\$4000.00	01-01-2003	0110
104	Blue	\$0.00		\$4000.00	01-01-2003	0110
105	Blue	\$0.00		\$4000.00	10-01-2005	0110
106	Blue	\$0.00		\$4000.00	01-01-2006	0110
107	Blue	\$135.50	\$110.00	\$3000.00	05-01-2006	0110
108	Blue	\$131.50	\$110.00	\$0.00	01-01-2006	0110
1A	Green	\$130.00	\$80.00	\$3750.00	05-10-2006	0120
1B	Green	\$125.00	\$80.00	\$0.00	01-01-2003	0120
2A	Green	\$125.00	\$80.00	\$0.00	01-01-2003	0120
2B	Green	\$125.00	\$80.00	\$0.00	01-01-2003	0120
3A	Green	\$110.00	\$70.00	\$0.00	01-01-2003	0130
3B	Green	\$110.00	\$70.00	\$0.00	01-01-2003	0130
3C	Green	\$110.00	\$80.00	\$3000.00	05-01-2005	0130
3D	Green	\$110.00	\$80.00	\$0.00	01-01-2003	0130
4A	Green	\$115.00	\$95.00	\$3700.00	05-20-2006	0120

1. The Rate is used for private pay residents and may be entered to take effect on a future date.
2. Use the Search for Room field to find a specific room by entering the number of the room and the program will automatically scroll to that room.
3. Click Setup to synchronize rooms that have been added from the clinical program to the A/R program.
4. Select Print to print a list of the rooms with the station/care unit, rates, effective dates, and revenue codes. The date defaults to the current system date but is editable by making a selection from a built-in calendar. Click the drop down arrow to display the calendar.
5. Click Add to open the Rate Detail screen to add a new room. See Rate Detail.

Click Edit to make changes to the detailed information for a selected room. This function displays the same screen as the Add function except the previously entered data is displayed.

Room Detail

Access the **Room Detail** screen by selecting the **Add** or **Edit** button from the main Room Master screen.

1. Enter a **Room Number** and **Bed Identifier**. Use the bed number or letter when there is more than one bed in a room. A room may have more than one bed, each with its own rate and associated data. Example: 9510A.
2. Enter a **station** identifier, if applicable.
3. Select a **HCFA Revenue Code** by clicking the drop down arrow and scrolling to the appropriate code if the room is skilled.

The lower section of the screen contains the rate detail fields. See Room Rate Detail.

Room Rate Detail

Select the **Add** button from the Rate Detail screen to open the **Room Rate Detail** screen. The current system date and a \$0.00 room rate are automatically entered on the screen.

1. Highlight the newly entered item and click **Edit** to open the Room Rate Detail screen.
2. Enter a date into the **Effective Date** field that the rate is to be changed. A room rate can be changed in advance by using a future date for the effective date.

3. Enter a **Daily Rate** for the room for skilled in the daily rate field, if applicable or enter a daily rate for the room if unskilled in the daily rate field next to the term unskilled in parentheses. A **Monthly Rate** for the room can be entered instead of a daily rate and the daily rate fields must contain a \$0.00 amount.
4. If applicable, enter a daily or monthly rate for billing bed hold when the resident is temporarily out of the facility.
5. Notes related to the rate detail for the selected room may be entered in the Notes memo field.
6. Click **Exit** to save the entry and return to the Rate Detail screen.

The rate change will be effective on the date that was set, unless the room is already occupied. If the room is occupied, the rate change will take effect at the beginning of the next accounting period.

Computers/Care Units

Use the module to create **Care Units** that will divide residents into groups that can be used for reports. After defining and assigning the care units to residents, reports can be generated specifically per care unit.

Care Unit	Type	Certification/Submission Req.
CARE UNIT	MDS	Certified, MDS Req.
IRF	IRF	Certified, Submit Req.
swingb	SwingBeds	Certified, Submit Req.

ID	Location/Description	Care Unit
N1	Nursing Station	IRF
N2	Nursing Station 2	CARE UNIT
S1	Swing Bed Station	swingb

Care Units:

Click the **Add** button to add a care unit. Enter a care unit and assign it to one of the three types: MDS, IRF, or Swing Bed. Select which MDS Submission Requirement is needed for the type of care unit that was chosen. "Do assessments in this unit need to be transmitted to Federal Repository", this answer will be the default answer on the Checking & Closing screen for assessments attached to the selected Care Unit.

Mark the check box **Use Care Units** to enable a user to use the care unit in the admit module.

Check the box for **Set View All Care Units** to enable the program to view all care units.

Care Unit Add/Edit Screen:

Care Unit Name: BlueWest

Use MDS Use Swing Beds Use IRF

Care Unit Certification

1. Unit is NOT Medicare/Medicaid Certified and State does NOT require MDS submission

2. Unit is NOT Medicare/Medicaid Certified and State DOES require MDS submission

3. Unit IS Medicare/Medicaid Certified. MDS submission is required

Do assessments in this unit need to be transmitted to Federal Repository?

This answer will be the default answer on the Checking & Closing screen for assessments attached to this Care Unit

Yes - all assessments need to be transmitted, except HMO

No - assessments do not need to be transmitted

Wincase should not answer this question automatically. User will answer the question for each assessment as they are completed.

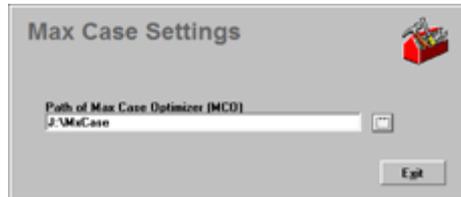
A01008: CMS Certification Number (CCN)

Exclude CCN # on assessments?

Max Case Optimizer

Max•Case•Optimizer is a WinCare product that helps to manage case mix by identifying subtle changes in resident care on a daily basis that impact the RUG score.

If you have Max•Case•Optimizer installed then you set the path to the mxcase.exe on this screen so the program can be launched from the main WinCare control panel.



HL7 Subscribers

To exchange ADT information between WinCare and other third party software, WinCare uses HL7 ADT records. Admissions, face sheet changes, and discharges can be sent to the third party software. Currently we use this to keep third party ADL Capture software resident lists in sync with WinCare's resident list. The information can be exchanged with multiple third party vendors. The HL7 Subscriber information is setup by the WinCare Support Team. The "Send HL7 for all Residents" creates HL7 messages for all the active residents and can be used to add the WinCare residents to the subscriber's database.



The Edit screen allows the entry of the connection information for the HL7 subscriber.



HL7 Sources

To exchange ADT information between WinCare and other third party software, WinCare uses HL7 messaging.



WinCare Startup Interface (Clinical Only)

Two **Startup Interfaces** are available for **clinical users only** to display the resident list.

Click the **WinCare Startup Interface** button from the Facility Info screen to display the screen below with the following options:

- Resident List Interface (default)
- Resident Search Interface



1. Enable the radio button next to **Start with Resident List Interface**, or enable the radio button next to **Start with Search Interface**.
2. The checkbox **Give a Warning When Entering a Search Without Criteria** is enabled by default to remind users to enter the details for the search prior to clicking OK.
3. The change will not be effective until the WinCare program is restarted.
4. Click **OK** to return to the Facility Information screen.

Facesheet Options

The Facesheet options screen allows you to populate the drop down lists for some of the items on the Admission Face Sheet with facility specific information.



For Face Sheet A1 additional choices can be added for Church Affiliation and the Primary Language. For Face Sheet A2s ICD-10 Edit screen additional choices can be added for chronicity.

CQI Options

The **CQI Option** screen allows WinCare to automatically complete F-Tag 141 on the CMS 672 Census report for all residents based on their MDS assessment.



1. Select the radio button next to the desired **dominant language** for the facility to be set as the program default.
2. If the dominant language is not displayed, enable the checkbox for **Other** and type the name of the desired language.
3. Clear all checkboxes at once by clicking **Clear**.
4. Click **Exit** to return to the Facility Information Menu screen.

Payment Sources

Click **Payment Sources** from the Facility Setup screen to open the Payment Sources screen.



Add a New Payment Source:

1. Type the name of the new source of payment in the new source field and click **Add**. The item will be automatically added to the list in the Payment Sources drop down list.
2. Click **Exit** to return to the facility info screen.

Edit a Payment Source:

1. Highlight the source of payment and click **Edit**. The payment source screen below will be displayed allowing the renaming of the source of payment.
2. Enter the name for the source of payment and click **OK** to return to the main payment source screen.
3. Click **Exit** to return to the **Facility Information** screen.

Selected Default:

1. Sets the default **Primary Payment Source** on Admission Face Sheet A2, when a new resident is admitted.

Resident Trust Interest

The Bank name and account number for the Resident Trust account can be recorded on this screen. This information will appear on the Resident Trust Report for the residents.

The **Resident Trust** has two methods of distributing interest.

- The **Average Daily Balance** is similar to a bank's method. It takes the average account balance for every resident and then distributes the interest proportionately.
- The **Lump Sum** method is simpler because it distributes interest proportionately as of the day of distribution of interest. Therefore, if there was \$10.00 of interest on 1/31/2004, and Resident A had \$100 and Resident B had \$25.00, Resident A would get \$8.00 interest and Resident B would get \$2.00 interest using this method.

Enter a minimum balance for interest calculation greater than \$0.00, otherwise the program will attempt to distribute interest to all residents with a \$0.00 balance.

Access this screen to view the two methods of distributing interest and change the default, if necessary by the following steps:

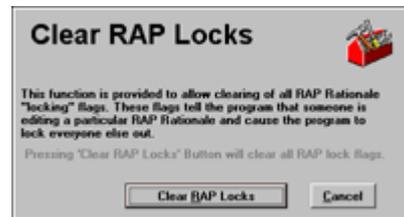
1. Click the **Utilities** button from the WinCare Control Panel.
2. Click the **Facility** button from the Utilities Menu Control Panel.
3. Click the **Resident Trust Interest** button from the Facility Information screen.

Clear RAP Lock

In most areas of the program, multiple users are allowed to be in the same screen at the same time. Rap Rationales are locked when users are entering information to prevent possible data corruption. If the power is interrupted or the network cable is disconnected, the program may not have a chance to reset the RAP locks. If that occurs the user will be unable to enter the RAP section.

This function will reset the rap locks to enable users to enter the RAP section successfully.

1. Click **Clear RAP Locks** from the Facility Info screen to open the Clear RAP Locks screen.
2. Click The **Clear RAP** button to automatically unlock the RAP Rationale.
3. A confirmation message will be displayed informing the user that all RAP lock flags have been cleared. Click **OK** to return to the Facility Info screen.



Add-On Registration

This screen allows the user to enter a **Registration Number** given to the facility by WinCare Support to register the Add-On modules:

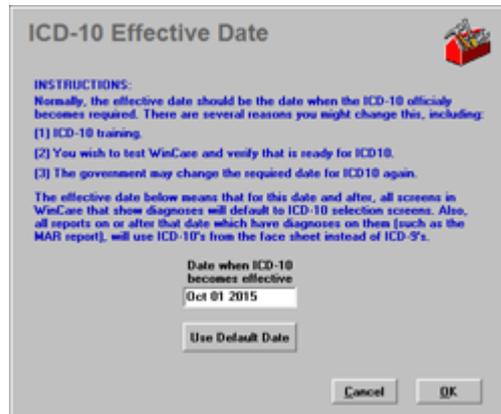
These Add-On modules are available for purchase. Call WinCare Sales for more information and/or demo at 1-800-423-1083.

Add-On modules include:

- Swing Bed
- Pressure Sore Risk
- Behavior Monitoring
- Civil Rights Report
- Pre-Screen
- Import Ancillaries
- Tray Cards
- Fall Risk Assessment
- Electronic Signatures
- Fluid Balance
- Food Intake
- Hemoglobin/Hematocrit
- Outpatient Billing (requires the integrated version of WinCare)

ICD-10 Effective Date

This is used to set an earlier ICD-10 effective date for testing. Any screens with ICD-9 / ICD-10 entry will default to ICD-10 as of the effective date. As ICD-10 implementation is added to WinCare it will be controlled by this feature.



The screenshot shows a dialog box titled "ICD-10 Effective Date" with a small icon of a house in the top right corner. The text inside the dialog box provides instructions on how to set the effective date for ICD-10. It includes a list of reasons for changing the date and a button to use the default date.

ICD-10 Effective Date

INSTRUCTIONS:
Normally, the effective date should be the date when the ICD-10 officially becomes required. There are several reasons you might change this, including:

- (1) ICD-10 training
- (2) You wish to test WinCare and verify that it is ready for ICD10.
- (3) The government may change the required date for ICD10 again.

The effective date below means that for this date and after, all screens in WinCare that show diagnoses will default to ICD-10 selection screens. Also, all reports on or after that date which have diagnoses on them (such as the MAR report), will use ICD-10's from the face sheet instead of ICD-9's.

Date when ICD-10 becomes effective
Oct 01 2015

Use Default Date

Cancel OK

Reports (Utilities)

This module enables the user to select printers and determine how information will be displayed on reports by clicking the **Reports** button from the Utilities Menu Control Panel.

The Reports menu offers two screens:

Printer Setup

- Click **Printer Setup** to open the setup screen which is also accessible by clicking **Reports** from the WinCare Control Panel. This enables the user to select printers and gives options for MAR reports, Pharmacy reports, Care Plan reports, etc.

Report Coordinates

- Coordinates refer to moving the image relative to the paper. All units are in 1/100ths of an inch.

Prog Set/Info

This section includes three options that assist the facility and WinCare Technical Support with verification of the version of exes currently in use in the program and the paths to the program and data to expedite the resolution of problems.



These options display information that can expedite resolution of problems. Call WinCare Technical Support to receive assistance at 1-800-889-2349.

File Maintenance

WinCare recommends data backup prior to an upgrade and then on a weekly basis (minimum) to maintain the stability of the database. Access this function by selecting the **File Maintenance** button from the Facility Info screen.

- Use the **Backup** Database function to protect critical data from power failures, hardware failures, accidental file deletion, etc. The program has the ability to back up data to several types of media including 3.5 floppy disks, the local hard drive, mapped network drives, CDs, or DVDs. It is recommended to enter a unique name for the backup.
- Click **Compact and Repair Database** if the database becomes corrupted. WinCare recommends using this option once each month.
- Click **Restore** Database when a disastrous loss of data occurs and the data needs to be restored from a backup copy of the data.

Compact and Repair Database

The Compact and Repair Database option corrects a corrupted database.

WinCare recommends utilizing this option prior to every upgrade and once each month.

Backup Database

Click **File Maintenance** from the Facility Setup screen to open the **Database Utilities** screen.

1. Click **Backup Database** to open the Backup Data screen.
2. By default, the program will back up the data to the A: (3.5 floppy) drive. WinCare provides a prompt as a reminder to the user to insert a disk in the floppy drive.
3. To change the target drive to the drive that is desired, select a different target drive from the drop down field.
4. Once the target drive has been selected, browse to the folder that the data is to be backed up, under the **Target Folder** section.
5. If a backup folder exists, enter the name of the file name for the backup in the **File Name** field. By default, it is wdata.zip. If a folder does not exist, enter the name of the desired folder in the **File Name** box and a folder will be automatically created if you prefix the file name with a folder and separate it by a back slash. For example, if you wanted the backup to put the file named wdata.zip in a folder called 01-31-2005, enter the following in the file name field: 01-31-2005\wdata.zip and click **OK**.
6. Click **Auto** if you want WinCare to create a name for the backup file automatically.

7. Enable the checkbox to **Use Compression** to save disk space on the type of media being used for the backups. Note that this backup format is compatible with WinZip.
8. If backing up to 3.5 floppy disks, WinCare can automatically format the disks for you. To enable this option, click the checkbox labeled **Erase Disks Before Copy** (removable media only). Note that this option is available for removable media only.
9. Click **OK** to create the backup file, click **Cancel** to cancel this process and return to the Database Utilities screen.

Restore Data

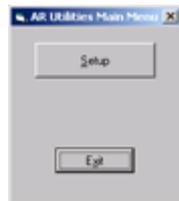
If a disastrous loss of data occurs, or in the event that Repair Database fails, it may be necessary to **Restore** the database from the backup disks. Data entered into the database since the last backup will be lost.

1. Click **Restore Database** to open the Restore Data screen.
2. Click the drop down arrow for the **Select Archive File** field to select the drive that contains the backup folder.
3. Browse to the location of the folder that contains the backup file by using the drop down arrow in the **Folder** section.
4. Click **OK** to begin the data restoration. Note that the database you restore to and the current program version must match. If the database was from a version of WinCare prior to your program, call WinCare Technical Support at 1-800-889-2349 for assistance in upgrading your database.
5. After clicking **OK**, the file restore progress screen will be displayed.
6. Upon completion, a message will display the name of the file and confirmation that the restoration is complete.

A/R Setup

The **A/R Setup** is used by the facility to enter prior balances before they begin using the billing. The A/R Setup also has options that are used by WinCare Support to setup the Financials prior to the facility using the software.

The actual facility will see one option **Setup**, which which allows the entry or viewing of the Prior Balances.



When the user clicks **Setup** a menu comes up where the user can select **Enter Prior Invoices**.



Enter Prior Invoices

Prior Balances can be entered prior to starting to bill in WinCare. All GL Accounts and Master File Account settings need to be setup prior to entering the prior balances. Prior balances must be enter before any billing is started in WinCare. Prior Balances can only be entered during the first ever billing period. After the first ever period, Prior Balances is view only.

To access Prior Balances go into **Utilities, A/R Setup**, then click **Setup**.

When in the First Ever Period:

Initial message screen



The next screen asks if there is an existing General Ledger which already has the prior balances, if so click Yes.



Depending on how you answer the previous question and confirmation screen will come up.



Prior Balances Entry Screen

Prior Balances

Post to Wincare Financials Only

Resident Name	Admission No	Memo	Payor	Primary Payor	Invoice No	Aging Date	Balance(Aging Amount)
Alexander, Tom A	904	prior	S	S	10002	2/28/2005	\$310.00
Andrews, Flossie S	908		PP	PP	10003	2/28/2005	\$1,100.00
Armstrong, Eileen R	902	outstandin	MA	MA	10004	2/28/2005	\$457.00
Brown, Dan K	903	prior	PP	PP	10005	2/28/2005	\$980.00
Connors, Ruth J	906	Prior	PP	PP	10006	2/28/2005	\$2,950.00
Davidson, William T	900	Prior	MA	MA	10007	2/28/2005	\$1,000.00

Total for above: \$13,740.00
Total for All Invoices for all Payors: \$13,740.00

View: This Resident All Residents
View: This Payor All Payors

Add/Edit Prior Balances

Select Payor: Memo: Invoice Number:

Admission Number: Resident Name: Primary Payor: Aging Date: Balance Owng:

Revenue Account: Receivables Account: Cash Account:

Buttons: Edit, Cancel, Update, Delete, Clear, Add, Exit

To enter a prior balance select the payor, Resident, Primary Payor, Aging Date, and balance. You should also verify the GL account numbers that are being automatically selected based on the Master File settings.

After the First Ever Period is Closed:

Prior Balances View Only Mode

Prior Balances

Prior Balances

Resident Name	Admission No	Memo	Payor	Primary Payor	Invoice No	Aging Date	Balance(Aging Amount)
Alexander, Tom A	904	prior	S	S	10002	2/28/2005	\$310.00
Andrews, Flossie S	908		PP	PP	10003	2/28/2005	\$1,100.00
Armstrong, Eileen R	902	outstandin	MA	MA	10004	2/28/2005	\$457.00
Brown, Dan K	903	prior	PP	PP	10005	2/28/2005	\$980.00
Connors, Ruth J	906	Prior	PP	PP	10006	2/28/2005	\$2,950.00
Davidson, William T	900	Prior	MA	MA	10007	2/28/2005	\$1,000.00

Total for above: \$13,740.00
Total for All Invoices for all Payors: \$13,740.00

View: This Resident All Residents
View: This Payor All Payors

Add/Edit Prior Balances

Select Payor: Memo: Invoice Number:

Admission Number: Resident Name: Primary Payor: Aging Date: Balance Owng:

Revenue Account: Receivables Account: Cash Account:

Buttons: Edit, Cancel, Update, Delete, Clear, Add, Exit

View Only Mode

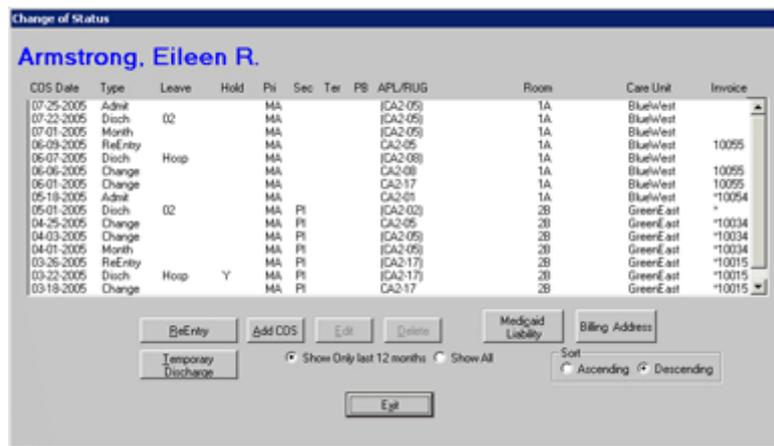
CHAPTER 20

Integrated Overview

WinCare's Integrated Clinical and Financial Software gives an experienced biller the tools needed to easily bill Medicare and Medicaid.

WinCare's Billing is Census driven. The Census (**Change of Status**) is controlled in the Admission (**Admit**) Module, and includes admits, discharges, leaves, room changes, payor changes, and Acuity Payment Level changes. For Medicare A when PPS assessments are closed, the census is updated with the RUGs levels for billing. All room and board charges are automatically generated based on the residents census when a period is billed. Before Billing always review the census by printing the Census Detail report in **A/R Reports**.

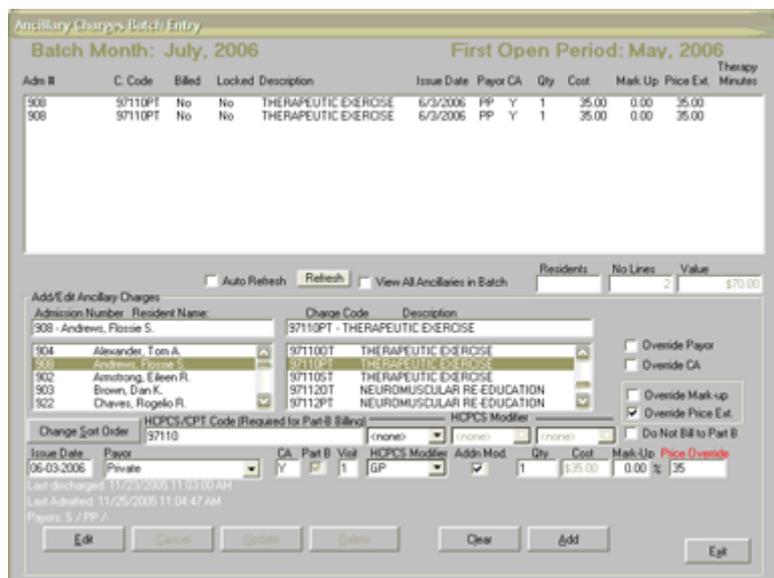
Change of Status (Census) screen:



The rates for the room and board are set in **Master Files** in **Room Master** and/or **Acuity Payment Levels**.

Any charges other than Room and Board are entered in the **Ancillaries** module. The ancillaries that are available and their rates are entered in **Master Files, Ancillaries**.

Ancillary Charges Batch Entry screen:



To enter an ancillary you select a resident, select the ancillary, enter an issue date, and then tab over and enter the Qty, then click Add. All other fields are automatically filled out based on the the ancillary settings in **Master Files** and the residents census as of the issue date for the ancillary.

After the census has been checked and the ancillaries are entered and checked, then the billing can begin. The **Billing** module creates the invoices for the residents in the period that is being billed. The **Billing** module allows partial month billing for payors that accept partial month billing. Medicare should only be billed for full months unless the resident was discharged.

The created invoices can be previewed in the **A/R Reports** module. After the invoices have been checked, the UB04 claims can be created in the **Claims** module. The claims that are created can be reviewed and edited in the **Claims** module. Generally edits on the claims are only required in special situations. Manual claims can be created if needed in the **Claims** module (**Manual Create UB04**), i.e. Medicare No Pay or benefit exhaust claims.

Once all the claims have been reviewed an electronic 837 institutional transmission file can be created in the **EDI** module and transmitted to Medicare or Medicaid for payment. If the Medicare and/or Medicaid intermediary provides an 835 Electronic Remittance Advice file for the processed claims, this file can be imported into WinCare and the payments can be automatically applied.

Other Financial modules allow the entry of **Payments Received, Refunds, and Adjustments**.

Notice for facilities that are submitting electronic claims to Medicare: In May 2011, CMS announced two changes for Medicare A billing that went into effect on August 1, 2011. WinCare does not automatically fill in values for these mandated entries. A future service release will do these entries automatically, however until then, this is what you need to do:

1. In all cases where an MDS End of Therapy (EOT) - Other Medicare Required Assessment (OMRA) is completed, SNFs must submit occurrence code 16, date of last therapy, to indicate the last day of therapy services (e.g. physical therapy, occupational, and speech language pathology) for the beneficiary. Please note that only one occurrence code may be billed on a single claim, therefore, you would use the final date therapy was provided in relation to the latest EOT OMRA applicable for the claim being billed. (Note: If the HIPPS code for Rev. Cd. 0022 on the claim ends in 4, 5, or 6, then the assessment was an EOT and you need to add the occurrence code 16. The date for the occurrence code will be the latest date for O0400A6, O0400B6, or O0400C6 from the EOT MDS assessment.)

2. Therapy services, that is revenue codes 042x, 043x, and 044x, the units need to now represent the number of calendar days of therapy provided. For example, if the beneficiary received physical therapy, occupational therapy and speech-language pathology on May 1, that would be considered one calendar day and would be billed as one unit. If a resident received physical therapy three distinct times on a given day, it will be reported on the Part-A claim as one unit of Physical Therapy.

CHAPTER 21

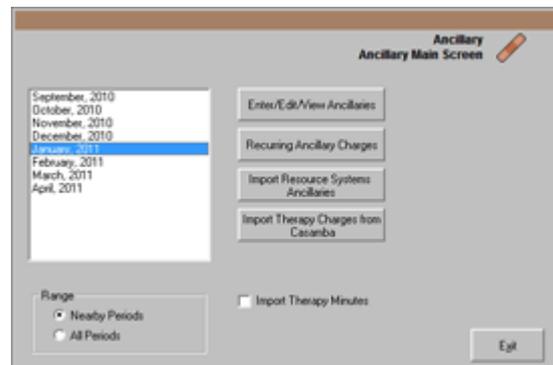
Ancillaries

In This Chapter

Ancillaries Main Screen.....	293
Add an Ancillary	294
Edit an Ancillary	296
Recurring Ancillary Charges	298
Change payor for Medicare Part B Co-Pay.....	299

Ancillaries Main Screen

Enter all ancillary treatments or items prior to closing an accounting period by selecting the **Ancillary** button from the WinCare Control Panel. The screen below displays the available billing periods with the current billing period highlighted. View data from previous months, or enter items for future months in advance.



- Use the **Range** option to display a different group of periods.
- Ancillaries are billed by the batch. Charges can be added to current batches from previous accounting periods. If ancillaries that occurred in a prior billing period need to be charged, they must be entered in the current batch. Even though the issue date falls in a different period, it will be billed with the batch in which it is entered.
- Ancillaries use census records to charge to the correct account numbers. If an ancillary has been added without a corresponding census record, the messages will be displayed in the billing log to warn the user that the ancillary has been added outside of the billing period.
- **Recurring Ancillary Charges** allows the entry of ancillaries that recur regularly. Ancillaries are set for each resident and then each month they can be added to the ancillary batch by clicking **Apply Recurring Ancillaries** in **Enter/Edit/View Ancillaries**.
- Click **Import Resource Systems Ancillaries** to display a screen that will allow selection of a file to be imported by interfacing with a 3rd party program called **Resource Systems**. The Resource Systems program is capable of bar coding ancillaries that can be exported into the WinCare program via the **Import Ancillaries** function. This feature is an Add-On feature to the basic WinCare program. For additional information, contact the WinCare Sales Office at 1-800-423-1083 or sales@wincare.com.
- Click **Import Therapy Charges from Casamba** to import therapy files. We have an option for therapy companies to pass the therapy minutes in the time field of the import file, when this is the case check **Import Therapy Minutes** prior to importing.

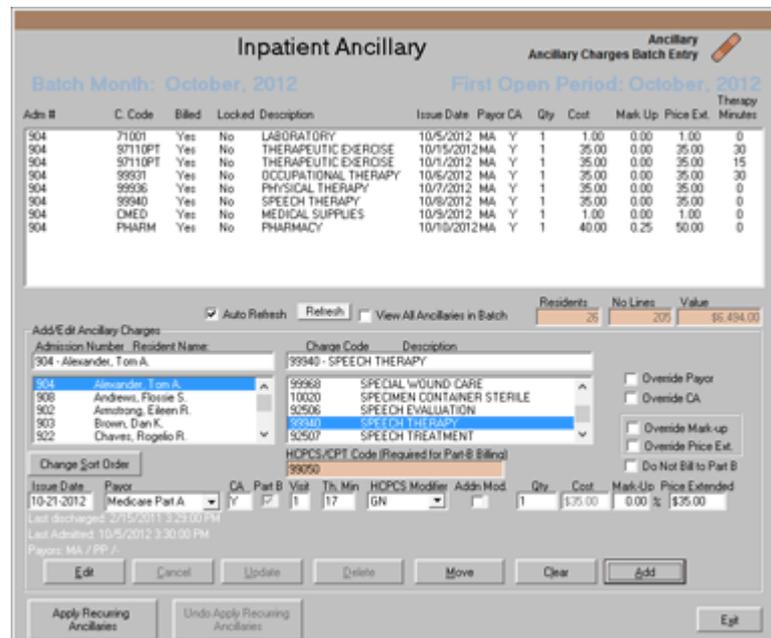
- California Facilities have the option **Non-Covered SOC Ancillaries for Medi-Cal**, this feature works the same as **Enter/Edit/View Ancillaries**, instead of being billed they are used to reduce the Medi-Cal Share of Cost.

After the accounting period has been selected, click **Enter/Edit/View Ancillaries** to open the Ancillary Charges Batch Entry screen.

Add an Ancillary

Access this screen to record new ancillary items that residents have purchased by selecting the **Enter/Edit Ancillaries**. Click **Change Sort Order** to change the search method that the user can use for a resident or a charge code. To enhance the speed of entry, there is a manual refresh instead of an automatic default. To view changes to a resident's list of entered ancillaries, the user must click the Refresh button. The user may also click the auto refresh check box so the changes that are made on the lower screen will then refresh the upper screen.

Note: The auto refresh setting is unchecked by default upon exiting the ancillary screen.



Note: Therapy notes entered in the Therapy Notes section of the PO/MAR module section automatically create an ancillary record in the Ancillary module. The visit, quantity, issue date and charge code fields are non-editable on the Ancillary screen if that information has already been entered on the Therapy Notes screen.

Record a new ancillary charge:

- Highlight a resident's name and click in the **Resident Name** field.
- Select a **Charge Code** by one of the following methods:
 - Use the scroll bar for the item or treatment.

- Highlight an item and click in the charge code field.
 - Enter the code or description manually.
- 3** Tab through the following fields to fill in automatically from data stored in the **Ancillaries Master File**.
- **HCPCS/CPT** codes are pre-filled as defined in the Ancillaries Master File.
 - **Addn Mod** (Additional Modifiers) check box if checked enables additional modifier fields to appear. Up to 4 HCPCS modifiers may be preset for a given charge code in the Ancillary Master file. Setting these modifiers correctly can help avoid the need to make changes. Modifiers can also be added to ancillaries on the UB04 edit screen, although all edits are lost if the UB04 is automatically regenerated for an unlocked bill. Locking the bill preserves all edits.
 - **Payor** is pre-filled with the primary payor on the issue date because this is the payor that will pay the 20% co-pay. The Part B check box is checked by the computer to give assurance to the user that the Part B invoice will have the net charge (80% of the Fee Schedule) on the invoice. No override is normally needed.
 - **CA** (Contractual Adjustment) indicates whether the resident is subject to a contractual adjustment.
 - **Qty** (Quantity) records the number of items purchased. The editable field defaults to 1.
 - **Medicare Part B** is automatically enabled after entering the date if the resident is covered by Medicare Part B and the item is eligible under Medicare Part B. This check box is view only (non-editable).
 - **Cost** contains the cost of the ancillary and is pre-filled as recorded in the Ancillary Master File.
 - **Mark-Up** contains the percent of mark-up to which the cost is subject, as defined in the Ancillaries Master File. Enter a new percent and a check is automatically entered in the corresponding **Override Mark-Up** check box. When the mark-up is changed, the Price Extended field changes to reflect the new mark-up.
 - **Price Extended** displays the total charge (computed as the number of units x price x percent mark-up) to be billed to the resident for this entry. Enter a different price in this field and the corresponding check box **Override Price Extended** will be automatically enabled.
 - Enable the check box **Do Not Bill to Part B** when the billing is a non-covered charge and the bill will not be sent to Medicare.

After all data has been entered for the ancillary item, click **Add** to add the entry to the database. *Add must be selected before exiting the screen to save the entry.*

Recurring Ancillaries that have been set up for each resident are added to the monthly ancillary batch by clicking **Apply Recurring Ancillaries**.

If a problem is found with the recurring ancillaries they can be removed from the batch by clicking **Undo Apply Recurring Ancillaries**. Then the recurring ancillaries can be fixed in the **Recurring Ancillary Charges** module and added again.

Edit an Ancillary

Select the **Enter/Edit Ancillaries** button to open the Ancillary Charges Batch Entry screen.

1. Highlight a record and click **Edit** to make changes to an entry.
2. The entry's data will be displayed in the **Issue Date and Pricing** fields. Make the desired change.
3. Click the **Update** button to save the changes to the record.
4. Click **Exit** to return to the previous screen.
5. Click **Delete** to remove the highlighted entry from the database or click **Clear** to clear the existing data.

Note: The auto refresh setting is unchecked by default.

The **Move** button allows an ancillary that has not been billed to be moved to another open ancillary batch period.

Inpatient Ancillary Ancillary Charges Batch Entry

Batch Month: October, 2012 First Open Period: October, 2012

Adm #	C. Code	Billed	Locked	Description	Issue Date	Payor	CA	Qty	Cost	Mark-Up	Price Ext.	Therapy Minutes
904	71001	Yes	No	LABORATORY	10/5/2012	MA	Y	1	1.00	0.00	1.00	0
904	97110PT	Yes	No	THERAPEUTIC EXERCISE	10/15/2012	MA	Y	1	25.00	0.00	25.00	30
904	97110PT	Yes	No	THERAPEUTIC EXERCISE	10/1/2012	MA	Y	1	25.00	0.00	25.00	15
904	99931	Yes	No	OCCUPATIONAL THERAPY	10/9/2012	MA	Y	1	25.00	0.00	25.00	0
904	99936	Yes	No	PHYSICAL THERAPY	10/7/2012	MA	Y	1	25.00	0.00	25.00	0
904	99940	Yes	No	SPEECH THERAPY	10/9/2012	MA	Y	1	25.00	0.00	25.00	0
904	CMED	Yes	No	MEDICAL SUPPLIES	10/9/2012	MA	Y	1	1.00	0.00	1.00	0
904	PHARM	Yes	No	PHARMACY	10/10/2012	MA	Y	1	40.00	0.25	50.00	0

Residents: 25 No Lines: 205 Value: \$5,494.00

Auto Refresh: Refresh: View All Ancillaries in Batch

Add/Edit Ancillary Charges

Admission Number: 904 Resident Name: Alexander, Tom A.

Charge Code: 99931 Description: OCCUPATIONAL THERAPY

Residents: 904 Alexander, Tom A. Charge Code: 99931 OCCUPATIONAL THERAPY

908 Andrews, Fossie S. Charge Code: 64628 OPSITE 2X2 FLEXIGRID

902 Armstrong, Eileen R. Charge Code: 64629 OPSITE FLEXIGRID 4X4

903 Brown, Dan K. Charge Code: 91251 OPTIPAR SPONGE

922 Chavez, Rogelio R. Charge Code: 975040T ORTHOTIC FITTING & TRAINING

Change Sort Order

Issue Date: 10/6/2012 Payor: Medicare Part A CA: Part B Visit: 1 Th. Min: 30 HCPCS Modifier: GO Addn Mod: Qty: 1 Cost: \$75.00 Mark-Up: 0.0000 Price Extended: \$75.00

Last Discharged: 10/15/2011 3:23:00 PM Created By: Jane Blackburn on 10/05/12 12:06

Last Added: 10/5/2012 3:30:00 PM Modified By: System Administrator on 10/17/12 15:15

Payor: MA / PP A

Buttons: Edit, Cancel, Update, Delete, Move, Clear, Add, Apply Recurring Ancillaries, Undo Apply Recurring Ancillaries, Exit

Addn Mod (Additional Modifiers) Up to 4 HCPCS modifiers may be preset for a given charge code in the Ancillary Master file. Setting these modifiers correctly can help avoid the need to make changes. Modifiers can also be added to ancillaries on the UB04 edit screen, although all edits are lost if the UB04 is automatically regenerated for an unlocked bill. Locking the bill preserves all edits.

Therapy notes entered in the Therapy Notes section of the PO/MAR module section automatically create an ancillary charge record in the Ancillary module. The visit, quantity, issue date and charge code fields are non-editable on the Ancillary screen if the displayed information is a result of an ancillary entered in the Therapy Notes module.

Override options will be available for editing on the Ancillary screen for records that were created in the Therapy Note section in the PO/MAR module.

All therapy notes which have a date in a past period are locked, non-editable and an asterisk* appears next the locked note.

Note: Use 0513 for the CMS 1450 Revenue Code when adding a psychological therapy ancillary.

Recurring Ancillary Charges

The purpose of this module is to give a means to the user of entering an ancillary that recurs regularly one time, rather than have to enter for the resident every month. Good example of this would be a Cable TV charge. The recurring ancillaries are added for each resident through this screen and then are added to the months ancillaries through the "Apply Recurring Ancillaries" button in "Enter/Edit/View Ancillaries".

The screenshot shows the 'Recurring Ancillary Charges' window for resident Tom A. Alexander (Adm. No. 904). The window contains a table of existing charges and a form for adding new ones.

Charge Code	Charge Description	Start Date	Stop Date	Frequency	Day	Payor	Payor	Quantity	Cost
CTV	Cable tv	1/1/2011	12/31/2012	Every Month on	5	N	PP	1	10.00

Below the table is the 'Add/Edit Recurring Ancillary Charges' form. It includes fields for Charge Code, Description, Frequency, Day, Payor, CA, Start Date, Stop Date, and a list of HCPCS/CPT codes. The 'CTV - Cable tv' code is selected. The form also has buttons for Edit, Cancel, Update, Delete, Clear, and Add.

To add a recurring ancillary, follow these steps:

1. Select the resident you want to add the recurring ancillary for via the WinCare Control Panel
2. Select your ancillary
3. Select Frequency. You can choose every day, every week on a specific day of the week or every month on a specific date of the month. If you choose Every week, then choose day of the week (the first drop down under "Day" label). Note that choosing the day of the week in that case would be required. If you choose "Every Month on" then choose the 2nd drop down, which will have the dates of the month (required).
4. Make sure the payor is what is wanted.
5. If this ancillary is contractually adjusted (written off), then be sure to enter Y under CA box.
6. You must enter a start and stop date. Note that if the ancillary stop date is indefinite, then just make the stop date far in the future.
7. The HCPCS will populate based on your Ancillary definitions in Master Files, but you can change if needed.

8. Enter QTY. NOTE: You cannot change the cost or mark-up here. If this is needed you must change the Ancillary definition in Master Files.
9. Click Add

To Change or Delete a recurring ancillary

1. Select the resident you want via the WinCare Control Panel
2. Highlight the ancillary and click Edit
3. Now you can click Delete to remove the ancillary, or make changes then click Update to modify it.

Change payor for Medicare Part B Co-Pay

Select one of the following methods to enable a different payor to be charged for a Medicare Part B Co-pay than the default (Private Pay):

Change the payor when adding a new ancillary for the selected resident.

1. Select **Ancillaries** from the A/R Control Panel.
2. Click **Enter/Edit/View Ancillaries** button on the selected period.
3. Type or select the name in the list; click **TAB**.
4. Select the Part B ancillary for the selected resident ; click **TAB**.
5. Enter an issue date; click **TAB**.
6. Change the payor from the Payor drop down list.

MA-Medicare Part A

S - Medicaid

PP - Private Pay

PI - Private Insurance/HMO

VA - Veteran's Administration

7. Repeat the above steps for each Part B covered ancillary that is to be changed from PP to the payor responsible for the co-pay.

Enable Medicare Part B ancillaries to default to Medicaid as the primary payor for the co-pay. Complete this step even if the primary payor was Medicaid.

1. Select **Admit** from the WinCare Control Panel.
2. Click **Change of Status**.
3. Highlight a census record that does not have Medicaid (S) as the secondary payor, click **Edit**.
4. Click the drop down arrow for the secondary payor option and select **Medicaid (S)** and click **Save**.

5. Repeat the last four steps for each census record that does not have Medicaid (S) as a secondary payor.

CHAPTER 22

Billing

In This Chapter

Billing Main Screen	303
Update Bills For Selected Residents	304
Billing Log	305
Transaction No. Look Up.....	305
Check Accounts	306
Create First of Period Census Records for Period Past Working Period	306
Create First of Next Period Census Records.....	307
Export Period to GL.....	307
Close Period	307
View Closing Report.....	308

Billing Main Screen

The **Billing** module contains the functions required for generating invoices, and closing an accounting period. Access this screen by selecting the **Billing** button from the WinCare Control Panel.



The first **Open** period and **Working** period display on this screen. The **Working** period is selected from a drop down list on the WinCare Control Panel. The **Open** period is the first accounting period after billing is closed for the previous month. The open period changes when the period is closed and automatically rolls to the next month.

Update Bills For Selected Residents

Access this screen to process the records that calculate the bills for a selected accounting period by clicking **Update Bills for all Residents** from the Billing screen.

Client ID	Resident Name	From	Through	Locks
904	Alexander, Tom A	1/1/2009	1/31/2009	Yes
908	Andrews, Flossie S	1/1/2009	1/7/2009	Yes
902	Amstrong, Eileen R	1/1/2009	1/7/2009	No
903	Brown, Dan K	1/1/2009	1/31/2009	No
922	Chaves, Rogelio R	1/1/2009	1/7/2009	No
906	Connors, Ruth J	1/1/2009	1/31/2009	Yes
900	Davidson, William T	1/1/2009	1/31/2009	Yes
916	Donaldson, Heather Lynn	1/1/2009	1/31/2009	No
919	Garcia, Rosio L	1/1/2009	1/31/2009	Yes
917	Hutley, Maria T	1/1/2009	1/7/2009	No
910	Jennings, Michael Utah	1/1/2009	1/31/2009	Yes
907	Kelly, Evelyn M	1/1/2009	1/31/2009	No
914	Leary, Margie T	1/1/2009	1/7/2009	No
901	Lilly, John H	1/1/2009	1/31/2009	No
919	Miles, Patrick R	1/1/2009	1/7/2009	No
911	Nguyen, Mae Chi	1/1/2009	1/31/2009	No
925	Powers, Glenn Michael	1/1/2009	1/7/2009	No
927	Smith, Roseanne Anna	1/1/2009	1/31/2009	Yes
920	Todd, Laura R	1/1/2009	1/31/2009	Yes

- The residents displayed have census records in the current billing period. If a date is not entered, bills are updated for the last date range billed including all ancillary or census changes. If the **From and To** dates ARE NOT within the selected billing, you will need to enter a date. If the **From and To** dates ARE within the selected billing period, no dates are needed.

If there are no census records for an individual to be billed, the resident's name will not appear in the resident list on the Update Bills for Selected Residents screen.

- Bills can be updated as needed, during the selected period. Once a new sub-period has been billed, the prior sub-period will be closed and non-editable. If bills have been updated for a partial month (sub period), the user will be able to immediately print the invoice and create a UB04 to transmit electronically.
- Enter all census changes and ancillaries and click **Update Bills for All Residents** to process the records for the selected period.
- The number of **Residents in View** field is non-editable.
- Click the check box **Show Only Those not already billed to end of period** to display the residents that had never had billing for the current month completed or had had partial billing done and were not billed to the end of the period.

Update Bills:

1. **Select a payor** and use one of the selection options.
2. Enter a date (format mm/dd/yyyy) under the **Bill Through Date** section. A date is needed only the first time the date range is billed. A date is not needed if when re-billing for the same period.
3. Click the **Bills for Selected Residents** button to create invoices for the current open billing period.
4. A message will display a confirmation message upon completion.
5. **Lock** a bill to prevent editing. Highlight a resident's name and select a locking option. Census changes after the bill is locked will not be reflected in the bill.

Click **Exit** to return to the main Billing screen.

Lock Selected Residents:

After the invoices have been reviewed and are final (ready to be made into Claims), come back into Update Bills and select the residents for the payor you have reviewed, i.e. Medicare or Medicaid, then click **Lock Selected Residents**. This is crucial when claims are being sent electronically and payments are going to be made from the Electronic Remittance Advice.

Billing Log

Click the **View Billing Log** button from the Billing main screen to **view** errors discovered during the billing update.

WinCare records all discrepancies found during the billing process. If there is an existing log, WinCare will append the new entries and record the date of the entries. The text file is saved in the data folder inside the WinCare.

Example: *Warning: Posting Period = 2004109, Client ID = 4212, Charge Code = 17910, 8/7/04, Ancillary Issue Date is not within posting period.*

Transaction No. Look Up

This function enables the user to search for a specific transaction by entering the transaction number from the Payments Received module. The details of the transaction will be displayed.

Check Accounts

Select the **Check Accounts** button from the Billing main screen to verify all accounts currently in use are defined in the Chart of Accounts. WinCare recommends that users use this function for verification prior to closing a period.

1. A message will appear to ask for confirmation whether to proceed with the check or cancel the process.
2. This process is completed internally for the user and upon completion, a message will display confirming the status of the accounts.

Create First of Period Census Records for Period Past Working Period

Select the **Create First of Period Census Records for Period Past Working Period** button from the main Billing screen to create census records ONLY for the period following the working period to enable the user to bill for all residents or individuals without closing the previous period.

The following confirmation messages will be displayed after clicking the button:

- **Warning:** You should not perform this operation unless you are satisfied that the census (ex. 03/31/05) is accurate. Residents present in the facility on this date will be marked as want to present. Continue?
- Are you sure you want to create census records on ex. 04/1/05) is correct ?

Create First of Next Period Census Records

Select the **Create First of Next Period Census Records** button from the main Billing screen to **create census records for the period immediately following the last open period only**. This will allow billing for residents without closing the previous period.

The following messages will appear:

- **Warning:** You should not perform this operation unless you are satisfied that the census (ex. 03/31/04) is accurate. Residents present in the facility on this date will be marked as present on (ex. 04/01/04). Continue?
- Are you sure you want to create census first of period records on (ex. 04/01/2204) is correct.

Export Period to GL

When the WinCare Financial GL software is being used the selected period is exported directly into the GL. Otherwise a .txt and .csv file are created that can be imported into most GL packages. The .csv file is comma separated and has the Date, GL Account Number, Debit amount, and Credit Amount. The created export file is placed in the data folder.

Close Period

Select the **Close Period** button from the Billing main screen to close the current open accounting period. Prompts will display to remind users to check and verify census records and UB92s prior to the period close. Payments can be applied to open invoices at any time.

WinCare recommends following the steps below when closing a billing period.

1. **Check and verify** that all census records for the open month are correct.
2. **Update** all bills and view the billing log for any items that need attention.
3. **Create and verify** UB92 bills for errors or warnings that must be corrected.
4. Click **Close Period** to display a prompt asking for confirmation.
5. Upon completion, the user may click the **Exit** button to return to the WinCare Control Panel.

During the process of Closing the Period, information is being accessed from many areas of the program. Therefore, WinCare recommends that Close Period is completed when ALL users are out of the system.

If the period fails to close, click View Closing Report to get details on why the period could not be closed.

View Closing Report

Upon completion, WinCare displays a message that it has closed the period. The period changes to the next month. Verification of the closing process can be viewed by clicking **View Closing Report**.

CHAPTER 23

Bill Notes

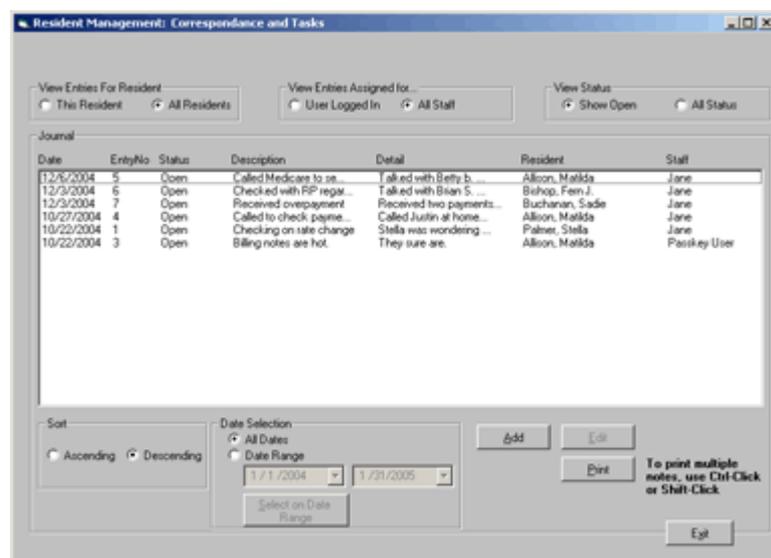
In This Chapter

Bill Notes Main Screen	311
------------------------------	-----

Bill Notes Main Screen

This screen contains the options to **Add**, **Edit**, or **View** correspondence and assigned tasks regarding resident billing by selecting the **Billing Notes** button from the WinCare Control Panel.

- **View Entries for Resident** displays records for individual or all residents.
- **View Entries Assigned to** displays records by the logged in user or by all staff that have entered billing notes.
- **View Status** will display only **Open** billing notes or **All** billing notes.
- **Sort** displays the records in ascending or descending (default).
- **Date Selection** enables records to display by All Dates or a date range.
- **Spell Checking** is available for text fields by clicking the red check mark.



Add/Edit a Note

Follow the steps outlined below to **Add** or **Edit** a billing note by selecting the **Add** button from the main Billing Notes screen.

1. Select a **Resident** from the drop down list.
2. Select the **Primary Contact** from the drop down list .
3. The **Entry Date** is editable and pre-filled with the system date.
4. Complete a brief entry in the **Entry Description** field.
5. Type details of the note in the **Entry Detail** field.
6. Click **Closed** , if complete. Click **Open** to complete at a later time.
7. Assign the note to a user by selecting from the drop down list.

8. Click **Print** to preview and print the note.
9. Click **Exit** to save the note and return to the main **Billing Notes** screen.

The screenshot shows a 'Journal Entry' window with the following fields and controls:

- Resident:** 401081502 - Bishop, Fern J.
- Primary Contact:** RP Jarvis, Dorothea - 417-678-2608
- Entry Date:** 12/3/2004
- Entry Description:** Checked with RP regarding late payment.
- Entry Detail:** Talked with Brian S. the RP and he assured me that the payment had been mailed.
- Status:** Radio buttons for 'Open' (selected) and 'Closed'.
- Staff:** Jane
- Footer:** Created By: Jane, 12/05/2004 08:48:46
- Buttons:** Print, Cancel, Exit

CHAPTER 24

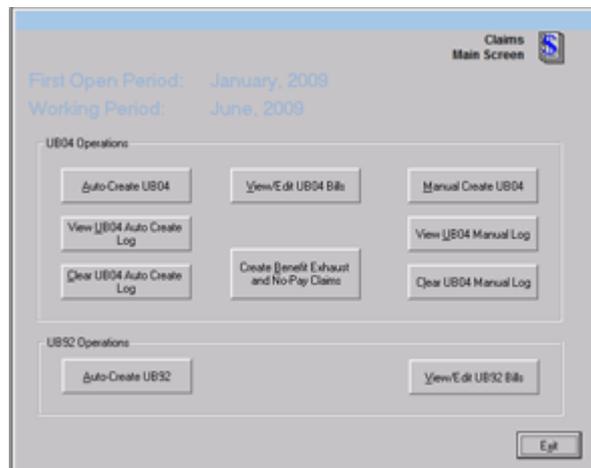
Claims

In This Chapter

Claims Main Screen.....	315
Auto Create UB04.....	316
AutoCreate/Manual Create UB04 Log.....	318
View/Edit UB04 Bills	318
Manual Create UB04	323
Medicare Manual Edits	323

Claims Main Screen

Select the **Claims** button from the WinCare Control Panel to display the screen below.



Claims (UB04s) are created from the Invoices created in the Billing module. UB04s can be printed for payors who still take paper claims or for the residents file. They can also be electronically transmitted to Medicare and Medicaid through the EDI Module.

AutoCreate UB04 contains a list of residents who have billed invoices.

AutoCreate/Manual Create UB04 Logs are text files that are automatically displayed after the creation of the UB04 or UB92.

View/Edit UB04/92 Bills displays UB04 or UB92s for all or selected residents for current and past periods.

Manual Create UB04 enables the user to create a blank UB04 or UB92 except residents census information is filled in automatically.

Note the UB92 is no longer accepted after 5/22/2007. The UB92 Operations allow the viewing of old claims.

Auto Create UB04

Select the **AutoCreate UB04** button from the Claims Menu screen to display a grid containing a list of residents who have billed invoices.

Resident	ClientID	Payor	Invoice No.	Covers	Total \$	EDIChk	EDIRdy	Claim ID
Alexander, Tom A.	904	MA	13553	1 - 31 Oct 12				
Connors, Ruth J.	906	MA	13570	1 - 31 Oct 12				
Davidson, William T.	900	MA	13555	1 - 31 Oct 12				

1. **Period** displays the current open period to create UB04s from current invoices. Past periods can be selected for **View Only**.
2. Select a payor under **Payor Options** to display the residents that have current invoices for that payor. **Show Medicare A Only** is selected by default.
3. Click **AutoCreate All** to create UB04s for all residents listed in the grid or highlight a resident(s) and click **AutoCreate Selected**.

The Claim Type option limits the type of claims displayed to Room and Board, or Part B, at the time this feature is redundant, and may change in the future. For now to see your Part B Claims you must select the Claim Type: "Part B Charges", and the payor either "Show all Payors" or "Show Medicare B only". If you are not working with Part B claims then the Claim Type should be set to "Room and Board".

After the claims have been created you need to select Show only those already created, and then check each claim to ensure that the information is correct. Any problems detected when the claim was created will be displayed in the note at the top of the UB04 screen. Make any corrections that are needed and click **Check for EDI** to see if all the problems are resolved and to mark the claim **Ready For EDI**. By default only claims marked **Ready For EDI** will appear in the list of claims to be transmitted in the EDI module.

Highlight a resident(s) to **lock** or **unlock** the UB04s to preserve the data when updating bills for the current period.

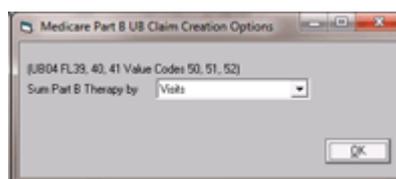
When Claims are going to be electronically transmitted and have Electronic Remittance Advice used for payments, then the UB04s need to be locked after they are AutoCreated and reviewed. After you AutoCreate and review the claims for a payor, select **Show only those already created**, after the screen refreshes click **Lock All**. If you need to change a UB04 you will have to select it and click **UnLock Selected**. *Locking the Claims guarantees that they will be available to accept payments against.*

Note: Patient Status (FL 7) must be compatible with the Type of Bill (FL 4). If the TOB (Type of Bill) is 211 or 214, the Patient Status must be 01-03, 20, 50, 51, 61-63, 65, 71, 72. If the TOB (Type of Bill) is 212 or 213, the Patient Status must be 30.

View/Edit UB04s:

1. Click **Show only those already created**
2. **Highlight** a resident
3. Click **View/Edit UB04** to view the currently displayed UB04 and recreated as needed. View/Edit UB04 from the UB04 menu screen enables access to all generated UB04s for a selected resident.

Click **Auto Create Options** to view options for Part B Therapies.



Select visits (default), Units, or Dollars from the **Enter Sum Part B Therapy** drop down box to automatically generate onto the UB04 in fields 39-41 and Value Codes 50-52.

Click **OK** to save changes and return to the AutoCreate UB04 screen.

AutoCreate/Manual Create UB04 Log

Click the **AutoCreate UB04 log** or the **Manual Create UB04 log** button from the UB04 Menu screen. This text file is automatically created when a UB04 is generated to display errors that were found during the process.

Example: *Missing detailed insurance information for Client ID-4877, for coverage period 9/22/04 through 9/30/04 11:59:59 PM. The UB92 bill has not been created for resident 4877. Payor: MA*

Use the **Clear AutoCreate UB04 Log** button or the **Clear Manual Create UB04 Log** to clear the text from the file.

View/Edit UB04 Bills

Select the **View/Edit UB04** button from the Claims menu screen. The screen displays only UB04s created for the current open period unless the check box for **Limit List to only those with UB04s created for this period** is unchecked. The large text box on the right will display the bill date and payor name for all the UB04s that were ever created for the selected resident.

Use **Search For** to find a resident quickly by entering the name or admission number into the field. The method must be selected at the lower left corner in the **Resident Selected By** section.

Highlight the desired UB04 and click Edit to open the UB04 form screen. See UB04.

The screenshot shows the 'Edit UB04' window with the following data:

Admission Number	Resident Name	Bill Date	Payor Name
904	Alexander, Tom A	07-01-2006	MEDICARE PART A
904	Alexander, Tom A	06-01-2006	MEDICARE PART A
906	Andrews, Flossie S	05-05-2006	MEDICARE PART A
902	Armstrong, Eileen R	05-01-2006	MEDICAID
902	Chaves, Rogelio R		
906	Connors, Ruth J		
900	Davidson, William T		
912	Frost, Jackie G		
917	Hulley, Maria T		
911	Nguyen, Mae O		
905	Powers, Glenn M		
905	White, Marian T		

At the bottom of the window, there is a checkbox labeled 'Limit List to only those with UB04's created for this period' which is checked. Next to it is a date field showing 'July, 2006'. Below this is a section 'Resident Selected By...' with two radio buttons: 'Last Name' (selected) and 'Admission Number'. There are two 'Edit' buttons at the bottom right.

UB04

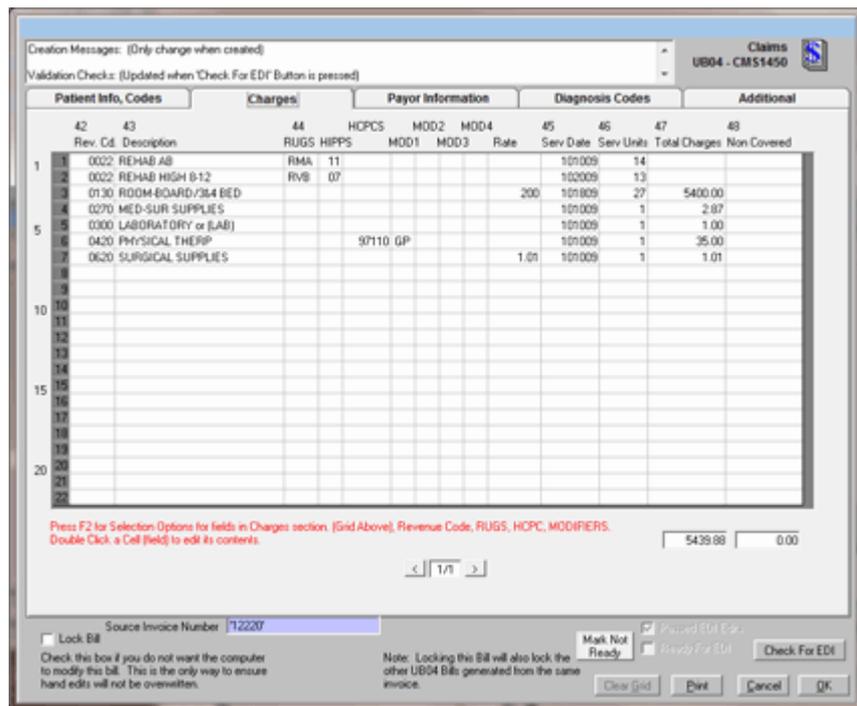
The UB04 form is displayed in four tabbed sections which are available by clicking the tabs on the top of the screen. The notes at the top of the screen will list any problems found when the claim was created that would prevent it from being electronically transmitted. The notes are updated when **Check For EDI** is clicked.

Patient Info. Codes

The screenshot shows the UB04 form interface with the 'Patient Info. Codes' tab selected. The form is divided into several sections:

- Creation Messages:** (Only change when created)
- Validation Checks:** (Updated when 'Check For EDI' Button is pressed)
- Claims:** UB04 - CMS1450
- Resident Name:** Alexander, Tom A.
- 3 PCN / MRN:** 1943
- 4 Bill Type:** 212
- 5 From Date:** 100509
- 6 Through Date:** 103109
- 7 Patient Status Code:** 30
- 12 Date:** 100509
- 13 Hour:** 3
- 14 Type:** 1
- 15 Source:** 1
- 16 Discharge Hour:** 30
- 17 Patient Status Code:** 30
- 18-29 Condition Codes:** (Empty fields)
- 29 Accident State:** (Empty field)
- Occurance Codes:**
 - 31 Code: a, b
 - 32 Code: (Empty)
 - 33 Code: (Empty)
 - 34 Code: (Empty)
- Occurance Span:**
 - 35 Code: a, b
 - 36 Code: (Empty)
- Value Codes:**
 - 39 Code: a, b, c, d
 - 40 Code: (Empty)
 - 41 Code: (Empty)
- Source Invoice Number:** 7122207
- Buttons:** Lock Bill, Mark Not Ready, Check For EDI, Clear Grid, Print, Cancel, OK.

Charges



Onscreen Details :

Column 44 has been expanded to facilitate more accurate data entry for manual UB04s and AutoCreated UB04s. There are separate data entry columns for the RUGs, HICPCS, Modifiers, and the Rate. The user has the ability to enter a maximum of 4 modifiers for each ancillary. Data can be typed into each modifier field or move the cursor to the field and click the F2 key from the keyboard to display a pick list.

Column 42 (Revenue Code): A revenue code is selected by placing the cursor into the field and clicking the F2 key from the keyboard to display a pick list.

Payor Information

Creation Messages: (Only change when created)

Validation Checks: (Updated when 'Check For EDI' Button is pressed)

Claims UB04 - CMS1450

Patient Info, Codes		Charges		Payor Information		Diagnosis Codes		Additional		
50 Payer Name	51 Health Plan ID	52 Ref Info	53 Agg Ben	54 Prior Payments	55 Est. Amount Due	57 Other Provider ID	56 NPI			
a) MEDICARE PART A	058235	Y	Y				0999999999			
b)										
c)										
Payor Address		Address Line Two	City	State	Zip Code					
a)										
b)										
c)										
58 Insured's First Name	58 Insured's Middle Initial	58 Insured's Last Name	59 P. Ref	60 Insured's Unique ID	61 Group Name	62 Group Number				
a) Tom	A	Alexander	18	234565466A						
b)										
c)										
63 Treatment Authorization Codes		64 Document Control Number		65 Employer Name						
a)										
b)										
c)										
Subscriber Address		Address Line Two	City	State	Zip Code	Date of Birth	Soc. Sec. No.	Gender	CFI	SET
a)	345 Lonsome Drive		Salem	OR	97509	04/10/1905	522563040	M	MA	1
b)										
c)										
Source Invoice Number		122207								
<input type="checkbox"/> Lock Bill		Check this box if you do not want the computer to modify this bill. This is the only way to ensure hand edits will not be overwritten.		Note: Locking this Bill will also lock the other UB04 Bills generated from the same invoice.		<input type="checkbox"/> Mark Not Ready		<input type="checkbox"/> Printed Bill For		<input type="checkbox"/> Ready For Bill
										Check For EDI
										Clear Grid
										Print
										Cancel
										OK

Diagnosis Codes

Creation Messages: (Only change when created)

Validation Checks: (Updated when 'Check For EDI' Button is pressed)

Claims UB04 - CMS1450

Patient Info, Codes		Charges		Payor Information		Diagnosis Codes		Additional		
Press F2 for Selection Options for Diagnosis Fields										
Diagnosis Codes										
66 Doc	67 Principal Diagnosis Code	67 A	B	C	D	E	F	G	H	
3	250.22	001.1								
	I	J	K	L	M	N	O	P	Q	
68 Admitting Diagnosis Code	70 Patient Reason	71 FPS Code	72 ECI							
790.21	a)		a)							
	b)		b)							
	c)		c)							
Procedure Codes										
74 Principal Procedure Code	74a Other Procedure Code	74b Other Procedure Code	74c Other Procedure Code	74d Other Procedure Code	74e Other Procedure Code					
80 Remarks	81 Qual/Code/Value	Physician/Provider								
a)	B3 314000000<	76 Attending	Graham, Emily - K72634							
b)		77 Operating								
c)		78 Other								
d)		79 Other								
Source Invoice Number		122207								
<input type="checkbox"/> Lock Bill		Check this box if you do not want the computer to modify this bill. This is the only way to ensure hand edits will not be overwritten.		Note: Locking this Bill will also lock the other UB04 Bills generated from the same invoice.		<input type="checkbox"/> Mark Not Ready		<input type="checkbox"/> Printed Bill For		<input type="checkbox"/> Ready For Bill
										Check For EDI
										Clear Grid
										Print
										Cancel
										OK

Note: Press the F2 key on the keyboard to display a pick list for the Diagnosis coded.

Additional

Creation Messages: (Only change when created)

Validation Checks: (Updated when 'Check For EDI' Button is pressed)

Claims
UB04 - CMS1450

Patient Info, Codes Charges Payor Information Diagnosis Codes Additional

Resident Data (View Only)

Last Name: Alexander First Name: Tom Middle Name: A

Sex: Male Date of Birth: 04101985

Street Address: 345 Lionstone Drive Address Line 2:

City: Salem State: OR Zip: 97509 Country Code:

Source Invoice Number: 122207

Lock Bill

Check this box if you do not want the computer to modify this bill. This is the only way to ensure hand edits will not be overwritten.

Note: Locking this Bill will also lock the other UB04 Bills generated from the same invoice.

Mark Not Ready Passed EDI Edits Ready For EDI

- **Source Invoice Number in a View Only** displays the source number from which the UB04 was created.
- **Lock Bill** prevents the program from modifying the bill if the option to update bills is accessed. Locking the bill is the only method to ensure hand edits will not be overwritten and will lock the other UB04 bills generated from the same invoice.
- **Clear Grid** removes all data in the Charges section only.
- **Print** allows the user to print only the displayed UB04. Print generated UB04s for all residents for a selected period from the A/R Reports module.
- **Check For EDI** - checks the claim to make sure that everything required for electronic claim submission is correct on the claim. When the check passes then the "Passed EDI Edits" and "Ready For EDI" check boxes are updated. If the check fails then the notes at the top of the screen will be updated with the current problems that are keeping the claim from being transmitted. When the check fails you do have the option to override the failure and have the claim marked
- **Mark Not Ready** - removes the check from the Ready For EDI check box. This could be used if the check had failed, but you overrode the failure and selected that the claim should be marked ready.

Click **OK** to save data entry then **Exit** to return to the Claims Menu screen.

Manual Create UB04

Select the **Manual Create UB04** button from the Claims Menu screen.

1. Click the arrow under **Resident Name**. The resident's MRN (Medical Record Number) or Admission Number will display on the right side of the field in addition to the name.
2. Enter a date into the blank date field. To speed data entry, click **Today** to have the program automatically fill in the field with the current system date.
3. Select a resident and the editable payor fields under the **Payors** section will fill in with data from the census.
4. If private insurance is selected for the secondary or tertiary payor, an additional field will be displayed to the right of the payor with the name of the insurance company that was entered in the census.
5. Click **Create** to display the blank UB04 form. See **UB04**.

Medicare Manual Edits

WinCare hasn't implemented some of Medicare billing changes made in 2011 and 2012. So some Medicare claims may need manual edits.

August 1, 2011 changes:

- 1 In all cases where an MDS End of Therapy (EOT) - Other Medicare Required Assessment (OMRA) is completed, SNFs must submit occurrence code 16, date of last therapy, to indicate the last day of therapy services (e.g. physical therapy, occupational, and speech language pathology) for the beneficiary. Please note that only one occurrence code may be billed on a single claim, therefore, you would use the final date therapy was provided in relation to the latest EOT OMRA applicable for the claim being billed. (Note: If the HIPPS code for Rev. Cd. 0022 on the claim ends in 4, 5, or 6, then the assessment was an EOT and you need to add the occurrence code 16. The date for the occurrence code will be the latest date for O0400A6, O0400B6, or O0400C6 from the EOT MDS assessment.)

- 2** Therapy services, that is revenue codes 042x, 043x, and 044x, the units need to now represent the number of calendar days of therapy provided. For example, if the beneficiary received physical therapy, occupational therapy and speech-language pathology on May 1, that would be considered one calendar day and would be billed as one unit. If a resident received physical therapy three distinct times on a given day, it will be reported on the Part-A claim as one unit of Physical Therapy.

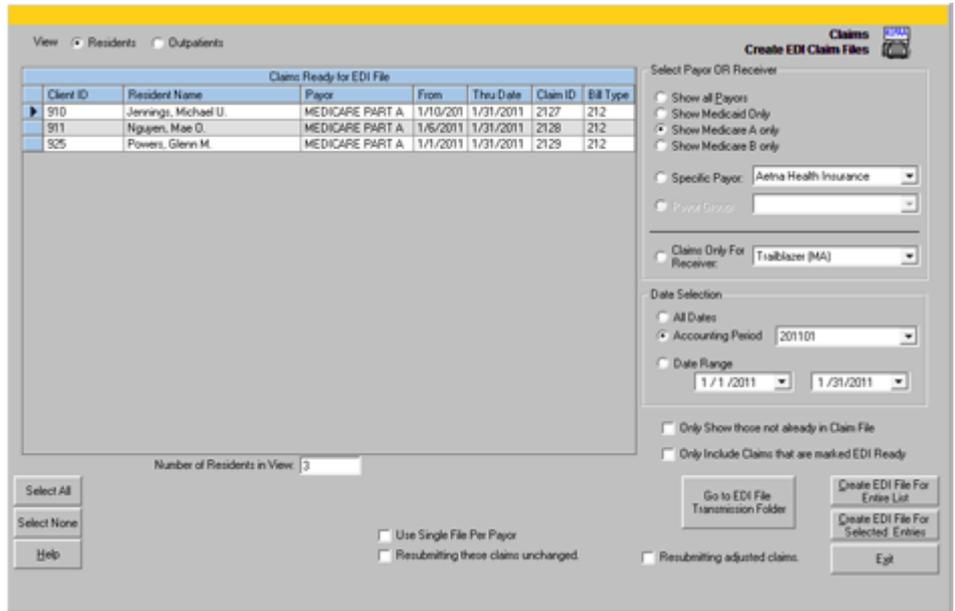
CHAPTER 25

EDI (Electronic Billing)

Use this module to create electronic bills from generated UB04s.

Key Features

- Automatically create electronic bills
- Date selection (billing period or date range)
- Generate Medicare Part A, B and Medicaid bills
- View error log



Notes: If your Fiscal Intermediary provides 835 response files then contact WinCare Support to enable this feature. The imported 835 Remittance Advice can be automatically applied as payments in the Payments module.

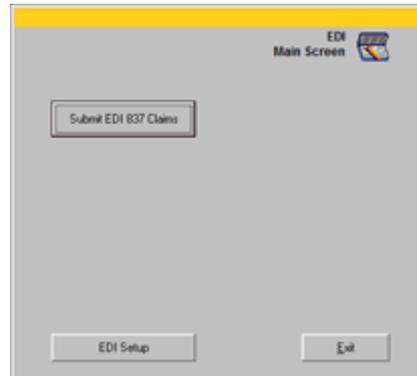
In order to use the Electronic Remittance for payment you must lock the Invoices and UB04s that are used to create the electronic claims. Invoices are locked in the Update Bills screen and UB04s are locked in the Auto Create UB04 screen.

In This Chapter

EDI (Electronic Billing) Main Screen.....327
 5010 Technical Settings335

EDI (Electronic Billing) Main Screen

Select the **EDI (Electronic Billing)** button from the WinCare Control Panel to send claims electronically before or after closing the period. WinCare creates 837 Institutional electronic claims from the UB04 Claims created in the Claims module.



To create claims select **Submit EDI 837 Claims**, set change the EDI settings select **EDI Setup**.

Prior to creating and transmitting your first submission file, the **EDI Setup** options must be completed by WinCare Support.

Create EDI Claim Files

On this screen you select the payor(s) and the claims that you wish to place into an 837 Institutional claim file.

Client ID	Resident Name	Payor	From	Thru Date	Claim ID	Bill Type
S10	Jennings, Michael U.	MEDICARE PART A	1/10/2011	1/31/2011	2127	212
S11	Nguyen, Mae O.	MEDICARE PART A	1/6/2011	1/31/2011	2128	212
S25	Powers, Glenn M.	MEDICARE PART A	1/1/2011	1/31/2011	2129	212

To create an electronic claim submission file:

- Select the payor/receiver that the transmission file will be created for..
- Select the dates of the claims you wish to have available for selection using one of these options:
 1. Select the **Accounting Period** for claims to be included in the file.
 2. Select **All Dates** to include all of the claims ever created for the indicated payor.
 3. Click **Date Range** to indicate a starting and ending date.
- If the claims being transmitted are for 5010 Testing or Production then click "Use Version 5010".
- By default the screen will only list claims that have not already been placed in a claim file, if you want to see all the claims, or fixed a claim that was rejected, then un-check **Only Show those not already in Claim File**.
- By default the screen only shows claims that were checked in the claims module and marked EDI ready. To include claims that have not passed the claim checking, un-check **Only Include Claims that are marked EDI ready**.
- Select the claims you wish to have included in the transmission file and then click **Create EDI File For Selected Entries**. If you want to send all the displayed claims you can just click **Create EDI File For Entire List**.
- After creating the electronic file, click **View Last File Error Log** to review any or all errors that occurred at the time of file creation.

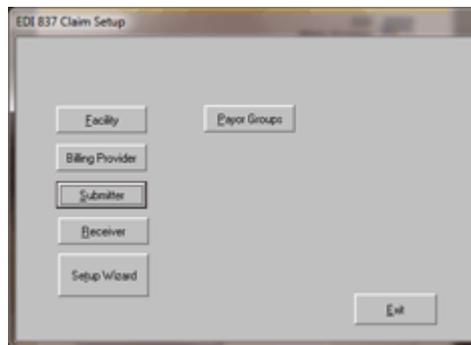
- Remove all entries in the log by clicking the **Clear Error Log** button.
- The **Go to EDI File Transmission Folder**, will open the folder in Windows Explorer.

The claims that were successfully added to the transmission file are recorded in a .CSV file that can be opened with Excel, Open Office, or any other spreadsheet/database application. The CSV file is located in the "NotForTransmission" sub-folder where the transmission file is located. The file includes the Patients name, payor being billed, From and Through date, Bill Date, UB04 total, and Payer Estimated Amount (UB04 field 55, used for Medi-Cal).

The check box options across the bottom of the screen will be part of a future enhancement.

EDI Setup

Access this screen by clicking the EDI Setup button from the EDI Main Screen to open screens that have required fields to be filled in completely in order to create and send a successful transmission.



The following options are present:

- **Facility** - view the facility data, same screen that is displayed in Master Files, Facility Data. See the help for Facility Data in Master Files for information about the screen.
- **Billing Provider** - enables the entry of required provider information.
- **Submitter** - this screen is no longer used, and will be removed after January 1, 2012.
- **Receiver** - enables the entry of receiver information.
- **Setup Wizard** - used by WinCare Support to initialize the EDI Setup screens with information for Medicare and Medicaid
- **Payor Groups** - is not implemented yet, will be part of a future enhancement.

Billing Provider

1. Manually enter the provider information or click the button **Copy Facility** to have the fields pre-filled with data previously entered on the Facility Information screen in the Clinical Utilities module.
2. Click the **Save & Exit** button to return to the **EDI Maint** main screen.

Submitter

Note this screen is no longer used, and will be removed after January 1, 2012.

Receiver

State	Payor Name	Intermediary / Receiver Name
OR	Medicaid	MHC
OR	Medicare	Trailblazer
OR	Medicare	Trailblazer

Select **Receiver** from the **EDI Maint** screen.

1. Click **Add**.
2. Enter the **Payor**, **Intermediary/Receive**, and **Receiver ID**.
3. Select the **Type** from the drop down list.
4. Click the **Save** and return to the main Receiver screen.
5. If the payor is a Medicaid payor then select **Linked to Medicaid**. If it is a Medicare A payor or Medicare A Advantage Plan the select **Linked to Medicare**. If the payor is a Medicare payor or any payor other than Medicaid and Medicare A, then select **Not Linked To Either**.

Click **Edit** to change previous data and follow the steps outlined above.

State and Federal Tax ID are pre-filled non-editable fields.

States or Fiscal Intermediaries may require optional settings in the **Receiver Specified Interchange Information** and **File Specifications** sections.

Setup Wizard (Electronic Billing)

The wizard will assist the user to setup electronic billing and may also be used if the facility's name is changed. Only use the wizard when the registered facility is **BOTH** the provider and the submitter. Update the facility name in the facility information screen in the Utilities module prior to running the wizard. In all other cases, the setup will need to be completed manually.

The following information is required to complete the setup wizard:

- **Federal Tax ID** for the facility
- **Receiver IDs** for the facility's Medicare and Medicaid (or Medi-Cal) intermediary.
- Verification that the clinical **Facility information** screen is correct. An existing EDI setup will be replaced with the new data. Additional receivers can be added manually.

Receiver Type	Receiver Name	Receiver Name in Transmission File	Receiver ID
Medicare	Medicare	Mutual Of Omaha	657852
Medicaid	Medicaid	ECS Medicaid	100000

At the bottom of the window are two buttons: '< Back' and 'Continue >'.

1. Run the wizard to insure all UB04 claims that have been created will use the new name if not included in an electronic file.
2. Click **Yes** to proceed through the wizard.
3. Click **Back** to return to previous screens as needed.
4. At the end of the wizard, a message will appear for confirmation. Click **OK** to return to the main **EDI Maint** screen.

Payor Groups

This section is not implemented yet, will be part of a future enhancement.

5010 Technical Settings

WinCare's EDI 837 version 5010 Technical User Guide

The facility must set up at least one Receiver in order to do EDI transmissions.

For each payor that they wish to send claims to, they must specify which receiver will be used as an EDI file is created for a single receiver. The Receiver is specified in the Payor Definition Screen.

Some Receivers may be designated as only receiving claims for one type of payor and that payor type is specified as the CMS Receiver Type. It might be typical for the receiver of the Medicare Part A claims to only receive claims of this type. For the WinCare 5010 version of EDI, this designation will not mean that claims from other payors cannot be sent to that receiver.

The database upgrade program has been enhanced as of 4/15/2011 and will copy most all the items automatically from the old 4010 information, however you will still have to do the following:

There are a few edits that have to happen to get the 5010 to be correct.

- 1) Edit the Payor (Medicaid for example). Type in the Payor Name For EDI File (likely the Receiver Name for Medicaid)
- 2) Type in a payor address, city, state zip, phone number.
- 3) Type in a CMS payor ID which can be Receiver ID.

Segment/Element	Data	User Interface Location	Notes
ISA01	00 (no data in ISA02) or 03 (Authorization data in ISA02)	EDI Receiver Screen under EDI Maintenance	Authorization Information specified in the Implementation Guide published by the Receiver
ISA02	Author information or blank	EDI Receiver	Per IG
ISA03	00 or 01, 00 if no meaningful info in ISA04, and 01 if there is	EDI Receiver	Per IG, Qualifier for what is in ISA04
ISA04	Security Information	EDI Receiver	Per IG
ISA05	Qualifier for ISA06, often 30 for Fed Tax ID or ZZ for mutually defined.	EDI Receiver	Per IG
ISA06	Interchange Sender ID, Often Fed Tax ID of Facility	EDI Receiver	Per IG
ISA07	Qualifier for ISA08, often 28, for Fiscal Intermediary ID assigned by CMS	EDI Receiver	Per IG
ISA08	Interchange Receiver ID	EDI Receiver	Per IG
GS02	Application Senders Code	EDI Receiver	Per IG, mutually agreed upon
GS03	Applications Receiver Code	EDI Receiver	Per IG, mutually agreed upon
NM109 of NM1*41	Submitter NM1 Submitter ID	EDI Receiver Submitter ID	This is the Submitter ETIN (Electronic Transmitter Identification Number, by Trading Partner Agreement) NM108 should be = 46 to say this is ETIN number.
NM103 of NM1*41	Submitter Name	Bill Provider Screen	

PER02 of PER*IC	Submitter Contact Person	Bill Provider Screen, Contact Person	Who the Receiver should contact if there are problems with the transmission.
PER04 of PER*IC	Submitter Contact Telephone Number	Bill Provider Screen, Telephone Area Code plus number	
NM103 of NM1*40	Receiver Name	EDI Receiver Screen, Intermediary Name	Labeled Intermediary Name on screen. Who this file is going to be sent to
NM109 of NM1*40	ReceiverID	EDI Receiver Screen, Receiver ID	ID of who we are sending this file to.
NM103 of NM1*85	Billing Provider Name	Bill Provider Screen, Org Name	Although this is the facility, by Trading Partner Agreement it could be a different name still representing the facility.
NM109 of NM1*85	Billing Provider ID, Billing Provider NPI number.	EDI Receiver Screen, Billing Provider ID	Although this now is the NPI (National Provider ID for the facility), it was recently able to be specified by the Receiver as to what this was in NM108, i.e. 24 for EIN, 34 for SSN etc., now NM108 is hard coded to 'XX'
NM103 of NM1*PR	Payor Name	Master Files, Payor Definition, Paying Agencies, Payor Name for Claims and EDI	In order for the Facility to allow for a custom Payor name on their reports and for use in WinCare, the actual Payor name can be specified by Medicare or Medi-Cal, different from what the facility likes to call the Payor.
NM109 of NM1*PR	Payor ID	Master Files, Payor Definition, Paying Agencies, CMS Payor ID	As far as we know, assigned by CMS to the payor and good for anyone we send the file to (i.e. all receivers)

<p>NM103 of NM1*PR (This occurs in loop 2330B, after the all the HI info, the Physician names, and is used for COB) It appears that only one other payor (the 2nd?) is put into the file per the spec.</p>	<p>Other Payor Name</p>	<p>F50 of the UB Claim, but originally comes from the Payor Name in paying agencies. Census entries specify which Payor is 2nd when the UB Claim is created.</p>	<p>We get this from F50 of the paper claim.</p>
<p>NM109 of NM1*PR (Loop 2330B for COB - coordination of benefits)</p>	<p>Other Payor ID</p>	<p>Upon creation of the UB Claim, the 2nd and 3rd Payor ID's of the Payors in the Paying Agencies are recorded in the Claim. When the EDI claim is created, the CMSPayorID is looked up out of the Paying Agencies table. If there is not a PayorID > 0 listed, then an attempt is made to find a payor in the paying agencies table that has a name that matches F50 of the UB Claim and then the CMS Payor ID of that payor is used.</p>	<p>The value of this did not seem to be important for Medicare and Medicaid Claims for payors other than Medicaid as secondary. In 5010, I am not yet sure if any receivers are going to really use the value we put in until COB becomes a reality.</p>

CHAPTER 26

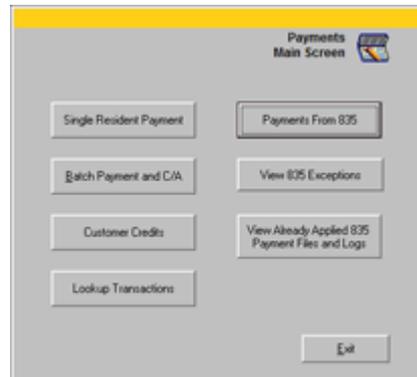
Payments Refunds

In This Chapter

Payments Refunds Main Screen	341
Single Resident Payment	343
Batch Payment and C/A.....	347
Customer Credits.....	355
Lookup Transactions.....	358
Overview of 835 Electronic Remittance Advice Import....	359
Payments From 835	360
View 835 Exceptions	369
View Already Applied Payment Files and Logs.....	370

Payments Refunds Main Screen

Select the **Payments Refunds** button from the WinCare Control Panel to apply money received on the account. Payments can be applied Manually or by importing an 835 Electronic Remittance Advice file.



Single Resident Payment for taking Private Pay payments, or an insurance payment for a single individual.

Batch Payment and C/A for Insurance payments, where a single check covers multiple individuals when the facility is not using the 835 import.

Customer Credits for applying credits from overpaid invoices to invoices with balances owing.

Lookup Transactions quick place to view invoice, payment, and refund information for residents.

Payments From 835:

- **Payments From 835** is available for Batch payments from Medicare and Medicaid. When 835 Remittance advice files for UB04 claims that were submitted to the fiscal intermediary through the WinCare EDI module are imported, they can be applied as payments to the invoices. Payments that cannot be matched automatically by the program to an invoice, need to be manually applied through **Batch Payment and C/A**.

View 835 Exceptions:

- Exceptions are recorded for payments that were made when the payment amount doesn't match the invoiced amount. After an exception has been reviewed it can be Marked as resolved or left unresolved and dealt with at a later time.

View Already Applied 835 Payment Files and logs:

- **View Already Applied 835 File** - view a previous 835 file that was processed for payment.
- **View 835 Payment Application Log** - shows the log file created when the payment was applied, listing what was automatically paid and what needed to be manually paid.

Single Resident Payment

The Single Resident Payment screen is for taking a payment for one resident. Generally it is used when a resident makes a payment on their Private Pay charges. It can also be used if you received a payment from an Insurance company that is only for a single resident.

The screenshot shows the 'Single Resident Payment' form. At the top right, there is a 'Payments Individual Payment' button. The form contains several input fields: 'Resident Name' (a dropdown menu), 'Payor' (a dropdown menu), 'Payment Number' (a dropdown menu), 'Payment Description', 'Total Payment Amount', 'Payment Date', 'Payment Type', 'Check/Doc #', 'Account # (Typically Checking)' (with '11010 - Checking Account 1' selected), 'Paid On Invoices' (displaying '0.00'), and 'Amount Remaining'. There is a checkbox for 'Include Zero Balance Invoices' and an 'Add New Line' button. Below these fields is a 'Payment Distribution' table with columns: 'Inv No.', 'Inv Date', 'Inv Amount', 'Balance', 'Payment', 'Memo', and 'New Bal'. At the bottom of the form are buttons for 'New Payment', 'Cancel', 'Save', and 'Exit'.

First select the resident the payment will be applied to, by clicking the down arrow in the **Resident Name** field and finding the resident in the list. You can also start typing the resident's name to find them in the list.

This is a close-up of the 'Resident Name' dropdown menu. The 'Resident Name' field is set to '902 - Armstrong, Eileen R.'. The 'Payor' field is set to 'Private'. The dropdown list shows the following entries:

904 - Alexander, Tom A.
908 - Andrews, Flossie S.
902 - Armstrong, Eileen R.
903 - Brown, Dan K.
922 - Chaves, Rogelio R.
906 - Connors, Ruth J.
900 - Davidson, William T.
916 - Donaldson, Heather L.

Now select the payor the payment is being made to, you can click the down arrow in the **Payor** field to see the list of valid payors.

Payor		Payment Number
<input type="text" value=""/>		<input type="text" value=""/>
Payor Code	Description	
HOS	Hospice	
S	Medicaid	
MA	Medicare Part A	
MB	Medicare Part B	
PP	Private	
PI	Private INS/HMO	
VA	Vet. Admin	

If you want to **Include Zero Balance Invoices** then check the check box. Leaving the box unchecked will only include invoices with a balance owing.

Then click **New Payment** at the bottom of the screen. This will populate the screen with the invoices for the resident.

Resident Name <input type="text" value="302 - Armstrong, Eileen R."/>	Payor <input type="text" value="Private"/>	Payment Number <input type="text" value=""/>	Payments Individual Payment																																																																													
Payment Description <input type="text" value="Pmt 11/17/2009 12:47:04 PM"/>		Total Payment Amount <input type="text" value=""/>																																																																														
Payment Date <input type="text" value="11/17/2009"/>	Payment Type <input type="text" value="Check"/>	Check/Doc #: <input type="text" value=""/>	Paid On Invoices <input type="text" value="0.00"/>																																																																													
Account # (Typically Checking) <input type="text" value="11010 - Checking Account 1"/>		Amount Remaining <input type="text" value=""/>																																																																														
<input type="button" value="Add New Line"/>																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="7">Payment Distribution</th> </tr> <tr> <th>Inv No.</th> <th>Inv Date</th> <th>Inv Amount</th> <th>Balance</th> <th>Payment</th> <th>Memo</th> <th>New Bal</th> </tr> </thead> <tbody> <tr> <td>10804</td> <td>05-31-2007</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> <tr> <td>10844</td> <td>06-30-2007</td> <td>650.00</td> <td>341.43</td> <td></td> <td></td> <td>341.43</td> </tr> <tr> <td>11459</td> <td>07-31-2008</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> <tr> <td>11500</td> <td>08-31-2008</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> <tr> <td>11541</td> <td>09-30-2008</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> <tr> <td>11581</td> <td>10-31-2008</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> <tr> <td>11622</td> <td>11-30-2008</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> <tr> <td>11663</td> <td>12-31-2008</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> <tr> <td>11805</td> <td>01-31-2009</td> <td>650.00</td> <td>650.00</td> <td></td> <td></td> <td>650.00</td> </tr> </tbody> </table>				Payment Distribution							Inv No.	Inv Date	Inv Amount	Balance	Payment	Memo	New Bal	10804	05-31-2007	650.00	650.00			650.00	10844	06-30-2007	650.00	341.43			341.43	11459	07-31-2008	650.00	650.00			650.00	11500	08-31-2008	650.00	650.00			650.00	11541	09-30-2008	650.00	650.00			650.00	11581	10-31-2008	650.00	650.00			650.00	11622	11-30-2008	650.00	650.00			650.00	11663	12-31-2008	650.00	650.00			650.00	11805	01-31-2009	650.00	650.00			650.00
Payment Distribution																																																																																
Inv No.	Inv Date	Inv Amount	Balance	Payment	Memo	New Bal																																																																										
10804	05-31-2007	650.00	650.00			650.00																																																																										
10844	06-30-2007	650.00	341.43			341.43																																																																										
11459	07-31-2008	650.00	650.00			650.00																																																																										
11500	08-31-2008	650.00	650.00			650.00																																																																										
11541	09-30-2008	650.00	650.00			650.00																																																																										
11581	10-31-2008	650.00	650.00			650.00																																																																										
11622	11-30-2008	650.00	650.00			650.00																																																																										
11663	12-31-2008	650.00	650.00			650.00																																																																										
11805	01-31-2009	650.00	650.00			650.00																																																																										
<input type="button" value="New Payment"/> <input type="button" value="Cancel Changes"/> <input type="button" value="Save"/> <input type="button" value="Exit"/>																																																																																

Now you will want to complete the payment information in the center of the screen.

Payment Description <input type="text" value="Pmt 11/17/2009 12:47:04 PM"/>			Total Payment Amount <input type="text" value=""/>
Payment Date <input type="text" value="11/17/2009"/>	Payment Type <input type="text" value="Check"/>	Check/Doc #: <input type="text" value=""/>	Paid On Invoices <input type="text" value="0.00"/>
Account # (Typically Checking) <input type="text" value="11010 - Checking Account 1"/>			Amount Remaining <input type="text" value=""/>

- The **Payment Description** defaults to the current date and time, you can change this to anything you wish.
- Enter the date the payment was received in **Payment Date**. Ideally payments are being taken in real time, so the date will already be set with today's date.

- Select the **Payment Type**: Check, ACH/EFT, Cash, Credit/Debit, or Resident Trust. If you select "Check", you must enter something in the **Check/Doc #** field. A payment can be made from the resident's Trust account, but the trust balance must be equal to or greater than the payment amount. If Resident Trust is selected a Withdraw transaction will be created in Resident Trust for the amount of the payment.
- The payments by default go into the Default Checking Account # which is set on the Facility Data screen in Master Files. If a payment needs to go to another account select the other account in the **Account #** list.
- Enter the **Total Payment Amount**. As payments are applied to the invoices listed on the lower screen the **Paid On Invoices** amount will go up and the **Amount Remaining** to be distributed will go down. The amount remaining must be zero before the payment can be saved.

Now you are ready to distribute the payment to the Invoices on the lower part of the payment screen. If there are no invoices see *Add New Line*.

Payment Distribution							
	Inv No.	Inv Date	Inv Amount	Balance	Payment	Memo	New Bal
	10804	05-31-2007	650.00	650.00	650.00		0.00
	10844	06-30-2007	650.00	341.43	147.00		194.43
▶	11459	07-31-2008	650.00	650.00			650.00

For each Invoice listed enter the amount being paid for the invoice from the payment. You can click in the Payment field on the invoice line and type in the payment amount, or if the whole invoice is being paid you can click on the mini button between the Payment and Memo fields. You can enter a memo for each invoice if you wish. The Balance for each invoice will go down as the payment is distributed.

Total Payment Amount

Paid On Invoices

Amount Remaining

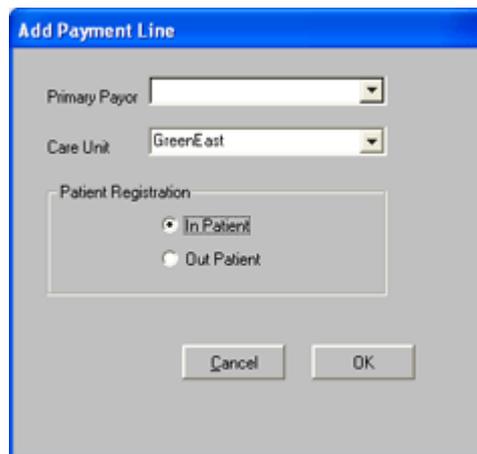
When the Amount Remaining reaches zero then the payment has been distributed in full and the payment can be saved, by clicking **Save** at the bottom of the screen.

The payment can be canceled at any point by clicking **Cancel Changes** at the bottom of the screen.

Add New Line

When you are making a Resident Payment and there are no invoices to apply a payment to, then you use **Add New Line** to create an invoice. However If there are invoice showing that this payment has paid down to zero, you can apply the remaining payment amount to an existing invoice (Overpaying the invoice).

If there are no invoices, maybe the resident was just admitted and is paying an advance, then click **Add New Line** to create an invoice to distribute the payment to.



- Select the resident's **Primary Payor**, which may be different than the payor the payment is being made for.
- Select the resident's **Care Unit**. The care unit showing may not be the correct unit so you do need to select the correct Care Unit.
- Select whether the services being paid are for **In Patient** or **Out Patient**.
- Click OK

You will now be back at the Single Resident Payment screen and can apply the payment to the invoice line that was just added.

Batch Payment and C/A

The Batch Payment and C/A screen is for taking a payment from a single payor that needs to be distributed to multiple residents, i.e. a Medicare or Medicaid payment. The screen also allows invoices to be contractually adjusted during the payment process, and withdrawals and deposits to be made to the Resident Trust.

To start a new payment batch click **New Batch Payment**.

Now pick a payor and specify which invoice to include in the batch.

- Payor - select the Payor the payment is from.
- Invoices with Balances Owing - should be checked by default.
- Invoices without Balances Owing - would not normally be selected.

- Select Date Range - Normally you would use all dates. If a payment only covers invoices in a certain time period then you could specify and Accounting Period or Date Range to exclude open invoices not in the time period.
- Residents - normally you would select All Residents. Picking a Specific Resident will be similar to the Single Resident Payment with the ability to do Contractual Adjustments.

Click OK to continue.

The screenshot shows the 'Batch Payment, CIA and Resident Trust' window. At the top, there are fields for 'Payer' (Medicaid) and 'Batch ID'. Below that is the 'Batch Description' field containing 'Batch Payment 11/17/2009 1:02:34 PM'. To the right, 'Total Payment Amount' is 0.00 and 'Deposit To Trust' is 0.00. The 'Payment Date' is 11/17/2009, 'Payment Type' is Check, and 'Check/Doc #' is blank. 'Amt of Pmt Avail for Invoices' is 0.00. 'Paid on Invoices (not from Trust)' is 0.00, and 'Paid Directly From Trust' is 0.00. 'Total AR Paid Down' is 0.00. The 'Account #' is 11010 - Checking Account 1. 'Amount Remaining' is 0.00. 'Net Trust Deposit' is 0.00, and 'Total Paid' is 0.00. There is an 'Add New Line' button. Below the form is a 'Payment Distribution' table with columns: Adm No - Resident Name, Inv No, Inv Date, Inv Amount, Balance, Payment, Memo, CAIn, Pd Frm Trust, New Bal, and Dep To Trust. The table contains 19 rows of data for various residents and their invoice payments.

Adm No - Resident Name	Inv No	Inv Date	Inv Amount	Balance	Payment	Memo	CAIn	Pd Frm Trust	New Bal	Dep To Trust
904 - Alexander, Tom A.	11263	02-29-2008	5322.93	3423.10						
908 - Andrews, Flossie S.	11758	01-07-2009	15.39	15.39						
908 - Andrews, Flossie S.	11803	01-31-2009	3138.48	3138.48						
902 - Armstrong, Eileen R.	11761	01-07-2009	704.92	704.92						
902 - Armstrong, Eileen R.	11806	01-31-2009	4645.44	4645.44						
922 - Davies, Rogello R.	11764	01-07-2009	19.94	19.94						
922 - Davies, Rogello R.	11808	01-31-2009	3138.48	3138.48						
917 - Hulley, Maria T.	11219	02-07-2008	1113.79	233.10						
917 - Hulley, Maria T.	11677	12-31-2008	5001.36	5001.36						
917 - Hulley, Maria T.	11777	01-07-2009	355.92	355.92						
917 - Hulley, Maria T.	11810	01-31-2009	4645.44	4645.44						
907 - Kelly, Evelyn M.	10146	10-31-2005	3473.10	3473.10						
914 - Lesoy, Margie T.	11221	02-07-2008	1113.54	1113.54						
914 - Lesoy, Margie T.	11783	01-07-2009	354.92	354.92						
914 - Lesoy, Margie T.	11812	01-31-2009	4645.44	4645.44						
919 - Miles, Patrick R.	11786	01-07-2009	744.92	744.92						

The Payment Distribution section of the screen will fill up based on the selections made.

Now you will want to complete the payment information in the center of the screen.

This close-up shows the central form fields: 'Batch Description' (Batch Payment 11/17/2009 1:02:34 PM), 'Total Payment Amount' (0.00), 'Payment Date' (11/17/2009), 'Payment Type' (Check), 'Check/Doc #' (blank), and 'Amt of Pmt Avail for Invoices' (0.00). The 'Account #' is 11010 - Checking Account 1.

- The **Payment Description** defaults to the current date and time, you can change this to anything you wish.
- Enter the date the payment was received in **Payment Date**. Ideally payments are being taken in real time, so the date will already be set with today's date. If the payor is using EFT (Electronic Funds Transfer) you can set the payment date, to the date the funds were deposited into your account.

- Select the **Payment Type**: Check, ACH/EFT, Cash, or Credit/Debit. If you select "Check", you must enter something in the **Check/Doc #** field. If the payment is "ACH/EFT" then you can enter the transaction number into the **Check/Doc #** field.
- The payments by default go into the Default Checking Account # which is set on the Facility Data screen in Master Files. If a payment needs to go to another account select the other account in the **Account #** list.
- Enter the **Total Payment Amount**. As payments are applied to the invoices listed on the lower screen the **Paid On Invoices** amount will go up and the **Amount Remaining** to be distributed will go down. The amount remaining must be zero before the payment can be saved.

Now you are ready to distribute the payment to the Invoices on the lower part of the payment screen. If a Resident or invoice isn't available to accept a payment then one can be added with **Add New Line**, see *Add New Line - Batch Payment*.

Payment Distribution							
Inv Amount	Balance	Payment	Memo	CAIn...	Pd Frm Trust	New Bal	Dep To Trust
28.00	28.00	28.00	Payment			0.00	
6968.08	4266.78	4261.36	Payment			5.42	
5782.05	5782.05	5762.05	Payment			20.00	
236.39	236.39	171	Payment			65.39	

For each Invoice listed enter the amount being paid for the invoice from the payment. You can click in the Payment field on the invoice line and type in the payment amount, or if the whole invoice is being paid you can click on the mini button between the Payment and Memo fields. You can enter a memo for each invoice if you wish. The Balance for each invoice will go down as the payment is distributed.

In the above example, on the second line after the payment of \$4,261.36 the new balance for the Invoice is \$5.42. If the Remittance Advice shows that the \$5.42 should be a contractual adjustment this can be entered into the **CAIn...** field.

Note: In this example the column is "CAIn..." but it will display the name of the charge code selected in Master Files, Payment Options.

Balance	Payment	Memo	CAIn...	Pd Frm Trust	New Bal	Dep To Trust
28.00	28.00	Payment			0.00	
4266.78	4261.36	Payment	5.42		0.00	
5782.05	5762.05	Payment			20.00	

The Contractual Adjustment amount can be typed in the **CAIn...** field or you can click the mini button to the right of the field to have the remaining balance entered into the **CAIn...** field.

If needed payments can also be made from the Resident Trust or deposits made to the Resident Trust as part of the payment transaction. The **Pd Frm Trust** field will create a withdrawal from the trust and the **Dep To Trust** will create a deposit to the trust.

Total Payment Amount	Deposit To Trust		
10270.98	0.00		
Amt of Pmt Avail for Invoices	Paid on Invoices (not from Trust)	Paid Directly From Trust	Total AR Paid Down
10270.98	10270.98	0.00	10270.98
	Amount Remaining		Net Trust Deposit
	0.00		0.00
Add New Line			Total Paid
			10270.98

Note:

If the number of invoices listed on the screen is 100 or more than the totals at the top of the screen (i.e. Amt of Pmt. Avail for Invoices, Amount Remaining) will not automatically calculate. A red button called "Update Totals" will appear to the left of the Total Paid field, clicking this button will recalculate the totals. Having the program automatically recalculate when there were 100 or more invoices caused an unacceptable delay in the payment entry process.

When the **Amount Remaining** reaches zero then the payment has been distributed in full and the payment can be saved, by clicking **Record Transactions** at the bottom of the screen.



The payment can be stopped at any point and removed by clicking **Delete** at the bottom of the screen.

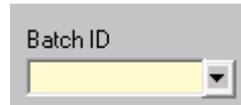
If you are working on a large payment and need to finish it at a later time then you can click **Save Session For Recording Later**, this saves all the work done up to this point and allows you to come back to it at a later time.

Once a Batch Payment has been recorded it can no longer be edited through the Batch Payments screen. When a Batch Payment is recorded individual payments are created for each of the residents in the batch. To make edits after the Batch is recorded you would pull up each resident in **Single Resident Payment** and edit their payment from the batch.

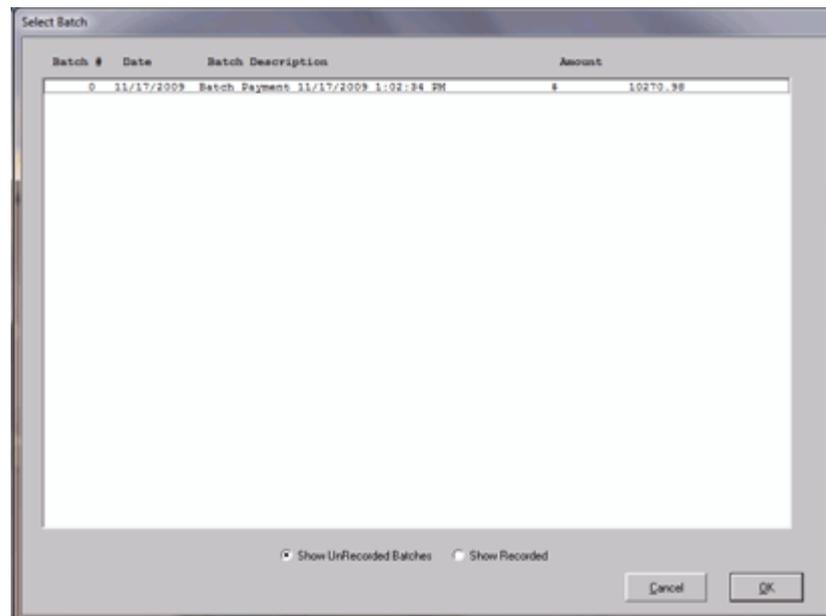
Working with Saved Batch Payment Sessions

A feature of the Batch Payment and C/A process is the ability to start a batch and if you are unable to complete it, you can save the work done so far and come back and work on it at a later time. While working on a batch payment click **Save Session For Recording Later** to save all the work done up to that point.

To return to a saved session go back into **Batch Payment and C/A**, and then click the down arrow in Batch ID in the upper right of the screen.



Clicking the Button opens up the **Select Batch** screen.



By default this screen shows the Un-recorded Batches. To select a batch to continue working on, highlight the batch by clicking on it and then click **OK**. You can also select the batch by double-clicking on it. The saved batch will then open up in the Batch Payment Screen. (The other option of the Select Batch screen is to **Show Recorded** batches. To see recorded batches click the radio button **Show Recorded** at the bottom of the screen, this updates the screen and then you could select a reordered batch to view on the Batch Payment screen.)

Once the selected batch payment opens in the Batch Payment and C/A screen, you can continue working on it.

Payments 

Batch Payment, CIA and Resident Trust

New Batch Payment Payer: Batch ID:

Batch Description: Total Payment Amount: Deposit To Trust:

Payment Date: Payment Type: Check/Doc #: Amt of Pmt Avail for Invoices: Paid on Invoices (not from Trust): Paid Directly From Trust: Total AR Paid Down:

Account #: Amount Remaining: Net Trust Deposit: Total Paid:

Add New Line

Payment Distribution											
Adm No - Resident Name	Inv No	Inv Date	Inv Amount	Balance	Payment	Memo	CAIn	Pd From Trust	New Bal	Dep To Trust	
904 - Alexander, Tom A	11263	2/29/2008	5322.93	3423.10	3423.10	Payment	0.00	0.00	0.00	0.00	0.00
908 - Andrews, Flossie S	11750	1/7/2009	15.39	15.39	15.39	Payment	0.00	0.00	0.00	0.00	0.00
908 - Andrews, Flossie S	11803	1/31/2009	3138.48	3138.48	3138.48	Payment	0.00	0.00	0.00	0.00	0.00
902 - Armstrong, Eileen R	11761	1/7/2009	704.92	704.92	700.00	Payment	4.92	0.00	0.00	0.00	0.00
902 - Armstrong, Eileen R	11806	1/31/2009	4645.44	4645.44	2994.01	Payment	0.00	0.00	1651.43	0.00	0.00
922 - Chavez, Rogelio R	11764	1/7/2009	19.94	19.94	0.00		0.00	0.00	19.94	0.00	0.00
922 - Chavez, Rogelio R	11808	1/31/2009	3138.48	3138.48	0.00		0.00	0.00	3138.48	0.00	0.00
917 - Hulley, Maria T	11219	2/7/2008	1113.78	233.10	0.00		0.00	0.00	233.10	0.00	0.00
917 - Hulley, Maria T	11777	12/31/2008	5001.36	5001.36	0.00		0.00	0.00	5001.36	0.00	0.00
917 - Hulley, Maria T	11777	1/7/2009	355.92	355.92	0.00		0.00	0.00	355.92	0.00	0.00
917 - Hulley, Maria T	11810	1/31/2009	4645.44	4645.44	0.00		0.00	0.00	4645.44	0.00	0.00
907 - Kelly, Evelyn M	10146	10/31/2005	3473.10	3473.10	0.00		0.00	0.00	3473.10	0.00	0.00
914 - Lesoy, Marge T	11221	2/7/2008	1113.54	1113.54	0.00		0.00	0.00	1113.54	0.00	0.00
914 - Lesoy, Marge T	11783	1/7/2009	354.92	354.92	0.00		0.00	0.00	354.92	0.00	0.00
914 - Lesoy, Marge T	11812	1/31/2009	4645.44	4645.44	0.00		0.00	0.00	4645.44	0.00	0.00
913 - Miller, Beack R	11796	1/7/2009	744.92	744.92	0.00		0.00	0.00	744.92	0.00	0.00

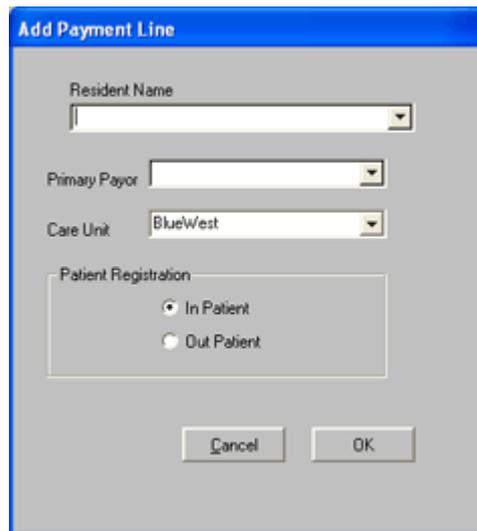
Created By: System Administrator on 11/17/09 13:14 Never Modified

When you complete the payment you can **Record Transactions** to save the payment batch. If you need to stop working on the payment, you can save the session again to finish later by clicking **Save Session For Recording Later**. The **Cancel Changes made during this session** button will close the batch without saving and changes that were made to it since you opened it.

Add New Line - Batch Payment

When you are making a Batch Payment and there is a resident missing or there is no invoices to apply a payment to, then you use **Add New Line** to create an invoice. However If there are invoices for the resident showing that this payment has paid them down to zero, you can apply the remaining payment amount to an existing invoice (Overpaying the invoice).

If there is no invoices matching the remittance advice or the resident doesn't show, i.e. you received a payment for a discharged resident and had written off the balance in the past, then click **Add New Line** to create an invoice to distribute the payment to.



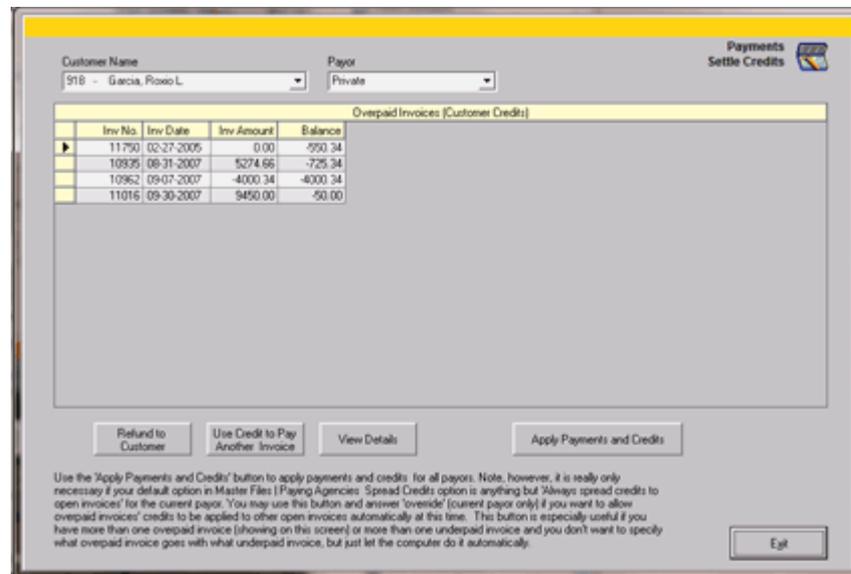
The screenshot shows a dialog box titled "Add Payment Line". It has a blue title bar. Inside, there are three dropdown menus: "Resident Name", "Primary Payor", and "Care Unit" (which is currently set to "BlueWest"). Below these is a section labeled "Patient Registration" containing two radio buttons: "In Patient" (which is selected) and "Out Patient". At the bottom of the dialog are two buttons: "Cancel" and "OK".

- Select the Resident that you want to add a new line for, under **Resident Name**.
- Select the resident's **Primary Payor**, which may be different than the payor the payment is being made for.
- Select the resident's **Care Unit**. The care unit showing may not be the correct unit so you do need to select the correct Care Unit.
- Select whether the services being paid are for **In Patient** or **Out Patient**.
- Click OK

You will now be back at the Batch Payment and C/A screen and can apply the payment to the invoice line that was just added.

Customer Credits

The Customer Credits screen is used when a resident's invoice(s) have been overpaid. The amount overpaid can be refunded to the resident or applied to other invoice(s) that have not been paid in full yet.



After a resident and payor has been selected the screen is populated with invoices that have a credit balance.

The first three options apply to a single invoice and you must select the invoice prior to selecting an option. To select an invoice you must click on it, in the screen shot above the top row is not selected even though the selection arrow is in the first column. A selected row will look like the second row in the picture below.

Inv No.	Inv Date	Inv Amount	Balance
11790	02-27-2005	0.00	-590.34
10935	08-31-2007	5274.66	-725.34
10962	09-07-2007	-4000.34	-4000.34
11016	09-30-2007	9450.00	-50.00

The three options that apply to a selected invoice: **Refund to Customer, Use Credit to Pay Another Invoice, View Details.**

Refund to Customer:

The **Refund to Customer** option is used when the overpaid amount of the invoice is being refunded to the resident.

To do the refund you only have to enter the "Paid From" (Check, ACH/EFT, Cash, Credit/Debit) and the "Reference" then click Save.

Use Credit to Pay Another Invoice:

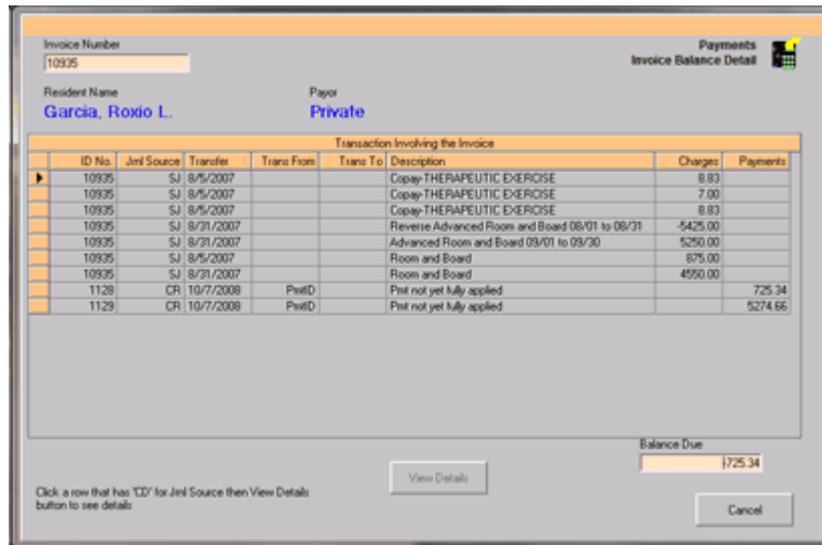
The credit amount of an overpaid invoice can be applied to an invoice or invoices, that have balances owing.

Inv No.	Inv Date	Inv Amount	Balance	Payment
11054	10-31-2007	5274.66	4775.66	
11592	10-31-2008	5267.66	5267.66	
11633	11-30-2008	5442.66	5442.66	
11674	12-31-2008	5442.66	5442.66	
11774	01-31-2009	4909.41	4909.41	
11801	01-31-2009	2.74	2.74	

Type in amounts on the invoice(s) being credited until the Amount Remaining is zero and then click Save.

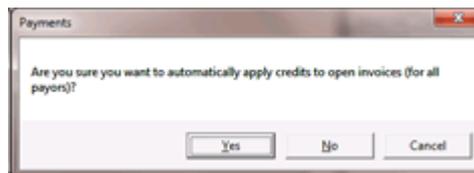
View Details:

View Details displays the line items that make up the selected invoice.

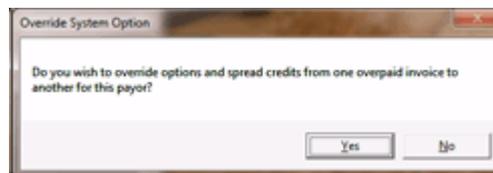


Apply Payments and Credits:

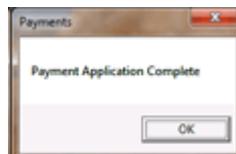
This option affects all the resident's payors not the selected payor and not just the overpaid invoices on the screen. All overpaid invoice amounts will be spread to invoices with balance dues. You will be asked to confirm that you want to automatically apply credits to open invoices for all payors.



To continue you must select Yes. In Master Files there is an option to not allow the spread of payments for specific payors. You will be asked if you wish to override that option.



If you wish to override the spread credit option click Yes, otherwise click No. Note: the override only applies to the Payor selected on the Customer Credits screens, the other payors will have the credits spread according to the rule assigned in Master Files, Payor Definitions.



When the process is complete, the message above will be displayed.

Lookup Transactions

This is a quick place to view invoice, payment, and refund information for residents.

You can filter by resident, payor, dates, and transaction types: invoices, payments, refunds.

Payments Search For Transactions

Search Options

Resident or Care Unit: All Residents, Specific Resident (904 - Alexander, Tom A.), Specific Care Unit

Payor(s): All Payors, Specific Payor (Private)

Date Selection: Trans Date, Created/Modified

All Dates, Accounting Period (October, 2012), Date Range (8/1/2012 - 10/31/2012)

Toggle Invoices: Open (Underpaid) Invoices, Payments, Refunds, Closed Invoices (zero balance), Overpaid Invoices

Search Transactions

ID No.	Trans No.	Inv Source	Date	Inv No.	Payor Name	Care Unit	Description	Charges	Payments
13456		SJ	08-07-2012	13456	MA	BlueWest		0.00	
13496		SJ	09-01-2012	13496	MA	BlueWest		0.00	
13553		SJ	10-31-2012	13553	MA	BlueWest		6958.24	
13554		SJ	10-31-2012	13554	PP	BlueWest		0.00	

Total Transaction Lines: 4

Total Charges: \$6,958.24, Total Payments: \$0.00, Total Charges - Total Payments: \$6,958.24

A listed item can be double-clicked to open a detail screen, or selected and click "View Details" to get the line detail of the selected item.

Alexander, Tom A.

Invoice: Invoice No. 13553, Registration Status: Inpatient

Invoice Date: 10/31/2012, Payor: MA, Primary Payor: MA, Care Unit: BlueWest

Date	CA	Qty	Item No.	Description	Price	Extended	Debit Acct	Debit Amt	Credit Acct	Credit Amt	HCFA Rev
10-01-2012	N	1	97110PT	THERAPEUTIC EXERCISE	35.00	35.00	12230	35.00	42230	35.00	
10-01-2012	Y	1	97110PT	C/A THERAPEUTIC EXERCISE	35.00	-35.00	42930	35.00	12230	35.00	
10-05-2012	Y	1	71001	C/A LABORATORY	1.00	-1.00	42930	1.00	12230	1.00	
10-05-2012	N	1	71001	LABORATORY	1.00	1.00	12230	1.00	42230	1.00	
10-06-2012	Y	1	99931	C/A OCCUPATIONAL THERAPY	35.00	-35.00	42930	35.00	12230	35.00	
10-06-2012	N	1	99931	OCCUPATIONAL THERAPY	35.00	35.00	12230	35.00	42230	35.00	
10-07-2012	Y	1	99936	C/A PHYSICAL THERAPY	35.00	-35.00	42930	35.00	12230	35.00	
10-07-2012	N	1	99936	PHYSICAL THERAPY	35.00	35.00	12230	35.00	42230	35.00	
10-08-2012	Y	1	99940	C/A SPEECH THERAPY	35.00	-35.00	42930	35.00	12230	35.00	
10-08-2012	N	1	99940	SPEECH THERAPY	35.00	35.00	12230	35.00	42230	35.00	
10-09-2012	Y	1	CMED	C/A MEDICAL SUPPLIES	1.00	-1.00	42930	1.00	12230	1.00	
10-09-2012	N	1	CMED	MEDICAL SUPPLIES	1.00	1.00	12230	1.00	42230	1.00	
10-10-2012	N	1	PHARM	PHARMACY	50.00	50.00	12230	50.00	42230	50.00	
10-10-2012	Y	1	PHARM	C/A PHARMACY	50.00	-50.00	42930	50.00	12230	50.00	
10-15-2012	Y	1	97110PT	C/A THERAPEUTIC EXERCISE	35.00	-35.00	42930	35.00	12230	35.00	
10-15-2012	N	1	97110PT	THERAPEUTIC EXERCISE	35.00	35.00	12230	35.00	42230	35.00	
10-18-2012	N	14	RBD	Room and Board - 10/05 to 10/18	200.00	2800.00	12230	2800.00	42230	2800.00	0130
10-18-2012	Y	14	RBCAPPS	Room and Board C/A For PPS - RJA	61.74	-864.36	12230	864.36	42930	864.36	
10-18-2012	Y	1	RBCAPPS	Room and Board C/A For PPS - BCI	47.00	-47.00	42930	47.00	12230	47.00	

View Only - Changes made will not be saved

Invoice Balance Details | Exit

Overview of 835 Electronic Remittance Advice Import

Overview:

Most Medicare and Medicaid/Medi-Cal Fiscal Intermediaries provide an 835 Electronic Remittance Advice file to report what claims were paid or not paid and why not. If the Claim File (837I) is created in WinCare and then transferred to the Fiscal Intermediary the resulting 835 ERA file can be imported into WinCare and used to create payments and adjustments to residents' invoices.

The 835 ERA files can be imported through the EDI module or the Payments Module. The 835 ERA can reside anywhere on the workstation or network and be imported through the EDI Module. To import an 835 ERA through the payments module the file must be located in the active **ResponseFiles** folder.

Electronic Claims Folder Locations:

WinCare uses the **HIPAA** folder off the Data folder for storing the Electronic Claims files. Inside the HIPAA folder is a year folder i.e. 2008 or 2009, which stores the file for that year.

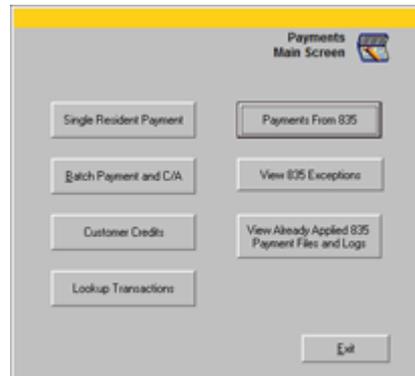
The year folder i.e. **2009**, has the EDI transmission files that are sent to the Medicare and Medicaid/Medi-Cal fiscal intermediaries.

The **NotForTransmission** folder in the year folder has the error logs and readable transmission files that are created when an 837 electronic billing file is created.

The **ResponseFiles** folder in the year folder is where WinCare expects to find the 835 ERA files that are received from the Fiscal Intermediary. Once an 835 ERA has been processed it is placed in a **Backups** folder inside the **ResponseFiles** folder. An individual 835 ERA file can only be imported and processed once.

Payments From 835

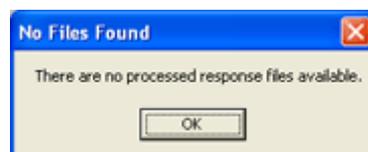
Payments From 835 is available for Batch payments from Medicare and Medicaid. When 835 Remittance advice files for UB04 claims that were submitted to the fiscal intermediary through the WinCare EDI module are imported, they can be applied as payments to the invoices. Payments that cannot be matched automatically by the program to an invoice need to be manually applied through **Batch Payment and C/A**.



The **Payments From 835** is on the Payments Received Main Menu. When clicked it checks the ResponseFiles folder (as described in the Overview of 835 ERA), any files in the folder will be processed.



A screen will be displayed with the results of the processing. WinCare will process 835 ERA files, 997 files, and Transaction Acknowledgment files. At this time the program only uses the 835 ERA files.



In this case there are no files in the folder.

How it works:

In order to use this feature UB04 Electronic claims must be created in WinCare and transmitted to the Fiscal Intermediary for payment. The Fiscal Intermediary must supply 835 ERA files, if they do not do 835 ERA files then you cannot use this feature.

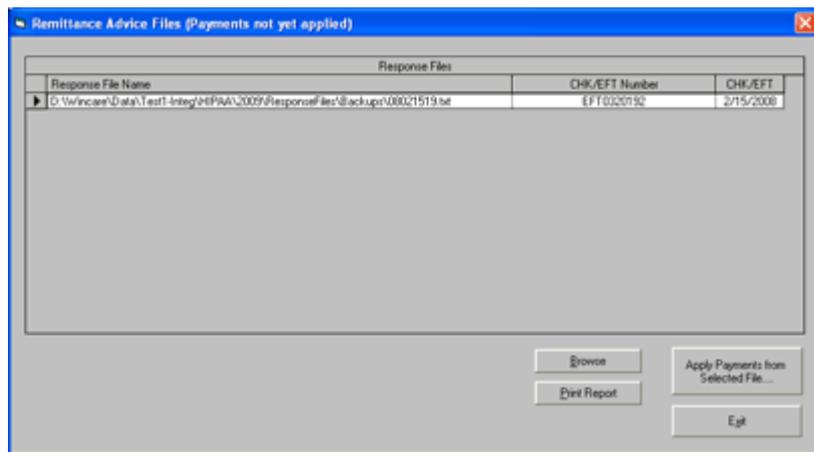
After the transmitted claims have been processed the Fiscal Intermediary will create the 835 ERA file and either send it to the facility or make it available for download.

When the facility receives an 835 Electronic Remittance Advice file from the fiscal intermediary, the file will be placed in the ResponseFiles folder. Then you would go into **Payments Received** and click **Payments From 835**. WinCare will then check to see if any valid files are present in the ResponseFiles folder. If valid files are found they will be imported.

When a file is found a status bar will be displayed as the file imports.



The Imported Files screen shows one file was imported. To continue click **OK**.

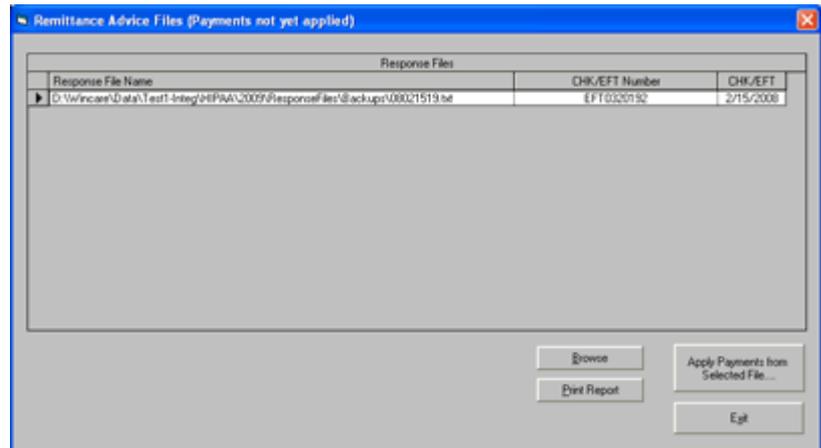


In this example only one file was imported, so the screen shows the one file. If multiple files had been imported they would show in the list. The imported files showing on the screen have not been applied as payments.

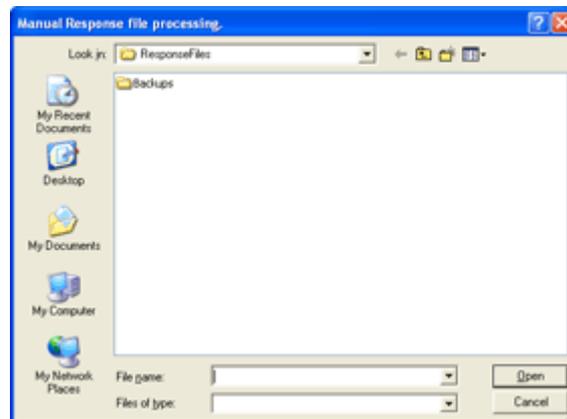
You have the following options from this screen:

- **Browse** - Manually import an 835 ERA file from a location other than the ResponseFiles folder.
- **Print Report** - Prints a report of what is in the ERA for the selected imported file on the screen.
- **Apply Payments from Selected File...** - Applies the selected file as payments. If multiple files were imported you must do this for each file to have it applied as a payments.
- **Exit** - Returns to the Payments Received menu. If you have un-applied ERA files you can return to this screen by clicking Payments From 835 on the Payments Received menu.

Browse - Payments From 835

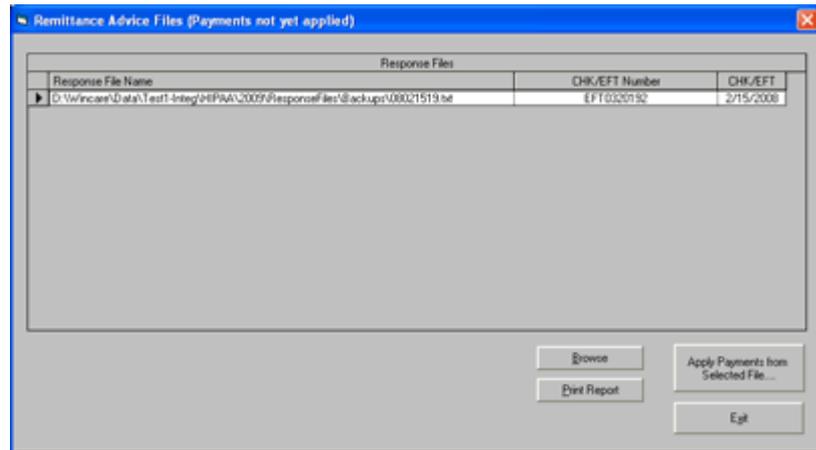


The Browse button lets you manually import an 835 ERA file from a location other than the ResponseFiles folder.



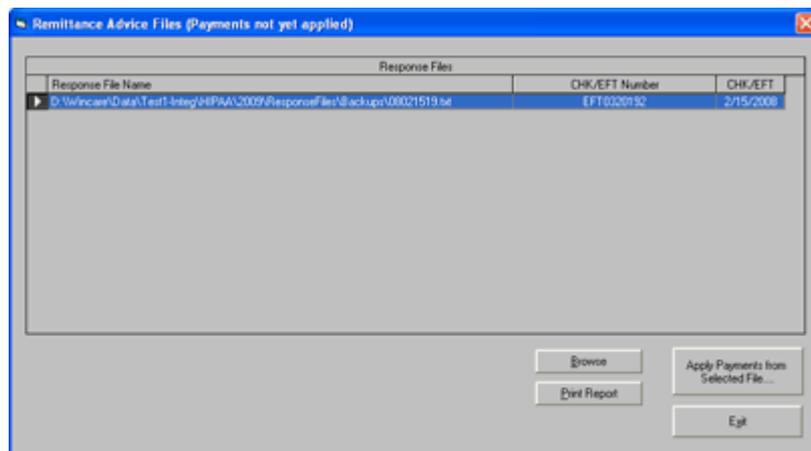
A standard Windows Open File screen opens when you click on Browse. From here you can navigate to the location of the ERA file you wish to import. When you find the file click on it and click Open. If the file is valid it will be imported into WinCare. A copy of the imported file will be placed in the ResponseFiles\Backups folder. The imported ERA file will then be available on the list to apply as a payment.

Print Report - Payments From 835

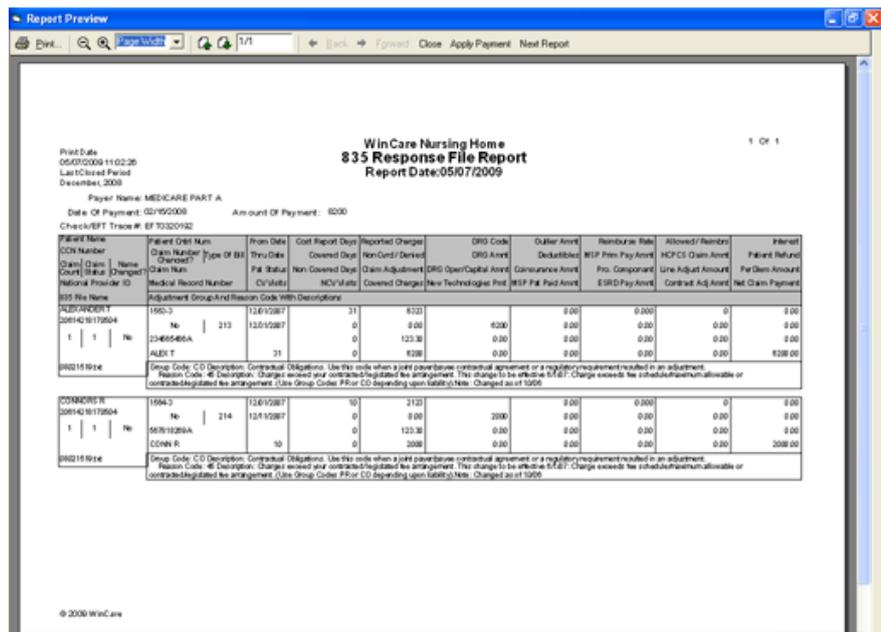


Print Report prints a report of what is in the Electronic Remittance Advice for the selected imported file on the screen.

To select an ERA file to print click on the square in the first column of the row. In the example above the square has an arrow on it pointing to the rest of the row. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.

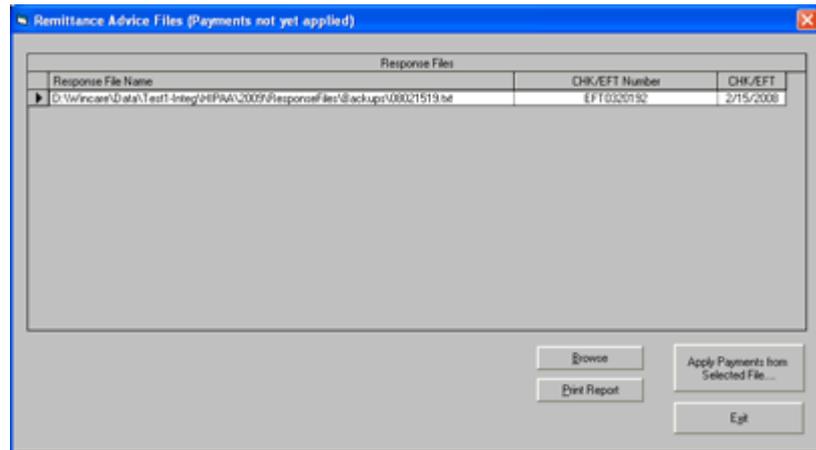


Now that the row is selected you can click **Print Report**.



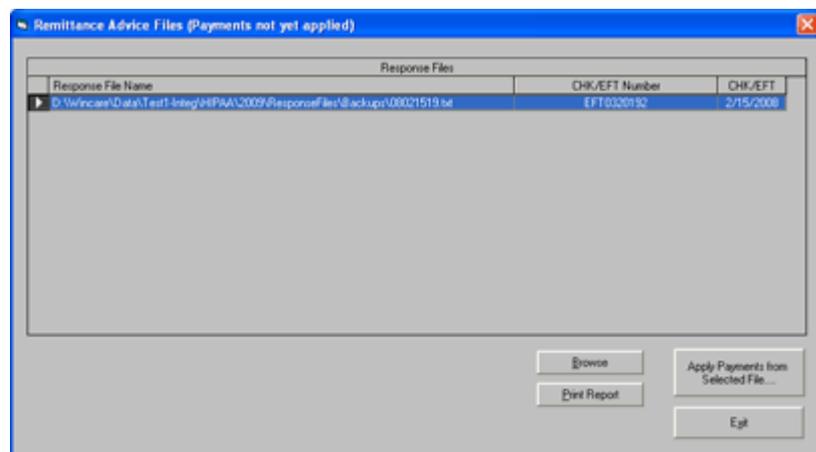
The report loads in a preview screen. To send the report to your printer click **Print** on the control panel at the top. From this screen you can also apply the file as a payment by clicking **Apply Payment** on the control panel at the top. **Apply Payment** processes the payment like **Apply Payments from Selected Files...** does from the previous screen.

Apply Payments from Selected File... - Payments From 835



Apply Payments from Selected File... applies the selected file as payments.

To select an ERA file to apply as a payment click on the square in the first column of the row. In the example above the square as an arrow on it pointing to the rest of the row. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.



Now that the row is selected you can click **Apply Payments from Selected Files...**

835 Remittance Advice

When clicking the Apply Now button an attempt will be made to apply all monetary amounts represented in every response listed below. These are all the responses contained in the file D:\WinCare\Care1\Test1\Integ\HIPAA\2009\Response\File\Backup\08021515.txt. The selectability of rows or column headers has been allowed only for the purpose of readability, enabling the user to highlight specific information of interest. The selections that are made have nothing to do with what responses are applied from the file.

Claim Payments from 835 RA File: D:\WinCare\Data\Test1\Integ\HIPAA\2009\Response\File\Backup\08021515.txt												
Patient Name		Patient Control Number	From Date	Cost Report	Reported Charges	DRG Code	Outlier Amount	Reimburse Rate	Allowed / Reimbursed	Interest		
Claim Control Number		Claim # Change	Type Of Bill	Thru Date	Covered Days	Non Covered / Denied	DRG Amount	Deductibles	MSP Prime Pay Amount	HCPCS Claim Amount	Patient Refund	
Claim Count	Claim Status	Name Change?	Claim Number	Patient Status	Non Covered Days	Claim Adjustment	DRG Oper / Capital Amount	Concourse Amount	Professional Component	Line Adjustment Amount	Pri Diem Amount	
National Provider ID		Medical Record Number	CV Visits	NCV Visits	Covered Charges	New Tech. Payment	MSP Patient Paid Amount	ESRD Pay Amount	Contract Adjust Amount	Net Claim Payment		
ALLVANDER T		1563-3	12/01/2007		31	6321		0.00	0.000	0	0.00	
1	1	No	20614218170504	213	12/31/2007	0	0.00	6200	0.00	0.00	0.00	0.00
			23455486A		1	0	123.30	0.00	0.00	0.00	0.00	0.00
ALEX T					31	0	6200	0.00	0.00	0.00	0.00	6200.00
CONNORS R		1564-3	12/01/2007		10	2123		0.00	0.000	0	0.00	
1	1	No	20614218170504	214	12/11/2007	0	0.00	2000	0.00	0.00	0.00	0.00
			567816269A		1	0	123.30	0.00	0.00	0.00	0.00	0.00
CDNN R					10	0	2000	0.00	0.00	0.00	0.00	2000.00

Print Report Print Single Claim Payment Print UB Claim View UB Claim Cancel Apply Now

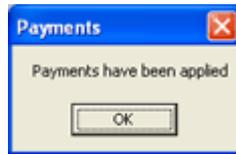
The 835 Remittance Advice screen opens up showing all the payments in the file.

From this screen you can:

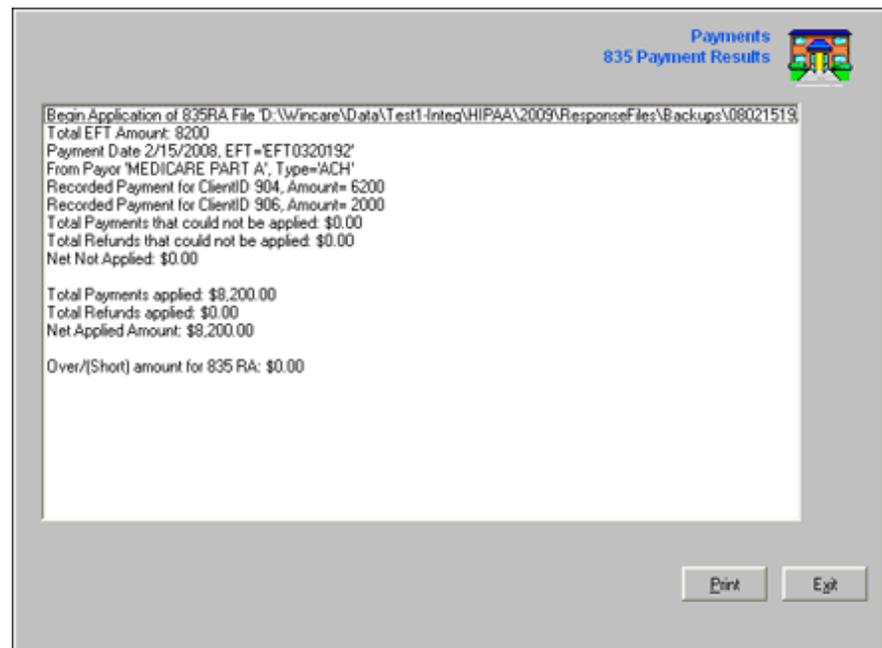
- **Print Report** - Prints the 835 Response File Report just like Print Report does on the previous screen.
- **Print Single Claim Payment** - Prints the 835 Response File Report for just the selected record. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.
- **Print UB Claim** - Prints the UB claim to the printer that is associated with the selected record. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.
- **View UB Claim** - Opens the View/Edit UB screen for the UB claim that is associated with the selected record. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.
- **Cancel** - Closes this screen and returns you to the previous screen.
- **Apply Now** - Applies all the records in the ERA file as payments. Record selection has no effect for this function, if only one record is selected they are all still processed as payments.

Apply Now details:

When you click **Apply Now** the file will begin processing and a status bar will be displayed.



When the processing has been completed the above message is displayed. Click **OK** to continue.

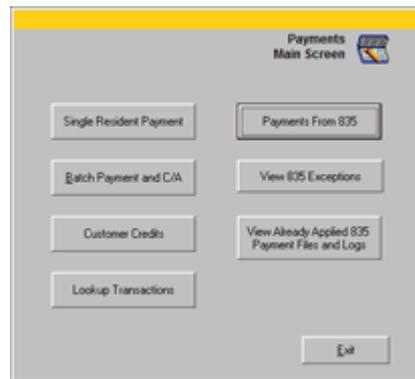


The 835 Payment Results screen will be displayed. This details who was paid and how much, it also lets you know if the whole payment was applied successfully. Any amounts that it was unable to apply will have to be entered in via **Batch Payment and C/A**. You do have the option to print the results by clicking **Print**. When you are done viewing the results click **Exit** to continue.

Client ID	Resident Name	From Date	Through	Paid Date	Invoice No	Invoice	Paid Amt	Inv - Paid	Claim	Reason
904	Alexander, Tom A	8/20/2008	8/30/2007	9/26/2007	10921	2495.20	2120.00	365.20	22	Paid Amount does not equal Invoiced Amount
904	Alexander, Tom A	12/1/2007	12/31/2007	2/15/2008	11123	4015.12	6200.00	-2184.88	1	Paid Amount does not equal Invoiced Amount
906	Connors, Ruth J	12/1/2007	12/11/2007	2/15/2008	11134	2468.90	2000.00	468.90	1	Paid Amount does not equal Invoiced Amount

Now you are at the 835 Exceptions screen. Any payments that did not pay the invoice to zero are displayed here for review. You can return to this screen through **View 835 Exceptions** on the Payments Received main menu. See the *View 835 Exceptions* help page for information on this screen.

View 835 Exceptions



Exceptions are recorded for payments that were made when the payment amount doesn't match the invoiced amount. After an exception has been reviewed it can be Marked as resolved or left unresolved and dealt with at a later time.

The screenshot shows the '835 Exceptions' window with a table of 'Remittance Advice Exceptions'. The table has columns for Client ID, Resident Name, From Date, Through, Paid Date, Invoice No., Invoice, Paid Amt, Inv - Paid, Date, and Reason. There are three rows of data, all with the reason 'Paid Amount does not equal Invoiced Amount'.

Client ID	Resident Name	From Date	Through	Paid Date	Invoice No.	Invoice	Paid Amt	Inv - Paid	Date	Reason
904	Alexander, Tom A	8/20/2007	8/30/2007	8/28/2007	10921	2495.20	2120.00	365.20	22	Paid Amount does not equal Invoiced Amount
904	Alexander, Tom A	12/1/2007	12/31/2007	2/15/2008	11123	4015.12	6200.00	-2184.88	1	Paid Amount does not equal Invoiced Amount
906	Connors, Ruth J	12/1/2007	12/31/2007	2/15/2008	11134	2468.90	2000.00	468.90	1	Paid Amount does not equal Invoiced Amount

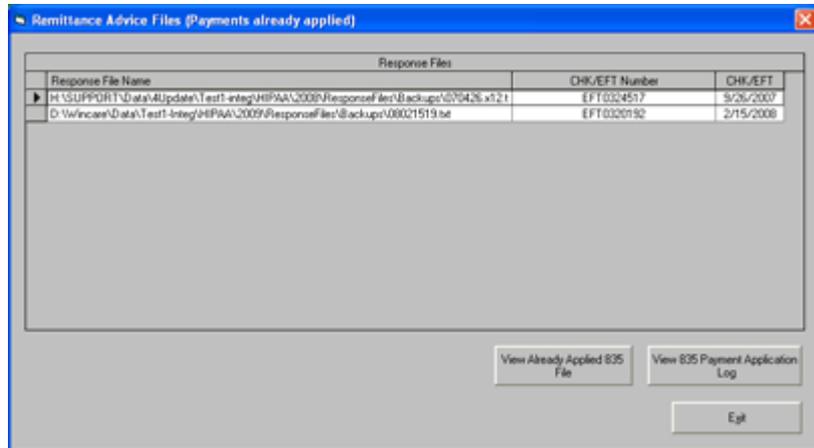
Below the table are several buttons: 'Mark as Unresolved', 'View Remittance Advice', 'Contractually Adjust', 'Mark as Resolved', 'View UB Claim', 'Write-Off', 'Edit', 'Customized Adjustment', and 'Exit'.

From this screen you can:

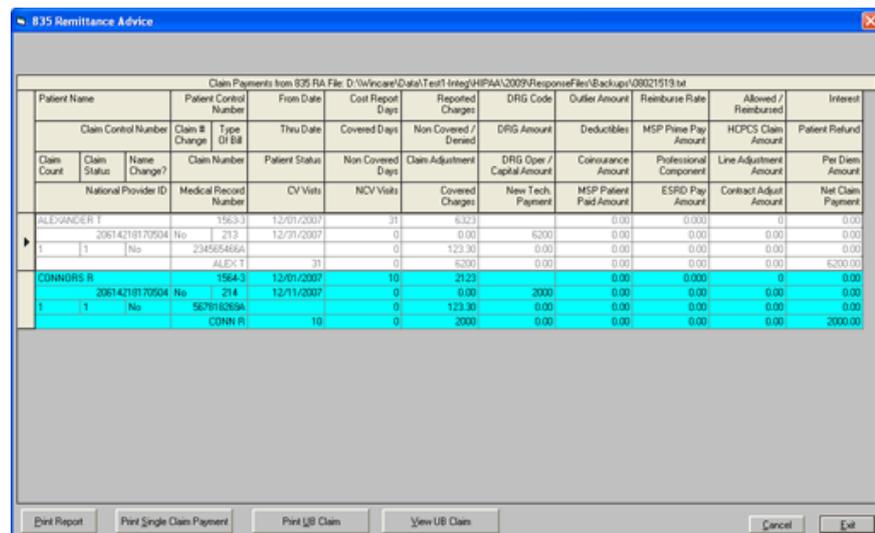
- **View Remittance Advicet -**
- **View UB Claim -**
- **Contractually Adjust -**
- **Write-Off -**
- **Customized Ajustment -**
- **Mark as Resolved -**
- **Exit -** Closes this screen and returns you to the previous screen.

View Already Applied Payment Files and Logs

View Already Applied 835 Payment Files and logs:



View Already Applied 835 File - view a previous 835 file that was processed for payment.

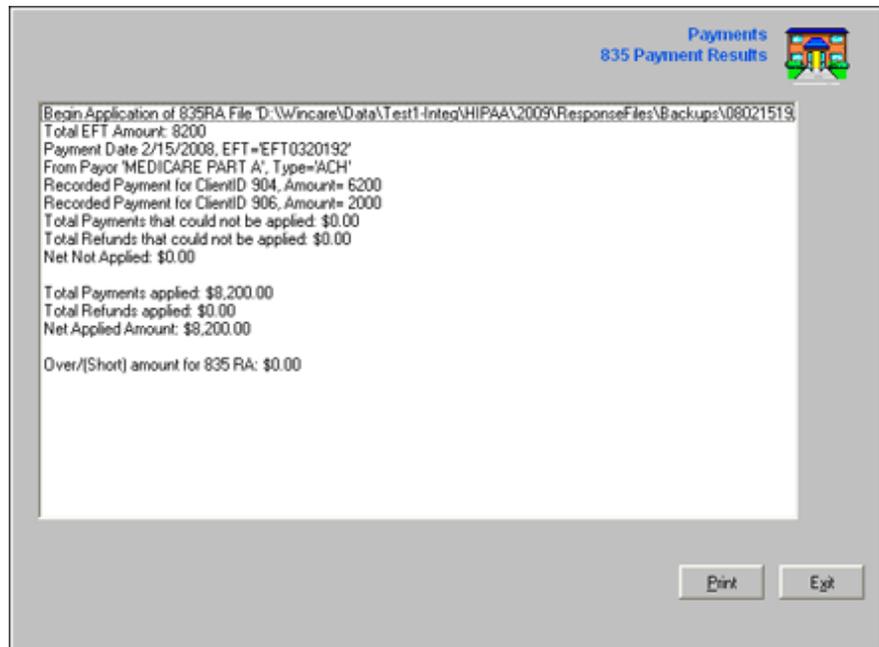


From this screen you can:

- **Print Report** - Prints the 835 Response File Report just like Print Report does on the previous screen.
- **Print Single Claim Payment** - Prints the 835 Response File Report for just the selected record. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.
- **Print UB Claim** - Prints the UB claim to the printer that is associated with the selected record. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.

- **View UB Claim** - Opens the View/Edit UB screen for the UB claim that is associated with the selected record. Note: The arrow does not mean the row is selected. The row is selected when it is highlighted.

View 835 Payment Application Log - shows the log file created when the payment was applied, listing what was automatically paid and what needed to be manually paid.



CHAPTER 27

Adjustments

In This Chapter

Adjustments Main Screen	375
New Manual Adjustment	376
New Census Change Adjustment.....	379
Sample Adjustments	381

Adjustments Main Screen

Select the **Adjustments** button from the main control panel to enter the Adjustments module. The adjustment process creates new invoices that correct a previously billed period. The terms Adjustment and Invoice are used interchangeably throughout the module.

- **New Manual Adjustment** (use to adjust incorrect ancillary charge).
- **New Census Change Adjustment** (use to adjust incorrect values in a census record - payor, room rate, etc.).

1. Highlight a resident's name to select it or use the **Search** field.
2. Click New Manual Adjustment or Census Change Adjustment.
3. Select the **Period** for the adjustment and enter a **Description**.

View a list of adjustment options to display in the **Existing Adjustments** field. An additional option is the ability to **remove** all invoices in the adjustment. Sample Adjustments and topics regarding the Invoice Adjustment module are available in the online user guide accessed by clicking the Help button on the main adjustment screen or by clicking the blue book icon from the WinCare Control Panel.

Lock Adjustment / UnLock Adjustment - once an adjustment is final you can lock it so it cannot be accidentally changed in the edit screen. If a change needs to be made then unlock the adjustment prior to editing.

Select the **Help (F1)** button to open the Invoice Adjustment section in the Online User Manual.

New Manual Adjustment

Select the **New Manual Adjustment** button to reverse incorrect charges not related to a room rate or acuity payment level rate.

A) Click a resident's name to highlight it or enter the name into the search field on the Adjustments main screen.

B) Click **New Manual Adjustment**.

- Click the drop down arrow for **Period to Adjust** to select the period.
- Enter a brief **Description** of the adjustment in this field.
- Click OK

Instructions: Use the calendar to select the End Dates for the Sub-Periods for the Manual Adjustment you are creating. If you do not select any dates, there will be just the Sub-Period of the whole month. If you do not have any payor changes during the month, you probably do not need to select any dates. However, if you do need to have multiple periods for the month, Click on the dates on the calendar for which each Sub-Period will end. For example, if you click on the calendar below and select day 7, 15 and 21. Then the following sub-periods will be available for creating invoices. Sub Period One is Day 1 to 7, Sub Period Two is Day 8 to 15 and Sub Period Three is Day 16 to Day 21 and finally Sub Period Four is day 21 to the end of the month.

January, 2009						
S	M	Tu	W	Th	F	S
				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	30	31

- Select the End Date for the Adjustment period, and then click OK. If the adjustment is for the month, leave the default end date which is the last day of the month.

- Select **New** and a payor screen will appear to identify the payor of the invoice and the primary payor.

- Highlight the new invoice under **Select Invoice**.

- The **Invoice Date, Payor, Primary Payor** and the **Invoice Number** fields below **Select Invoice** are pre-filled with the original invoice date, selected payors, and the original invoice number.

- The **Invoice Detail grid** will be activated to enable data entry.
- Enter the date of the adjustment.
- Contractual Adjustment (CA) indicates if subject to a contract adjustment.
- Enter a **Quantity** to indicate the number of times to charge an item for the entry. Enter a negative quantity if removing a charge. When entering a negative quantity, the **Extended Price** field will be displayed with parenthesis to indicate a negative amount.
- **Item No** (Item Number) - This field contains a charge code or other identifier for the charge. Click the drop-down arrow and select a code and the pricing fields will fill in automatically from the Ancillaries Master File plus entries for room and board that WinCare supplies. If entering a change to a room and board rate, choose the appropriate RB code. The correct debit and credit accounts must be credited. The CMS Rm Code does not apply to ancillaries but if selecting a room and board code, the adjustment will not be saved until the CMS Rm Code is entered.
- **Description** - Automatically fills in with the item description.
- **Price** - Indicates the amount of the room and board charge.
- **Extended** - Contains the charge, based on the price and quantity.
- **Debit Acct** (Debit Account) - Indicates the account to be debited. Typically, if adding an additional charge, the quantity is positive. Debit the AR account and credit a revenue account. If subtracting a charge, the quantity is negative. Credit the AR account and debit the revenue account.
- **Debit Amt** (Debit Amount) - Indicates the amount to be debited
- **Credit Acct** (Account) - Indicates the account that is to be credited.
- **Credit Amt** (Credit Amount) -Indicates amount to be credited.
- **CMS Rm (Room) Code** - This field is ONLY required for room and board.
- Click **Exit** to save the entry and return to the main **Adjustment** screen.
- **View** options controls which invoices are available to be displayed.
 1. **Adjusting Invoices** are adjustments that have been entered into the system.
 2. Click **Return Invoices** to view details on invoices with reverse charges.
 3. Choose **Existing Invoices** to view the accounting details for an existing invoice.
- **Select Invoice**, clicking the drop down lists all the invoices that are available to be viewed. After an invoice is selected the details are displayed in the grid below.

New Census Change Adjustment

With a resident selected click the **New Census Change Adjustment** button from the main Adjustments screen to reverse incorrect charges related to a room rate or acuity payment level.

Then you will select the Period to Adjust and enter a description for the adjustment.

Now the Billing Sub-Period End Dates can be set,

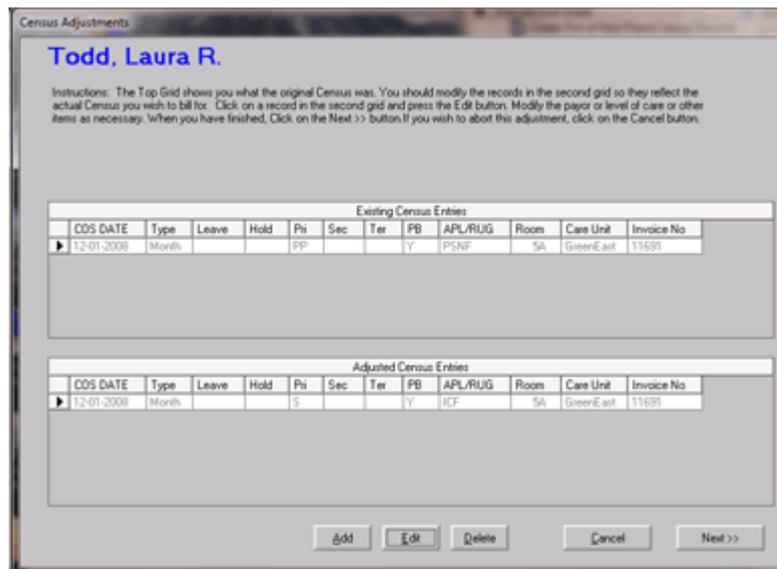
Instructions: Select the Billing Sub-Period End Dates. The default is for the New Adjusting Invoices to be billed using the same cut-off dates for which the original invoices were billed. If you are not changing the payor in this adjustment, this is the choice you should probably make. In some circumstances, such as when you change a payor to Private Pay from Medicaid, you may want to re-bill the month using just one Sub-Period for the whole month, even though you may have originally billed using four (4) sub-periods for the month. Finally, you may want to re-bill the month using new sub-periods. In this case, select the day that each sub-period that you wish to bill will end. For example, if you click on the calendar below and select day 7, 15 and 21. Then the following sub-periods will be billed. Sub Period One is Day 1 to 7, Sub Period Two is Day 8 to 15 and Sub Period Three is Day 16 to Day 21 and finally Sub Period Four is day 21 to the end of the month.

- Bill the New Invoices using the same Sub-Periods as those originally billed. This is the best choice if you are not changing payor, especially if you have previously created UB Claims for this period. When the screen first appears, the originally billed sub period end dates are shown highlighted on the calendar below.
- Bill the New Invoices using a single Sub-Period for the month. This choice is good if you are changing the payor to Private pay or when you want the least number of new invoices created.
- Bill the New Invoices using the invoice cut-off days that I choose. (Click Calendar below to highlight the days that you will use for the invoice cut-off day - see example in instructions above). When the screen first appears, the originally billed sub period end dates are shown highlighted on the calendar below.

December, 2008						
S	M	Tu	W	Th	F	S
	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	30	31			

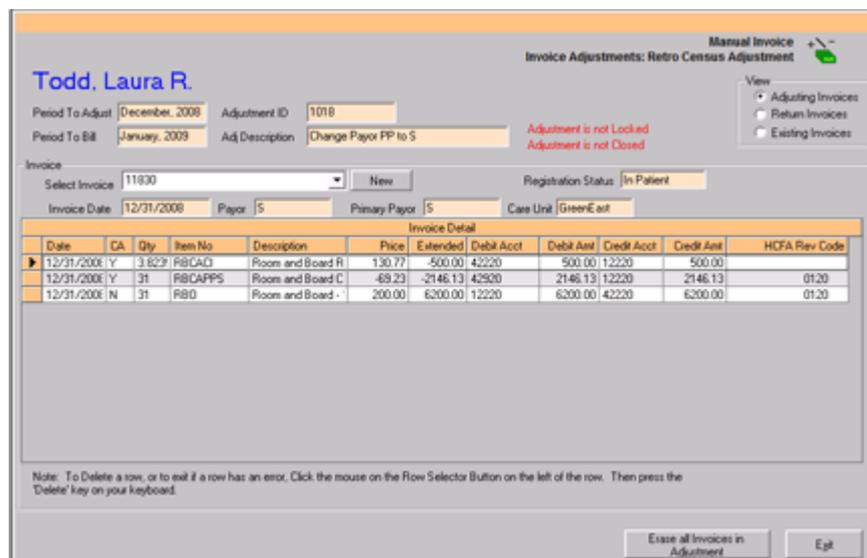
There are three options for selecting sub-period end dates. By default WinCare is going to use the same periods that were originally billed in the month. If the month had originally been billed every week then by default, the program will suggest the adjustments be done every week. The second option is to have the new Adjustment invoice be for the whole month. The third option is to create new sub-periods for the adjustments. You can click on days of the calendar to select or de-select period end dates. The first period of a month begins on the first and goes through the first highlighted date, the second period starts on the next day and goes through the next highlighted data and so on.

This screen opens with the existing census entries section at the top. The census information displayed is for the selected period to create census adjustments. The adjusted census entries section at the bottom are the entries that will be used to create the adjustments.



In the screen shot above the original (existing) census entries shows the payor was PP (Private Pay). The adjusted census entries show the payor be changed to Medicaid (S).

1. Click **Add** to display the change of status screen to create a new census entry, if new entries are required..
2. **Highlight** the adjusted entry by clicking the arrow at the far left of the selected entry and click **Edit** to make the necessary changes. See Retroactive Change of Payor or Retroactive Change in Medicaid Liability for sample adjustments.
3. Click **Next** to process the adjustment, when the adjustment is completed you will be asked if you want to see the details.



Additional features on the **Details** screen:

- View options controls which invoices are available to be displayed.

1. **Adjusting Invoices** are adjustments that have been entered into the system.
2. Click **Return Invoices** to view details on invoices with reverse charges.
3. Choose **Existing Invoices** to view the accounting details for an existing invoice.
 - Select Invoice, clicking the drop down lists all the invoices that are available to be viewed. After an invoice is selected the details are displayed in the grid below.
 - Erase All Invoices in Adjustment: Highlight the adjustment to be erased and a message will be displayed asking to confirm the deletion of the adjustment and all associated invoices or canceling the operation.

Click **Exit** to return to the main Invoice Adjustments screen.

Note when the period being adjusted includes Advanced billing for Private Pay or the Medicaid Liability, the adjustment leaves the advance and reverse advanced charges on the original invoices. The Return and Adjusting invoices do not include the advanced charges.

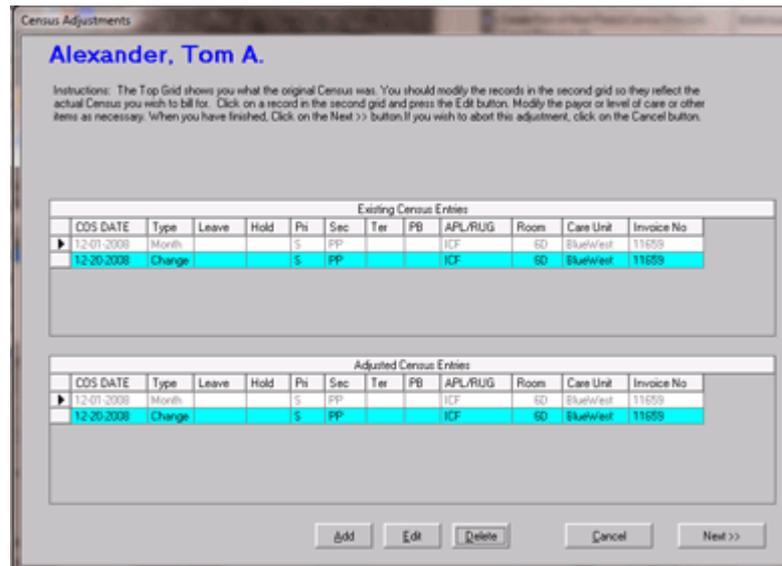
Sample Adjustments

Sample Adjustments and topics regarding the Invoice Adjustment module are available in the online user guide accessed by clicking the **Help (F1)** button on the main adjustment screen or by clicking the **HELP** button from the WinCare Control Panel.

Retroactive Change in Medicaid Recipient Liability

Automatically adjust invoices in past periods for changes to liability.

1. **Enter the resident's recipient liability \$ amount and the date the rate will become effective in the Census module prior to creating the adjustment.** If multiple rates are needed, enter them prior to the adjustment.
2. Check the rates and their effective dates assume that today is October 10, 2004, and a resident was admitted in January as Medicaid with a recipient liability of \$100.00 per month. But actually the recipient liability was changed to \$500.00 per month beginning 6/1/2004; however, the new Medicaid recipient liability was not entered into the WinCare Financial Program. (See Medicaid Liability.)
3. Click **Adjustments** from the main control panel.
4. **Highlight** a resident or enter the name into the search field.
5. Click **New Census Change Adjustment.**
6. Select the period from the drop down list for **Period to Adjust.**
7. Enter a brief **Description** of the adjustment.
8. Click **OK.**
9. Leave the default Sub-Period settings and click **OK.**



The screen is divided into two sections with the upper section showing a list of the existing census records for the selected month.

The lower section contains the census records that replace the original census records. These adjusted census records will have the correct payor information so that the proper bills can be created.

1. Since the census has not changed, click the **Next** button.
2. The detail screen illustrates the effect of the census change. The Medicaid invoice should have the new recipient liability adjusted off, and the new Private Pay invoice should have a charge for the correct recipient liability, (i.e. \$100.00 is now \$500.00). See **New Census Change Adjustment**.

Retroactive Change of Payor

Follow the steps below to change a resident's payor from **Private Pay to Medicaid** for periods that have already been billed.

1. **Enter the resident's recipient liability \$ amount and the date the rate will become effective into the Census module prior to creating the adjustment if changing the payor to Medicaid.** If multiple rates are needed, the user will need to enter them all prior to the adjustment.
2. **Check the rates and their effective dates.**

Sample Scenario: Assume that today is October 10, 2005, and a resident was admitted January 2005 as Private Pay. The facility was notified that Medicaid will pay for their stay retroactive to April 2005. The liability amount, effective 4/1/2005 would be \$400.00. The rate should be modified for each month up to the current month with the new \$400.00 liability effective 5/1/05, 6/1/05, 7/1/05, 8/1/05, 9/1/05. As the month gets adjusted, the program will know what recipient liability amount to bill privately.

1. Click **Adjustments** from the main control panel.
2. Highlight a resident's name to select it or enter the name into the search field.

3. Click **New Census Change Adjustment**.
4. Select a period by clicking the drop down arrow for **Period to Adjust**.
5. Enter a brief **Description** of the adjustment in this field.
6. Click **OK**.
7. Leave the default Sub-Period settings and click **OK**.

Todd, Laura R.

Instructions: The Top Grid shows you what the original Census was. You should modify the records in the second grid so they reflect the actual Census you wish to bill for. Click on a record in the second grid and press the Edit button. Modify the payor or level of care or other items as necessary. When you have finished, Click on the Next >> button. If you wish to abort this adjustment, click on the Cancel button.

Existing Census Entries											
CDS DATE	Type	Leave	Hold	Pri	Sec	Ter	PB	APL/RUG	Room	Care Unit	Invoice No
▶ 12-01-2008	Month			PP			Y	PSNF	5A	GreenEast	11631

Adjusted Census Entries											
CDS DATE	Type	Leave	Hold	Pri	Sec	Ter	PB	APL/RUG	Room	Care Unit	Invoice No
▶ 12-01-2008	Month			S			Y	ICF	5A	GreenEast	11631

Buttons: Add, Edit, Delete, Cancel, Next >>

The screen is divided into two sections with the upper section showing existing census records for the selected month.

1. The lower section contains the census records to replace the original records.
2. Highlight the record and click **Edit** to make the needed change. In this case we are changing the payor from Private Pay (PP) to Medicaid (s).
3. Click **Save** to return to the **Census Adjustment** screen.
4. Click **Next** to access the detail screen that will illustrate the effect of the census change.
5. **View** the new invoices that have been by clicking **Adjustment Invoices**.
6. Click the invoice that was just created under **Select Invoice**.
7. Click **Exit** to return to the main **Invoice Adjustment** screen.

Reverse an Invoice

Select **Adjustments** from the main control panel; to reverse an **Incorrect Ancillary Charge** by creating an adjustment with the correct charge.

Garcia, Roxio L.

Manual Invoice
Invoice Adjustments: Manual Adjustment

View
 Adjusting Invoices
 Return Invoices
 Existing Invoices

Period To Adjust: January, 2009 Adjustment ID: 1014
 Period To Bill: January, 2009 Adj. Description: Adjustment Adjustment is not Locked Adjustment is not Closed

Invoice
 Select Invoice: 11801 New Registration Status: In Patient
 Invoice Date: 1/31/2009 Payor: FP Primary Payor: S Case Unit: EuelWest

Date	CA	Qty	Item No	Description	Price	Extended	Debit Acct	Debit Amt	Credit Acct	Credit Amt	HCPA Rev Code
1/1/2009	N	2	1307	NG STRIPS	1.37	2.74	12210	2.74	42210	2.74	0270

Note: To Delete a row, or to exit if a row has an error, Click the mouse on the Row Selector Button on the left of the row. Then press the 'Delete' key on your keyboard.

Erase all Invoices in Adjustment Exit

1. **Highlight** a resident's name to select it or enter the name into the **Search** field.
2. Click **New Manual Adjustment**.
3. Select the **Period** in which the adjustment applies.
4. Enter a brief **Description** of the adjustment such as ancillary reverse charge.
5. Click **OK**.
6. Select the End Date for the Adjustment period, and then click **OK**.
7. Click **New** and a small payor screen will appear to allow the user to identify the payor of the invoice and the primary payor for the resident.
8. Click the drop down arrow for the **Select Invoice** field and highlight the newly generated blank invoice.
9. The **Invoice Date**, **Payor**, **Primary Payor** and the **Invoice Number** fields below the **Select Invoice** field are filled in automatically with the original invoice date, selected payors from the payor screen and the original invoice number.
10. The **Invoice Detail grid** will be activated with a blank line to enable data entry. See New Manual Adjustment for explanation of the categories.
11. Enter a **Date** for the adjustment and tab to each subsequent field to complete the data entry.
12. Determine if this charge is subject to a **Contractual Adjustment** and enter Yes or No, whichever is appropriate.
13. Click in the **Item No** field and a drop down arrow will appear. Use the scroll bar to find the appropriate item.

14. In the **Qty** field, enter a negative quantity.
15. The **Description** field will fill in automatically from the Ancillary section in Master Files as the Item No is selected.
16. The **Price and Price Extended** fields will fill in automatically from the Ancillary section in Master Files. (When entering a negative quantity, the **Extended Price** field will be displayed with parenthesis to indicate a negative amount).
17. To reverse the charges, the **Debit and Credit Account Numbers** must be reversed. From the drop down box for the Debit account, select the Credit account number that was used for the original charge. Then tab to the Credit Account field and from the drop down box, select the original Debit account number.
18. Since this is not a reversal for room and board, the **CMS Rm Code** field may be left **blank**.
19. Tab again to generate a second line in the **grid**.
20. Repeat steps 9-11
21. Tab to the **Qty** field and enter a positive number.
22. Repeat step 14
23. Tab to the **Price** field and enter the correct charge for the ancillary and the **Extended Price** field will automatically fill in with that amount.
24. Tab to the **Debit and Credit Account** fields and reverse the original posting.
25. Click **Exit** to save the adjustment and return to the main Adjustment screen.

CHAPTER 28

A/R Reports

In This Chapter

A/R Reports Main Screen	389
Report Options	390
Balances/Recaps.....	394
Report List/Descriptions	396
Print UB Claims	397

A/R Reports Main Screen

Access this screen to enable the user to print, view, and to specify options for residents and dates by selecting the A/R Reports button from the WinCare Control Panel.

- **Print** or **Preview** a report by clicking in the checkbox next to the name of each desired report.
- Use the options listed below on the main screen to identify which residents or payors that are to be included and define a specific date/period.

Date Selection:

- All Dates will cover all periods for which WinCare has data about the selected residents or payors.
- Accounting Period allows the selection of the month for the generated report.
- Date Range allows the selection of a beginning and ending date of the period for the selected report.

Residents:

- The All Residents options will include all residents in the report.
- Specific Resident will only include the identified resident in the text field below the button.

Payors:

- All Payors will include all residents in the report.
- Specific Payor only includes the identified payor in the text field on the right side of the screen.

Reports Options displays a screen that lists features that can change the default settings for reports. See Report Options.

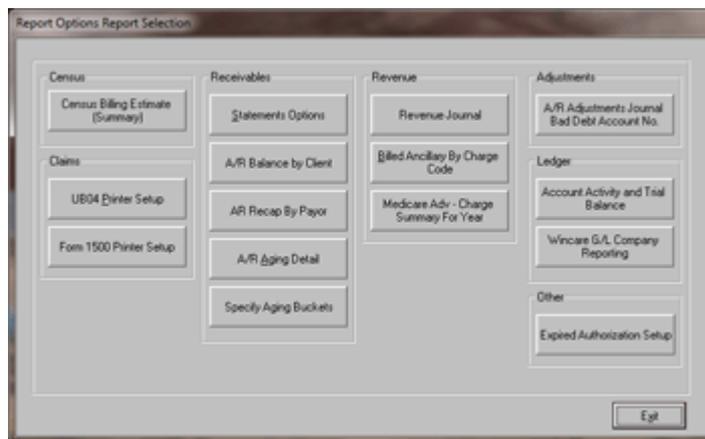
Print UB Claims will enable the selection to print UB04s for all or selected residents.

Print NC Share of Costs (California facilities only) prints the record of Non-covered services for each resident who has non-covered SOC ancillaries entered in the period. This report does not preview, and it prints to the default Windows printer.

Exit will return the user to the A/R Control Panel screen.

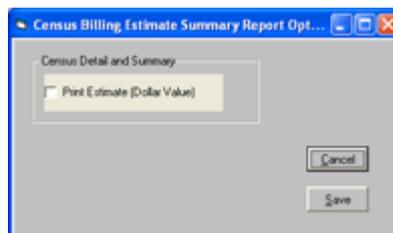
Report Options

Select the **Report Options** button from the A/R Reports main screen to enable customization of several of the A/R reports.



Census Billing Estimate (Summary)

The program displays and prints this report without dollar amounts by default. Checking the **Print Estimate (Dollar Value)** checkbox enables the program to print the dollar value on the report.

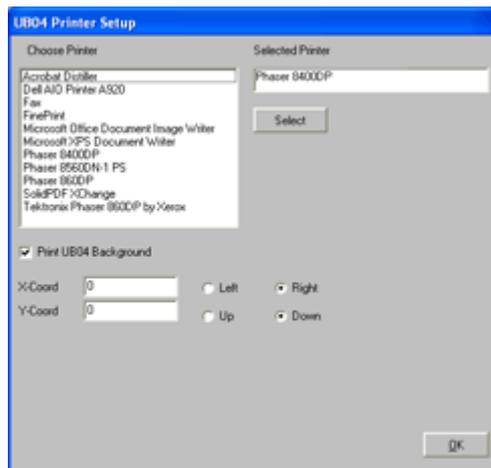


UB04 Printer Setup

Access this screen to select a printer from a drop down list of available printers in order to print the UB04 forms by selecting the **UB04 Printer Setup** button.

Follow the steps below to select a printer:

1. Highlight the desired printer from the displayed list under **Choose Printer**.
2. Click **Select** and the highlighted printer will display in the Selected Printer field.
3. Click **OK** to save the entry and return to the A/R Utilities screen.



An additional option from this screen is the ability to set coordinates for printing a UB04 using pre-printed forms. Enter X and Y coordinates to align the text in the fields on the form.

Statement Options

Statement Options changes the defaults that define how information is displayed.

Payors: The payor information that is displayed for **All Payors** can be changed to show payor information for **All Periods**.

How Invoice Information is Displayed on the Statement: Invoice Information does not show detail on the invoices without enabling the **Show Detail** checkbox.

- Detail Invoice by Charge Code
- Detail Invoice by Category (Revenue or Accounting)
- Summarize Invoice Charges by Charge Code

How Credit Information is displayed on Statements: Credit Detail can be displayed or not displayed on the statement.

Advanced Billing: Statements do not include the resident's advanced billing by default. Edit this option to display the advanced billing.

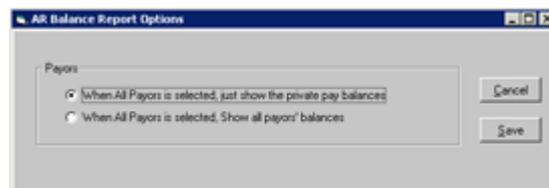
How Payments are Displayed: The statements will show check numbers of payments that were applied to the invoices by default. Click the radio button for **Do Not Show Check Number** and the number will not appear.

Statement Date: The statement displays the through date or the last day of the period by default. Enable the radio button **Always Display Today's Date** to display today's date.

Click **Save** to save all changes and return to the Report Options screen.

A/R Balances by Client

This report displays and prints the private pay balance for residents. To include all payors on the report, enable the checkbox for **When All Payors is Selected, Show All Payors Balances**



A/R Recap By Payor

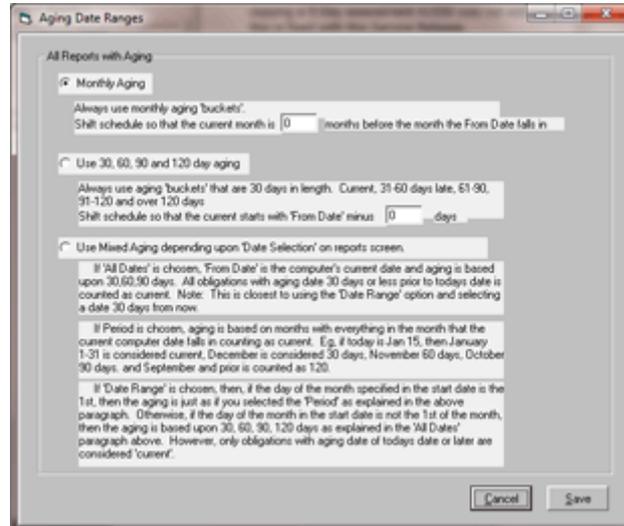
You have the option to include Per Patient Day Information on the report.

A/R Aging Detail

This report displays the advance billing. This option can be changed from this screen by clicking the radio button Exclude Advanced Billing. Click **Save** to save the change and return to the main Report Options screen.

Specify Aging Buckets

This option determines how the aging is displayed on three reports: Statements, AR Aging Detail by Client, and the AR Aging Summary.



Revenue Journal

For the Revenue Journal you have the options to:

- Include Adjustments and Manual Invoices
- Include Per Patient Day Information

Billed Ancillary by Charge Code

Include all charge codes or the selected code only on this report by clicking the **Billed Ancillary by Charge Code** button from the Report Options screen. It also enables the users to detail each ancillary charge or to summarize by displaying only the total quantity and price..

- **Charge Codes to Include in Report** displays the specifically selected charge codes that will appear on this report by default. Enable the option **Include all Charge Codes** to display all charge codes on the report.
- **Level of Detail** displays the detail of each ancillary by default. This option can be changed to summarize the information, only displaying the total quantity and price by enabling the radio button **Summarize**.

Click **Save** to save all changes and to return to the **Report Options** screen.

Medicare Adv - Charge Summary For Year

You have the option to include Per Patient Day Information on the report.

A/R Adjustments Journal Bad Debt Account No.

Select the A/R Adjustments Journal Bad Debt Account No. button to open a screen which allows the user to select the facility- assigned bad debt account number. The description field will automatically display the definition for the selected account number as entered in the Master Files module.

1. Open the Reports module from the WinCare Control Panel.
2. Select the Report Options button from the Reports Main screen.
3. Click the **A/R Adjustments Journal Bad Debt Account No.** button from the Report Options Menu screen.

Make the account selection and click **OK** to save the entry and return to the Report Options menu.

Note: Clicking the **Cancel** button will exit the screen and abort all changes.

Account Activity and Trial Balance

Include or exclude advanced billing by selecting the **Account Activity and Trial Balance** button from the Report Options screen. Exclude Advanced Billing is the (default).

1. Click the radio button to **Include the Advanced Billing** on the report.
2. Click **Save** to save and return to the Report Options screen.

Expired Authorization Setup

Options for the Expired Authorizations report:

- Show all Expired Authorizations in period. No Exceptions.
- Show all Expired Authorizations in period except those that have a prior authorization in a later period.

Balances/Recaps

The Accounts Receivable reports that contain Balance Forward and Net End Balance columns may not include advanced billing.

The following reports contain the option to display advanced billing:

- A/R Aging Summary By Client
- A/R Aging Detail
- Account Activity

- Summarized Trial Balance
- Period Trial Balance

The advanced billing option is accessible by selecting the Reports Option button from the A/R Report main screen. Open the options screen for the reports listed above.

The following reports do not include the option to display advanced billing:

- A/R Recap by A/R Account
- A/R Recap by Payor

When the A/R Aging Summary by Client report is run to include advanced billing, the Net Bal Fwd should match the Recap reports. Balance Forward and the Net End Bal should match the Ending Balance.

If the advanced billing is excluded on the A/R Aging Summary By Client then the amount will NOT match the Recap reports.

Report List/Descriptions

Listed below are some of the available reports from the main **Reports** screen:

Invoices: Each invoice by payor prints on a separate page and includes a separate line for each charge or adjustment. Each line indicates the date, description and amount of the transaction.

Statements can be mailed to the responsible party for a resident's charges. Each line on a statement references the invoice # for the charges.

A/R Balances lists the total accounts receivable by resident. The user can specify which residents which payors to include by using the option fields.

Census Detail estimates the census and billing amounts for the indicated period. It lists each admitted resident and acuity payment level (level of care), payor and the dates that the resident was in the facility.

Census Summary contains the total amount due from each payor for room and board for the indicated period.

Daily Census Detail lists the current residents and display their latest admission date and room number on the date indicated.

Cumulative Census summarizes the number of residents in the facility per day by payor.

A/R Summary by Source summarizes the accounts receivable by payor by a date range.

Revenue Journal lists the amount collected and the amount due from each resident.

Resident Ledger lists the amounts and the items charged for each resident on the date incurred by the payor.

Cash Receipts Journal displays payments for each resident for a specified period.

A/R Adjustments Journal lists the adjustments for a specified period.

A/R Aging by Patient Name displays the transactions for each resident and the status of the entered payments on their account.

Medicare Expenses/Billings by Month breaks down the Medicare charges into categories that are based on revenue codes for the selected month.

Posted Cash Receipts lists payments received from residents, listed by the resident's last name. The Type column lists the name of the payor.

Billed Ancillaries displays the ancillaries that residents purchased during the selected period.

Print UB Claims

Access this screen to select **UB04s** for printing. Resident's UB04s can be displayed by payor. Enable the radio button to Show generated UB04s for all Payors or display the generated UB04s for a specific payor.

To print all the displayed UB04s, click the **Print All** button. To print only the UB04s that the user has highlighted, click the Print Selected button.

Resident	ClientID	From	To	Payor	Invoice No.
Andrews, Florence S	908	5/1/2006	5/7/2006	MB	10363
Andrews, Florence S	908	5/8/2006	5/8/2006	MB	10306
Andrews, Florence S	908	5/13/2006	5/13/2006	MB	10309
Andrews, Florence S	908	5/22/2006	5/22/2006	MB	10312
Andrews, Florence S	908	5/28/2006	5/28/2006	MB	10315
Chaves, Rogelio R	922	5/23/2006	5/23/2006	S	10327
Cratt, Jackie G	912	5/1/2006	5/21/2006	MA	10292
Hufley, Maria T	917	5/28/2006	5/28/2006	S	10334
Jennings, Michael U	910	5/1/2006	5/21/2006	MA	10307
Nguyen, Mae D	911	5/1/2006	5/23/2006	MA	10289
Phewes, Glenn M	925	5/23/2006	5/23/2006	MB	10305
Smith, Roseanne A	927	5/16/2006	5/23/2006	MB	10339
Smith, Roseanne A	927	5/5/2006	5/7/2006	MB	10302
White, Mason T	905	5/1/2006	5/7/2006	S	10278

Note: The UB92/04 printer must be defined on the Report Options menu screen.

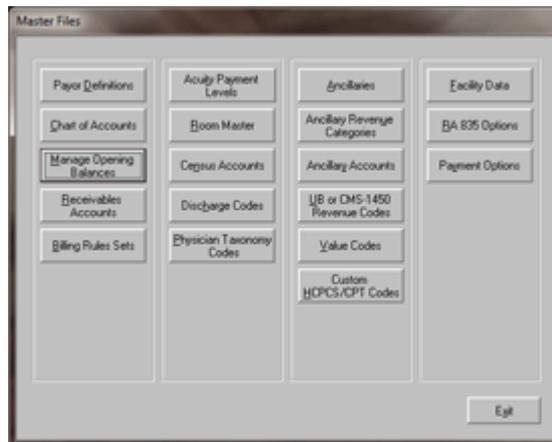
CHAPTER 29

Master Files

In This Chapter

Master Files Main Screen	401
Payor Definitions	401
Chart of Accounts	404
Manage Opening Balances.....	405
Receivables Accounts	406
Billing Rules Sets.....	407
Acuity Payment Level (Level of Care)	414
Room Master.....	423
Census Accounts	425
Discharge Codes	425
Physician Taxonomy Codes.....	426
Ancillaries (Master Files).....	429
Ancillary Revenue Categories	433
Ancillary Accounts	434
UB or CMS-1450 Revenue Codes	435
Value Codes	435
Custom HCPCS/CPT	436
Facility Data.....	436
RA 835 Options	438
Payment Options	439

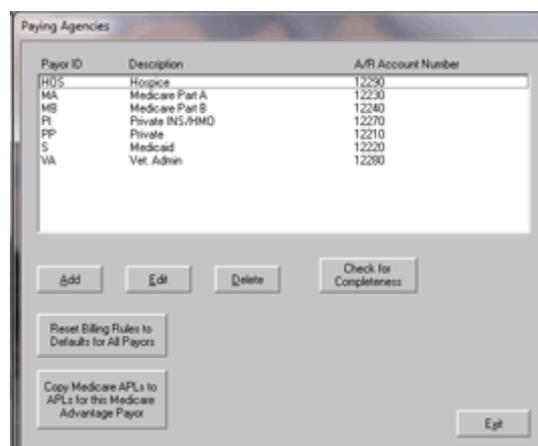
Master Files Main Screen



This module contains settings and data for the facility that is used throughout the WinCare Financial program and can be accessed by selecting the Master Files button from the WinCare Control Panel.

Payor Definitions

Access the **Payor Definitions** button from the Master Files screen to enable the user to **Define Payors** and indicate the accounts, acuity payment levels (levels of care) and other billing information about each payor. The **Paying Agencies** screen opens by clicking the Add or Edit button.



The defined payors displayed on this screen link to a resident with a payor and acuity payments level (level of care). Add payors as needed but do not delete or change the name of the pre-defined payors (MA, MB, S, VA, PP, or PI). The Delete option is only available for any payor that is not a pre-defined payor.

- Select **Add** to open the **Edit Paying Agencies** screen that will allow the addition of a new payor, define the payment levels and assign the accounts that will be linked to the new payor.

- Highlight a desired payor and click **Edit** to view or change data that was previously entered for either a pre-defined payor or a payor that had been added by the user.
- Click **Completeness Check** to allow the view of a text file that lists all missing required payor information.
- **Reset Billing Rules to Defaults for All Payors** - resets all Payors to use their pre-defined Billing Rule Set as originally shipped by WinCare.
- **Copy Medicare APLs to APLs for this Medicare Advantage Payor** - If you have added a paying agency that is a Medicare Advantage payor you can select the payor and click this option to copy all the Medicare APLs the selected payor. This adds all the RUG levels as APLs.
- Click **Exit** to return to the Master Files screen.

Edit Paying Agencies

Change the default selection for each receivable or revenue account from the drop down list. The account numbers should be **Edited** at the time of the Program **Setup**.

- **Accounts Receivable** displays the default receivable account
- **Advanced Billing Accounts Receivable** is used when bills are sent a month in advance of provided services.
- **Level of Care** displays an acuity payment level for the selected payor.
- **Ancillary Revenue Account** is used for recording ancillary revenues.
- **Ancillary Contra Revenue** is the offset revenue account for adjustments made in the Ancillary module.
- **Census Revenue Account** is used to record room and board revenues.
- **Census Contra Revenue Account** records the accounts used for contract adjustments or credits for room and board expenses.
- **Advanced Billing Revenue Account** is used for income from advance billing.
- **Patient Liability/Deductible Rev. Acct.** is to record Patient Liability Revenues.

Sample screen for Medicaid (payor)

The screenshot shows the 'Edit Paying Agency' window for Medicaid. Key fields include:

- Payor ID:** 5
- Payor Description:** Medicaid
- Payor Name for Claims and EDI:** DR-MM5
- Default Account Numbers & Descriptions:**
 - Accounts Receivable Account Number: 12220 (AR Medicaid)
 - Advanced Billing Accounts Receivable: 12260 (Advance Billing)
 - Level of Care: ICF (INTERMEDIATE)
 - Ancillary Revenue Account: 42220 (Med/Surg Supplies - State)
 - Ancillary Contra Revenue Account: 42920 (Ancillary Dtlvets - State)
 - Census Revenue Account: 41126 (ICF Routine-State-ICF)
 - Census Contra Revenue Account: 41127 (ICF Routine Dtlvets - State-ICF)
 - Advanced Billing Revenue Account: 42999 (Advanced Billing Revenue)
 - Patent Liability/Deductible Rev Acct: 42220 (Med/Surg Supplies - State)
 - Facility Liability To Payor Account: 21010 (Default Facility Liability To Pay)
- Address:** 500 Summer St NE
- City:** Salem
- State:** OR
- Zip:** 97301-0315
- Contact Person:** Provider Services
- Telephone:** Area Code: 800, Number: 336-6016, Ext.:
- Print this Message on Invoice (line 1):**
- Print this Message on Invoice (line 2):**
- Print this Message on Statement (line 1):**
- Print this Message on Statement (line 2):**
- CMS Payor ID:** 930592162
- CMS Payor Type:** MC Medicaid
- Provider ID (Used for UB04-FL51, Health Plan ID):** 654824 (This is the Federal Number for MA, Provider for MC)
- Spread Credits Option:** Do not spread credits to open invoices
- Billing Rules Set:** Medicaid Standard
- Receiver to send Claims to for this Payor:** NHC

The lower section of the screen includes the following billing fields:

Use the **Print this Message on Statement** and **Print this Message on Invoice** fields to include one or two comments at the bottom of the invoice or statement. The length of the line is limited to 75 characters.

Spread Credits Option is used to determine how credit balances are applied to open invoices. There are three options: Do not spread credits to open invoices; Spread credits to open invoices in the same month; Always spread credits to open invoices.

Billing Rules Set allows the selection of the billing rule to be used with this payor. Billing rules determines how invoices and UB04s are created.

Payor Assigned Provider ID is used for electronic billing and needs to be entered before electronic claim file scan be submitted to the payor.

CMS Payor Type, CMS has defined multiple types of payors, select the correct type for the payor.

Pick The Intermediary For This Payor assigns the Intermediary the electronic claims files will be sent to. This feature is used for electronic billing. Intermediaries need to be define in the EDI module's Receiver screen before they can be selected on this screen.

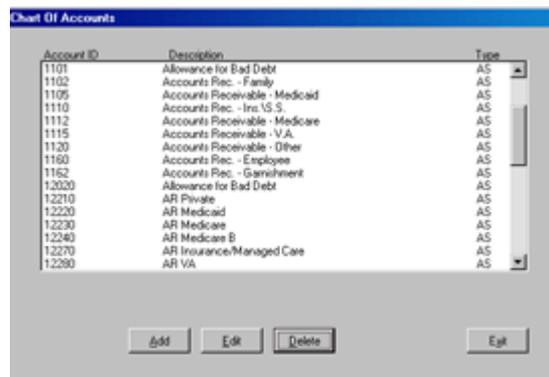
The Red fields are required for electronic billing.

Click **OK** to save all changes and return to the Paying Agencies screen.

Account number changes on this screen do not trickle down to the "Receivable Accounts", "Census Accounts", and "Ancillary Accounts" modules in Master Files. Those sections need to be updated with the account changes also.

Chart of Accounts

Access this screen to view a list of the Accounts Receivable, Income and Contra Revenue (Offset) accounts.



Click Add to define a new receivable or revenue account.

Click Edit to change the data on an existing account.

Click **Exit** to return to the Master Files screen.

Add/Edit Chart of Accounts

Select **Add** to define a new receivable or revenue account.

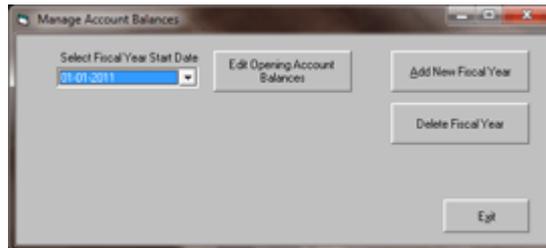
1. Enter the account number in the **Account ID** field.
2. Use the **Description** field to enter a description of the account.
3. Enter **IN** for income or **AS** for asset in the **Type** field.
 - **Accounts Receivable (Asset):** Assign AS in the Type field and C in the Class field
 - **Income (Revenue):** Assign IN in the Type field and R in the Class field
 - **Contra-Revenue (Offset and Expense):** Assign IN in the Type field and D in the Class field

The Class field contains the account class: C = Current (Accounts Receivable), D = Deduct from Revenue (Offset or Expense Accounts), R = Revenue (Income Accounts). Do not change an account's type or class if it has an existing (positive or negative) balance or the balance may become incorrect.

Click **Edit** to make changes to the description of an account by following the steps above. The Account ID field is non-editable if editing an existing account.

Manage Opening Balances

Fiscal Years are created and beginning balances are entered or zeroed out for each fiscal year in this module. The following Ledger reports use this feature: Summary Trial Balance, Account Activity Report, and AR Recap by AR Account. Instead of balances based on all the activity that ever occurred for an account, the account balances can be set so they just reflect the activity of the selected fiscal year. The current fiscal is selected in Master Files, Facility Data.



Add New Fiscal Year: Allows the entry of the starting date of a fiscal year. New Fiscal years can be added as they come up, or historical ones can be entered for the reports.

Edit Opening Account Balances: Allows the Opening/Beginning balance for each account to be set for the selected fiscal year. The Last Year value is the balance at the end of the previous fiscal year. Most of the opening balances will be left at \$0.00 so the report will reflect only the activity for the current year. To copy the Last Year balance to the opening click on the button between the two values on the screen.

Opening Balances				
Type	Number	Description	Last Year	Opening
A	11010	Checking Account 1	32863.28	0.00
	12010	Accounts Receivable	0.00	0.00
A	12020	Allowance for Bad Debt	0.00	0.00
A	12200	Wash Account	0.00	0.00
A	12210	AR Private	19613.87	0.00
A	12220	AR Medicaid	35630.56	0.00
A	12230	AR Medicare	-364.96	0.00
A	12240	AR Medicare B	132.62	0.00
A	12260	Advance Billing	-989.00	0.00
A	12270	AR Insurance/Managed Care	11390.00	0.00
A	12280	AR VA	0.00	0.00
A	12290	AR Hospice	0.00	0.00
A	12320	Miscellaneous Receivables	0.00	0.00
L	21010	Default Facility Liability To Payer Account	0.00	0.00
R	41010	SNF Routine - Private	0.00	0.00
R	41011	SNF Routine - Offset-Private	0.00	0.00
R	41013	Nursing Home Income	0.00	0.00
R	41020	SNF Routine - State - SK	0.00	0.00
R	41021	SNF Routine - Offset - State-SK	0.00	0.00
R	41022	SNF Routine - State - SK-HC	0.00	0.00
R	41023	SNF Routine - Offset - SK-HC	0.00	0.00
R	41024	SNF Routine - State - ICF - HC	0.00	0.00
R	41025	SNF Routine - Offset-State-ICF-HC	0.00	0.00
R	41026	SNF Routine - State - ICF	0.00	0.00
R	41027	SNF Routine - Offset - State-ICF	0.00	0.00
D	41030	Fixed Date/State-Default	0.00	0.00

Delete Fiscal Year: Deletes the Fiscal Year that is selected on the screen and its balances.

Receivables Accounts

The Receivables Accounts screen let you assign receivable account number by Care unit and Payor.

Care Unit	Payor	Receivables Account	Receivables Co-Pay Account
BlueWest	Private	12210 - AR Private	12210 - AR Private
BlueWest	Medicaid	12220 - AR Medicaid	12220 - AR Medicaid
BlueWest	Medicare Part A	12230 - AR Medicare	12230 - AR Medicare
BlueWest	Medicare Part B	12240 - AR Medicare B	12240 - AR Medicare B
BlueWest	Private INS/HMD	12270 - AR Insurance/Managed Car	12270 - AR Insurance/Managed Car
BlueWest	Vet. Admin	12280 - AR VA	12280 - AR VA
BlueWest	Hospice	12290 - AR Hospice	12290 - AR Hospice
GreenEast	Private	12210 - AR Private	12210 - AR Private
GreenEast	Medicaid	12220 - AR Medicaid	12220 - AR Medicaid
GreenEast	Medicare Part A	12230 - AR Medicare	12230 - AR Medicare
GreenEast	Medicare Part B	12240 - AR Medicare B	12240 - AR Medicare B

Each Care Unit and Payor combination can be assigned their own Receivable account numbers if desired. The default values come from the Payor Definitions. The Edit screen is shown below.

Care Unit: BlueWest
 Payor: Medicare Part A
 Receivables Account No.: 12230 (Account Description: AR Medicare)
 Receivables Copay Account: 12230 (Account Description: AR Medicare)
 Advanced Billing Receivables Account: 12260 (Account Description: Advance Billing)
 Default Revenue Account No.: 42230 (Account Description: Med/Surg Supplies - Medicare A)
 Default Revenue Offset Account: 42300 (Account Description: Ancillary Offsets - Medicare A)
 Default Advanced Billing Revenue Account: 42999 (Account Description: Advanced Billing Revenue)

Apply as shown.
 Apply to all Payors.
 Apply to all Care Units.

The "Receivables Account No." and "Receivables Copy Account" should be the same account number. In the future the program will be updated and the "Receivables Copay Account" will go away on the screen and everything that refers to it will look at the "Receivables Account No." instead.

Billing Rules Sets



Billing Rules define how an invoice is created for a payor, when it is the Primary or Secondary payor on a claim. The rules also define how the UB04 is created. WinCare comes with some pre-defined Billing Rules for Medicaid, Medicare, Private Pay, and Private Insurance. Since these rules can vary State to State the facility is able to re-define the rules as needed. For non-Medicare and Medicaid payors new rules can be created as needed.

Billing Rules are assigned to a payor in the Payor Definition screen of Master files. They can also be assigned on the insurance detail screen of census records, for backwards compatibility for how private insurance companies were used in older versions of WinCare.

Because WinCare was not originally designed with Billing Rule sets in mind. We are stuck for now with this limitation:

When creating a UB Claim for a specific payor for a specific Invoice/Billing Sub Period, There are two possible sources for the Billing/Claim Rules to come from. The first is the Rule set used is that for the Payor of the UB Claim being generated. The second, if it exists, will supersede the first. The second is the selected Bill Method on the Insurance Detail screen if 1) There is an insurance detail for the primary payor, 2) if on the insurance detail, a Bill Method has been selected.

If there are more than 1 insurance detail records specified for the primary payor (ie multiple census records in the sub period that each specify a different insurance detail, our program does not and will not handle this. The first census record in the sub period where the primary payor is the payor of the UB Claim being generated is the one that determines the billing method. If the user must have two different insurance details specifying two different billing/claim methods, then they must be sure to bill them in separate bill sub periods. For example, when they make the change to insurance detail 2, be sure to bill through the last day before that change, thus creating two different billing sub periods.

Billing Rules Set Definitions

The first two tabs of the Billing Rules Set Definitions screen control the creation of the invoices and the last tab control the creation of the UB04.

Plan Details Page 1:

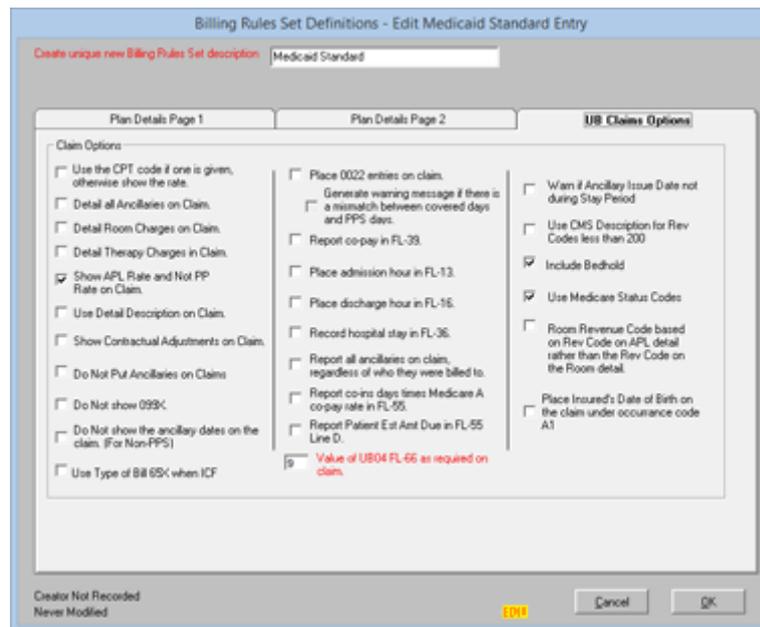
Plan Details Page 2:

1. **Plan pays Part A Copay** enables the program to bill the payor instead of the resident for the copay.
2. **Plan pays Part B Copay** enables the program to bill the payor instead of the resident for the copay.

- Always bill Medicaid recipient liability in full, even if no Medicaid patient days are billed and even if no Medicare Part A Copay days are billed to Medicaid. Medicaid must be a secondary or tertiary payor.

Advanced Medicaid Recipient Liability can be pre-billed when Medicaid is the secondary payor by setting the Medicaid Billing Rules as follows: Check "Pre-Bill Monthly Deductible to Private Pay" and check "Always Bill Medicaid Recipient Liability in Full,..."

UB Claim Options:



UB Claim Options and what they do

Use the CPT code if one is given, otherwise show the rate.

If the Revenue code is ≥ 200 and < 400 , then :

- without this option neither rate nor units will show.
- with this option, if there is a CPT code, it will be shown, otherwise, the rate will be shown

If the Revenue code is < 200 or ≥ 400 then no matter how this option is set, the CPT will be used over the rate if it is specified.

Detail all Ancillaries on Claim

Unless some kind of detail option is set, normally the Claim will show a summary by grouping all the ancillary by CMS Rev Code, reporting one line with the total of all the charges for the CMS Rev code. Eg: 0300 LAB 195.00

One exception to this is that Accommodation Charges (AKA Room Charges, CMS Rev Codes 0100-0199) are NOT summed into a single line per CMS Rev code if the Room Rate is different, regardless of the setting 'Detail Room Charges'. Also, even if Detail All Ancillaries is not set and Detail Room charges is not set, the Room Charges will be detailed if the rate changes.

Detail Room Charges on Claim

Set this if you wish for the room charges to be detailed even if the rate does not change.

Detail Therapy Charges on Claim

Therapy charges (CMS Rev codes 041x to 044x) are detailed only if this option or if Detail All Ancillary is set.

Show APL Rate and Not PP Rate on Claim.

If selected, will show the sum of the Room Charge and its corresponding contractual adjustment charge (if any) whether positive or negative as the net amount charged. Normally, the amount shown on the UB Claim is the private pay corresponding rate or just private pay rate. If the invoice contains both an RBO and a corresponding RBCAPPS entry, this option can be used.

Use Detail Description on Claim

This option applies only to CMS Rev Codes \geq 0200.

If this option is not set, the CMS description will be used for the CMS Rev Code.

If this option is set, the Description in the Ancillary Master File will be used.

Normally this option is only used when Detailing all ancillaries.

Show Contractual Adjustments on Claims

If selected, will show both the Charge and it's corresponding Contractual Adjustment (essentially reversing the charge) on the UB Claim. Does not apply to Room Charges.

Do not put Ancillaries on Claims

If this option is set, no ancillary charges will show on the claims. Only items on invoices that are RBO or RBBH* will be included on the claims.

Do not show 099X.

Select this if you do not want ancillary items with CMS Rev code 0990-0999 to show on the claim.

Do not show the ancillary dates on the claim

When using the option to Place 0022 entries (PPS RUGS) onto the claims, then this option only applies to CMS Rev codes ≥ 0100 .

Otherwise, if this item is checked, the 'date' will not be shown.

Normally dates are not shown for summarized Revenue Codes as they carry no meaning unless the ancillary charges are being detailed.

Place 0022 entries on the claim

Use this option when billing Medicare Part A or Medicare Advantage Plans. Selection of this option will put the PPS RUGS scores onto the claim under CMS Rev code 0022.

Generate warning message if there is a mismatch between covered days and PPS days.

Use this option only if also using 'Place 0022 entries on the claim'.

When both options are selected, this will generate a warning message in the UB Claim creation log warning of a mismatch if one occurs.

Report co-pay in FL-39.

Use this option for Medicare-A and Medicare-A like billing. When selected, the number of Medicare Co-Pay days times the Medicare Co-Pay rate will be entered into FL39 on the UB Claim.

Place admission hour in FL 13.

Required for Medicare-A?

Place discharge hour in FL 16.

Required for Medicare-A?

Record hospital stay in FL 36.

Required for Medicare-A

Report all ancillaries on claim regardless of who they were billed to.

Some payors require that all ancillaries given to a resident be recorded on the UB Claim, regardless of who will pay. Eg, Medicaid programs normally do not pay for personal purchase items, yet some states require that these items be listed on the UB Claim.

Selecting this item will place all ancillaries that are billed for a resident onto the UB Claim.

Report co-insurance days times Medicare A co-pay rate in FL 55.

Required for Medicare-A

If secondary or tertiary payor have insurance detail option 'Pays Part-A Copay' set, then if there are Medicare co-pay days then the Co-Pay amount is recorded in FL-55

Value of UB04 FL-66 as required on claim.

For Medicare A, this is required to be '9' - for ICD9.

Warn if Ancillary Issue Date not during Stay Period.

Required for Medicare-A

If selected, a warning message will be put into the Autocreate UB log when an ancillary charge exists for this payor where the issue date is NOT during the stay period.

***Below are documented, but not implemented at this time.*

Include Bedhold

Not implemented at this time. - Forced to be True

Select this option if you wish BedHold charges to be included on the Claim.

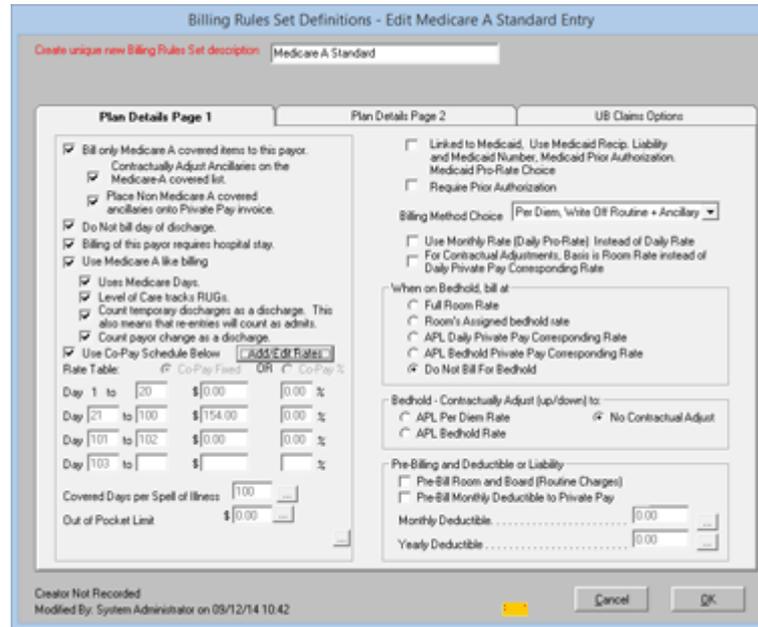
Use CMS Descript for Rev Codes less than 200.

Not implemented at this time. Forced to be True

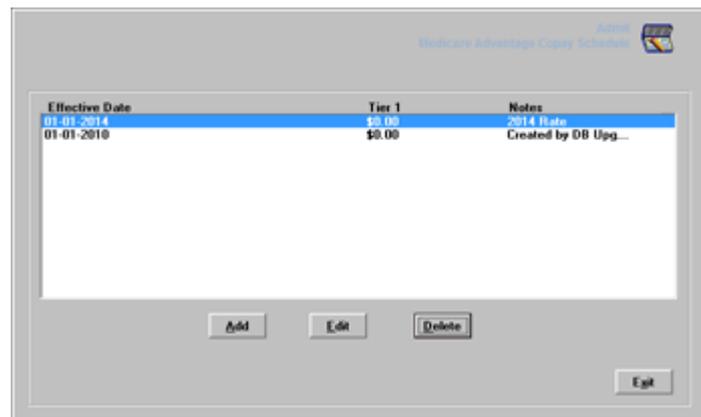
This would modify the option 'Use Detail Description on Claim'

Use Medicare A like billing

The option "Use Medicare A like billing" is for Medicare Part A, Medicare Advantage Plans, and other insurance plans that bill like Medicare A and have a co-pay schedule.



The "Add/Edit Rates" allows a history of Co-pay rates so the correct co-pay is billed for the correct billing period.



For Advantage plans you have the ability to have up to four rate tiers.

Effective Date: 1/1/2014

Rate Table: Co-Pay Fixed OR Co-Pay %

Day	to	Tier1CutOff	Tier1Rate	Tier1Percent
Day 1	to	20	0	0
<input checked="" type="checkbox"/> Day 21	to	100	154	0
<input checked="" type="checkbox"/> Day 101	to	102	0	0
<input type="checkbox"/> Day 103	to	0	0	0

Covered Days Per Spell: 100

Monthly Deductible: 0

Out of Pocket Limit: 0

Yearly Deductible: 0

Insurance Pay Percent: 0

Notes: 2014 Rate

Buttons: Cancel, OK

Acuity Payment Level (Level of Care)

This section lists the level of care and identified billing rates for each payor by clicking **Acuity Payment Level** from the Master Files screen.

Master Files: APL

Payor: MA - Medicare Part A Please select a Payor.

APL	Description	Skilled	RUGS	Rate
BA1	BEHAVIOR 4 - 5	X	BA1	\$204.0
BA2	BEHAVIOR 4 - 5NR	X	BA2	\$206.0
BB1	BEHAVIOR 6 - 10	X	BB1	\$208.0
BB2	BEHAVIOR 6 - 10NR	X	BB2	\$209.0
BC1	BEHAVIOR C	X	BC1	\$150.0
CA1	COMPLEX 4 - 11	X	CA1	\$211.0
CA2	COMPLEX 4 - 11D	X	CA2	\$212.3
CB1	COMPLEX 12 - 16	X	CB1	\$213.4
CB2	COMPLEX 12 - 16D	X	CB2	\$213.0

Buttons: Add, Edit, Delete, Exit

Enter Rate Change for All APL's at Once

1. A pre-defined list of levels that link the type of care to a billing rate is displayed.
2. Under **Payor**, select a payor from the drop down list. Medicare part B is not listed because levels of care pertain to room/board.
3. Highlight a level of care and click **Edit**.

The **Enter Rate Change for All APL's at Once** button takes you to the APL Rate change screen. This screen allows the changing of all the selected payor's APL rates at once, instead of manually editing each APL rate one at a time.

Add/Edit Acuity Payment Level (Private Pay)

Access this section by selecting the **Acuity Payment Level** button from the Master Files screen. The level of care and identified billing rates are entered for each payor.

Private Pay:

APL Detail for Payor: Private

APL Code: PICF APL Description: Interm - Semi Priv Room Skilled Medicaid Pending

This APL is ICF/MR. UB Rev Code For Room and Board: 0120 - ROOM-BOARD/SEMI

PPS eligible. Private Pay Bill Method: Bill Using APL Rate (Not Room Rate)

This APL uses a Monthly Rate Pro-rated daily. Enter Old Room Rate / APL

Effective Date	Daily Rate	Daily Bedhold	Daily PP Basis	Daily BH Basis	Notes...
01-01-2005	\$1115.00	\$1115.00	\$0.00	\$0.00	

Creator Not Recorded
Modified By: System Administrator on 07/31/06 14:23

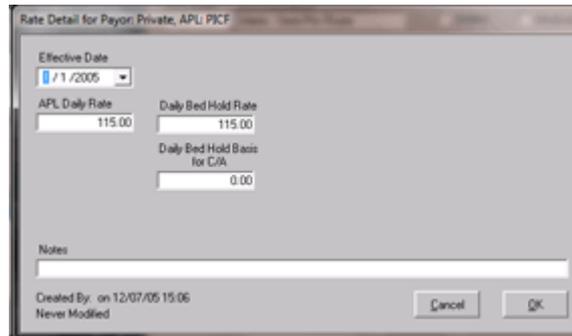
Buttons: Add, Edit, Delete, Cancel, OK

1. Enter a short **ID Code** to identify the acuity payment level (level of care). This field is required. (max. 4 characters)
2. Enter a **Name** or **Description** in the required Acuity Payment Level field.
3. Enable the checkbox for **Skilled** to automatically fill the settings skilled or intermediate in the level of care field on face sheet 2.
4. Enable the checkbox **Medicaid Pending** if this level is to be assigned a rate specific to a Medicaid Pending status. After assigning Medicaid Pending level of care to a resident a + sign will be displayed in the MP column on the resident list for that selected resident.
5. If applicable, enable the checkbox to indicate if the level of care is **PPS eligible**.
6. If applicable, enable the checkbox to indicate if the level of care is an **ICF/MR**.
7. The **checkbox This APL uses a Monthly Rate Pro-rated daily** is optional and can be used when the facility uses a monthly routine and bed hold rate for this level of care.
8. The **UB Rev Code for Room and Board** is a required field and defaults to 0120 - Room-Board/Semi. Other choices are available from the drop down list.

9. The Private Pay Bill Method defaults to the option **Bill Using the APL Rates** instead of using the room rates. Enable the checkbox **Write-Off (Room Rate-APL)** to enable the program to bill by the room rate minus the level of care which will provide a write-off.
10. Enter a **Daily** and **Bed Hold** rate by clicking the **Add** button under the Rate Detail section.

Rate Detail (Private Pay)

This screen enables the entry of the APL daily rate for the selected level of care.



Rate Detail for Payor Private, APL PKCF

Effective Date
7/1/2005

APL Daily Rate: 115.00

Daily Bed Hold Rate: 115.00

Daily Bed Hold Basis for C/A: 0.00

Notes

Created By: on 12/07/05 15:06
Never Modified

Cancel OK

1. Enter a **Daily Rate** for this level of care in the APL Daily Rate field. A dollar sign \$ is not necessary, but a decimal point is required.
2. Enter a **Daily Bed Hold Rate** when billing a resident or this payor for the days away from the facility. A dollar sign \$ is not necessary, but a decimal point is required.
3. An optional **Notes** field is available to enter rate related information.
4. Click **Save** to save the data and return to the **APL** screen.

Add/Edit Acuity Payment Level (Medicare Part A)

Access this section by selecting the **Add** or **Edit** button from the main Acuity Payment Level screen.

Medicare Part A:

APL Detail for Payor: Medicare Part A

APL Code: SB2 APL Description: BEHAVIOR 6 - 10NR Skilled Medicaid Pending

Write-Off based on Room Rate instead of Private Pay Corresponding Rate On Rate Detail UB Rev Code For Room and Board: 0120 - ROOM-BOARD/SEMI

This APL is ICF/MR. RUG's Group: BS2

PPS eligible

Effective Date	Daily Rate	Daily Bedhold	Daily PP Basis	Daily BH Basis	Notes...
10-01-2009	\$212.75	\$0.00	\$317.45	\$0.00	
10-01-2008	\$210.45	\$0.00	\$315.00	\$0.00	
10-01-2007	\$208.41	\$0.00	\$250.00	\$0.00	

Creator Not Recorded
Modified By: System Administrator on 11/24/09 08:46

1. Enter a short **ID Code** to identify the acuity payment level (level of care). This field is required and should be the RUG level. (max. 4 characters)
2. Enter a **Name** in the required Acuity Payment Level field.
3. Enable the checkbox for **Skilled** to automatically fill the settings skilled or intermediate in the level of care field on face sheet 2.
4. Specify to enable the **Write-Off based on a room rate or PP corresponding rate for non-private pay APLs** by enabling the checkbox. This option will be overridden when the checkbox to have the write-off based on the level of care has been set globally on the Facility Data screen. When this checkbox is left unchecked and the write-off option on the facility data screen is left unchecked, the write-off will be based on the level of care.
5. **PPS eligible** must be checked, and the corresponding **RUG's Group** must be selected.
6. The **UB Rev Code for Room and Board** is required and defaults to 0120 - Room-Board/Semi.
7. Enter a **Daily** and **Daily Private Pay Corresponding Rate** by clicking the **Add** button under the Rate Detail section.

Once a year the RUG rates must be updated by the facility. Your fiscal Intermediary will send your specific facility rates by October 1 of each year.

Rate Detail (Medicare Part A)

This screen enables the entry of the APL daily rate for the selected level of care.

1. Enter a **APL Daily Rate** in the APL Daily Rate field. A decimal point is required.
2. Enter a **Private Pay Corresponding Rate**, this is the rate that will be used on the UB04 and generally should be the same as the **APL Daily Rate**.
3. Click **Save** to save the data and return to the APL screen.

Add/Edit Acuity Payment Level (Medicaid)

Access this section by selecting **Acuity Payment Level** to enter the level of care and identified billing rates for each payor.

Effective Date	Daily Rate	Daily Bedhold	Daily PP Basis	Daily BH Basis	Notes...
01-01-2005	\$130.77	\$130.77	\$200.00	\$180.00	

1. Enter a required **ID Code** (max. 4 characters) to identify the acuity payment level.
2. Enter a **Name** or **Description** for the Acuity Payment Level..
3. Enable the checkbox for **Skilled** to automatically fill the settings skilled or intermediate in the level of care field on face sheet 2.
4. Enable Medicaid Pending if this level is to be assigned a rate specific to a Medicaid Pending status. After assigning a Medicaid Pending level of care to a resident a + sign will be displayed in the MP column on the resident list for that selected resident.

5. **Write-Off based on a room rate or PP corresponding rate for non-private pay APLs** is optional and will be overridden when the checkbox to have the write-off based on the level of care has been set globally on the Facility Data screen. When this checkbox is left unchecked and the write-off option on the facility data screen is left unchecked, the write-off will be based on the level of care. When this checkbox is checked and the option on the Facility Data screen is unchecked, the write-off will be based on the room rate.
6. Indicate if the level of care is PPS eligible, when applicable.
7. Indicate if the level of care is ICF/MR eligible, when applicable.
8. The **UB Rev Code for Room and Board** is a required field and defaults to 0120 - Room-Board/Semi.
9. Enter a **Daily** and **Bed Hold** rate by clicking the **Add** button under the Rate Detail section.

Rate Detail (Medicaid)

This screen enables the entry of the APL daily rate for the selected level of care.

1. Enter a **Daily Rate** for this level of care in the APL Daily Rate field. A decimal point is required.
2. Enter a **Daily Bed Hold Rate** when billing a resident or this payor for the days away from the facility. A decimal point is required.
3. Enter a **Private Pay Corresponding Rate** that would be charged to a private pay resident. This field is required if the facility has enabled the option **Write Offs Based on Level of Care** in the Facility Data section in Master Files.
4. An optional **Notes** field is available to enter rate related information.
5. Click **Save** to save the data and return to the APL screen.

Enter Rate Change for All APL's at Once

This screen allows the changing of all the selected payor's APL rates at once, instead of manually editing each APL rate one at a time.

APL	Old Day Rate	New Day Rate	Old Bedhold Day Rate	New Bedhold Day Rate	Old Daily Basis	New Daily Basis	Effective Date	Old Monthly Rate
RUDC	\$310.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RUL	\$306.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RVOC	\$287.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
PVL	\$307.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RHOC	\$282.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RHL	\$287.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RMOC	\$283.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RML	\$274.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RLTC	\$271.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RUC	\$276.34	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RUB	\$266.74	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RUA	\$262.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RVC	\$253.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RVR	\$249.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00
RVA	\$243.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	10/1/2007	\$0.00

Steps to enter new daily rates for the selected payor's APLs (i.e. yearly Medicare A rate change):

1. Enter the date the rate change becomes effective in the box at the top of the screen and then click **Apply To All APL's**.
2. Enter the **New Day Rate** for each APL
3. If the Payor allows billing of Bed Hold then enter the **New Bedhold Day Rate**. If the bed hold rate hasn't changed for each APL then use the **Copy Old Daily Bedhold to New** button to get the old rates. If there is no Bed Hold rate then leave them \$0.00.
4. The **New Daily Basis** is the **Daily Private Pay Corresponding Rate** on the APL **Add/Edit Screen**. If you are set up to use the Private Pay Corresponding Rate instead of the Room Rate for Write-Offs then enter the New Daily Basis rate. If the rates haven't changed then you can use the **Copy Old Daily Basis to New** button.
5. Once the rates are entered correctly click **Commit And Finalize All Changes**, then **Yes** to confirm you wish to save the changes.

Note: For Medicare A the New Daily Basis is used on the UB04 so it should be set to the same value as the New Day Rate.

The APL Rate Wizard has many additional features:

The Wizard allows the entry of the day (daily) or monthly rate of the APL, whether a rate is daily or monthly is determined in the APL **Add/Edit Acuity Payment Level** screen. Each APL can be Daily or Monthly it cannot be both. When entering monthly rates you will need to scroll the screen to the right to see all the monthly columns. Monthly rates are not available for Medicare and Medicaid/Medi-Cal.

Save All Changes For Later - Since Medicare A has so many APL/RUGs levels the wizard allows you to start working on the new rates, save where you are and then come back and finish the rate change at a later time. This action will save all changes you have made during the current session with the APL Rate Wizard and place those changes in a 'pending' status for continued work at a later time. These pending rates will not be established as the working rates for WinCare until they are "Committed and Finalized".

Commit and Finalize All Changes - This action will "Commit and Finalize" all rate changes you have made with the APL Rate Wizard and establish them as the working rates to be used starting on their effective date.

Cancel Current Session - This action will erase all changes you have made during the session with the APL Rate Wizard and close the screen. Any pending changes from previous sessions will not be lost.

Cancel All Pending Changes - This action will erase all changes that have been made in this session and all previous sessions in the APL Rate Wizard and close the screen.

There are six copy functions that copy all the values of an old column to the related new column. *Note: the Old Rate is the currently active rate in WinCare.*

1. **Copy Old Day Rate to New** - APL Daily Rate
2. **Copy Old Monthly Rate to New** - Monthly Routine Rate
3. **Copy Old Daily Basis to New** - Daily Private Pay Corresponding Rate
4. **Copy Old Daily Bedhold to New** - Daily Bed Hold Rate
5. **Copy Old Monthly Bedhold to New** - Monthly Bedhold Rate
6. **Copy Old Monthly Basis to New** - Monthly Private Pay Corresponding Rate

There are two copy functions that copy the new APL rate to the new bed hold rate. This is used when the bed hold rate is the same as the APL rate.

1. **Copy New Day Rate to New Bedhold**
2. **Copy New Monthly Rate to New Monthly Bedhold**

Room Master

The Room Master enables the users to add, view, or edit rate information for each individual bed or room. This function can be accessed in the Utilities module for both clinical and integrated users. The integrated version also includes it in the Master Files module.

Room	Station	Daily Rate	Unskilled Rate	Monthly Rate	Eff. Date	Rev. Code
100	Blue	\$0.00		\$4000.00	01-01-2003	0110
101	Blue	\$0.00		\$4000.00	01-01-2003	0110
102	Blue	\$0.00		\$4000.00	01-01-2003	0110
103	Blue	\$0.00		\$4000.00	01-01-2003	0110
104	Blue	\$0.00		\$4000.00	01-01-2003	0110
105	Blue	\$0.00		\$4000.00	10-01-2005	0110
106	Blue	\$0.00	\$0.00	\$4000.00	01-01-2006	0110
107	Blue	\$135.50	\$110.00	\$3600.00	05-01-2006	0110
108	Blue	\$131.50	\$110.00	\$0.00	01-01-2005	0110
1A	Green	\$130.00	\$80.00	\$3750.00	05-10-2006	0120
1B	Green	\$125.00	\$80.00	\$0.00	01-01-2003	0120
2A	Green	\$125.00	\$80.00	\$0.00	01-01-2003	0120
2B	Green	\$125.00	\$80.00	\$0.00	01-01-2003	0120
3A	Green	\$110.00	\$70.00	\$0.00	01-01-2003	0130
3B	Green	\$110.00	\$70.00	\$0.00	01-01-2003	0130
3C	Green	\$110.00	\$80.00	\$3000.00	05-01-2005	0130
3D	Green	\$110.00	\$80.00	\$0.00	01-01-2003	0130
4A	Green	\$115.00	\$95.00	\$3700.00	05-20-2006	0120

Search For Room

Buttons: Add, Edit, Delete, Print, Setup, Exit

1. The Rate is used for private pay residents and may be entered to take effect on a future date.
2. Use the Search for Room field to find a specific room by entering the number of the room and the program will automatically scroll to that room.
3. Click Setup to synchronize rooms that have been added from the clinical program to the A/R program.
4. Select Print to print a list of the rooms with the station/care unit, rates, effective dates, and revenue codes. The date defaults to the current system date but is editable by making a selection from a built-in calendar. Click the drop down arrow to display the calendar.
5. Click Add to open the Rate Detail screen to add a new room. See Rate Detail.

Click Edit to make changes to the detailed information for a selected room. This function displays the same screen as the Add function except the previously entered data is displayed.

Room Detail

Access the **Room Detail** screen by selecting the **Add** or **Edit** button from the main Room Master screen.

Eff. Date	Daily	Unskilled	Monthly	Notes
01-01-2006	\$131.50	\$110.00	\$0.00	--

1. Enter a **Room Number** and **Bed Identifier**. Use the bed number or letter when there is more than one bed in a room. A room may have more than one bed, each with its own rate and associated data. Example: 9510A.
2. Enter a **station** identifier, if applicable.
3. Select a **HCFA Revenue Code** by clicking the drop down arrow and scrolling to the appropriate code if the room is skilled.

The lower section of the screen contains the rate detail fields. See Room Rate Detail.

Room Rate Detail

Select the **Add** button from the Rate Detail screen to open the **Room Rate Detail** screen. The current system date and a \$0.00 room rate are automatically entered on the screen.

1. Highlight the newly entered item and click **Edit** to open the Room Rate Detail screen.
2. Enter a date into the **Effective Date** field that the rate is to be changed. A room rate can be changed in advance by using a future date for the effective date.

3. Enter a **Daily Rate** for the room for skilled in the daily rate field, if applicable or enter a daily rate for the room if unskilled in the daily rate field next to the term unskilled in parentheses. A **Monthly Rate** for the room can be entered instead of a daily rate and the daily rate fields must contain a \$0.00 amount.
4. If applicable, enter a daily or monthly rate for billing bed hold when the resident is temporarily out of the facility.
5. Notes related to the rate detail for the selected room may be entered in the Notes memo field.
6. Click **Exit** to save the entry and return to the Rate Detail screen.

The rate change will be effective on the date that was set, unless the room is already occupied. If the room is occupied, the rate change will take effect at the beginning of the next accounting period.

Census Accounts

Access the **Census Accounts** screen to define accounts based on the acuity payment level used by each payor by clicking Census Accounts from the Master Files screen.

When a new acuity payment level is added to the database, WinCare automatically generates entries in this file and assigns them to default accounts.

View/Edit the account assignments for payor or level of care by highlighting the item and clicking **Edit**.

Click **Exit** to return to the main Master Files screen.

Edit Census Accounts

Edit the Census Accounts by the following steps:

1. Select the **Edit** button from the main Census Accounts screen.
2. Click the drop down arrows for the **Revenue**, **Contra Revenue** and **Advanced Revenue** accounts to display a list of accounts to select.
3. Click **Apply as Shown** to use the selected accounts for only the listed level.
4. To save time, use **Apply to all Levels of Care** to apply the account definitions to all levels.
5. Click **Exit** to save all changes and return to the main Census Account screen.

Discharge Codes

Access this screen to add/edit the **Discharge Status Codes** that are displayed in a drop down field on the discharge screen in the admit module.

1. Click the **Discharge codes** button from the Master Files screen.

2. Click **Add** to open the Add Discharge Code screen to enter a new code and description if the facility requires a code that does not currently appear in the list
3. Click **Edit** to open the Edit Discharge Code screen to make changes to a code and/or description of a code that is currently in the list.
4. Click **Delete** to remove a discharge code from the list of codes that has been entered by a user. Pre-defined codes that are in the list by default may not be deleted.
5. Click **Exit** to close the screen and return to the main Master Files screen.

Add/Edit Discharge Codes

The **Add/Edit Discharge Code** screen displays two fields that allow the entry or edit of the code:

- AR Code
- Description

Enter the information into the fields listed above and click **OK** to save the information and return to the main **Discharge Codes** screen.

Physician Taxonomy Codes

Access this section which allows users to add/edit the physician taxonomy codes that define a physician's specialty by clicking the **Physician's Taxonomy Codes** button from the Master Files screen.

The taxonomy codes are needed to populate the drop down field in the phone book section in the Admit module.

- Click **Add** to open the Add Taxonomy Code screen. This will allow the user to enter a new code and description if the facility requires a code that does not currently appear in the list.
- Click **Edit** to open the Edit Taxonomy Code screen to make changes to a code and/or description of a code that currently appears in the list.
- Click **Delete** to remove a revenue code from the list of codes that has been entered by a user. Pre-defined codes that are in the list by default may not be deleted.
- Click **OK** to save the information and return to the main Master Files screen.

Add/Edit Physician Taxonomy Codes

Edit the Physician Taxonomy Codes by the following steps:

1. Select the **Physician Taxonomy Codes** button from the Master Files screen.

2. Highlight a Physician Taxonomy Code and click **Edit**.

The **Add/Edit Physician Taxonomy Code** screen displays two fields that allow the entry or edit of the code:

- Code
- Taxonomy Description

Enter the information into the fields listed above and click **OK** to save the information and return to the main Physician Taxonomy Code screen.

Ancillaries (Master Files)

Add or Edit billing details for ancillary items or services by selecting the **Ancillaries** button from the Master Files screen.

Charge Code	Rev Code	Description	Cost	Mark-Up	Price	Fee Sched	Price Eff Date
1548	MS	1999 5 CC	6.00	0.50	6.00	0.00	01/01/2000
1	MS	3.0 SILK NEEDLE	8.00	0.00	8.00		01/01/2000
2	MS	4.0 SILK NEEDLE	25.00	0.00	25.00		01/01/2000
3	MS	5.0 SILK NEEDLE	26.25	0.00	26.25		01/01/2000
16710	MS	W S D OINTMENT 10 OZ	0.62	0.00	0.62		01/01/2000
13064	MS	ACE BANDAGE 6"	2.87	0.00	2.87	2.00	01/01/2000
13773	MS	ABD PAD 9 X 9	0.15	1.50	0.23		01/01/2000
9032	MS	ABDOMINAL BANDER	33.29	0.00	33.29		01/01/2000
2818	MS	ABDOMINAL BANDER	43.26	0.00	43.26		01/01/2000
13	MS	ACE BANDAGE	2.10	0.00	2.10	1.50	01/01/2000
1363	MS	ACE BANDAGE 3"	1.30	0.00	1.30	1.00	01/01/2000
1362	MS	ACE BANDAGE 6"	1.76	0.00	1.76	1.25	01/01/2000
14362	MS	ADAPTIC DRESSING 3 X 8	4.20	0.00	4.20		01/01/2000
13299	MS	ALCOHOL SWAB STICKS	0.20	1.50	0.30		01/01/2000
59630	MS	ALITRAD	20.44	0.00	20.44	0.00	01/01/2000
65346	MS	ALL DRESS 8X6	5.66	0.00	5.66		01/01/2000
13616	MS	ALLODRESS 4X4	1.75	1.50	4.20		01/01/2000
6044	MS	ALLEVIN ADHESIVE	11.66	0.00	11.66		01/01/2000
6729	MS	ALLEVIN NH DRESSING	7.54	0.00	7.54		01/01/2000
6280	MS	ALDE PERINEAL FOAM	11.64	0.00	11.64		01/01/2000
1326	MS	APPLICATOR 8" STERILE	0.75	0.00	0.75		01/01/2000
17793	MS	AQUACEL 6X6	19.71	0.00	19.71		01/01/2000
17791	MS	AQUACEL 4X4	11.06	0.00	11.06		01/01/2000
45645	MS	AQUAPHOR OINT 10.0Z	26.40	0.00	26.40		01/01/2000

1. WinCare provides a list of editable pre-defined ancillary items.
2. To find an item in the list you can use the scroll bar or the Search fields. You can start typing a code in the charge code field or a description in the Description field and the list will scroll to the closest match
3. The displayed list of Ancillaries can be sorted by Charge Code or Description, the order is controlled by the **Sort List By ...** radio buttons.
4. Click **Add** to add a new Ancillary item; **Edit** to edit an item that has been selected; **Delete** to delete an Ancillary that has been selected.

Click **Exit** to close the screen and return to the Master Files screen.

Add/Edit an Ancillary

Add or **Edit** information to an ancillary item in the pre-defined list to enable the items to appear correctly in the ancillary module.

- 1 Select the **Add** button to add a new ancillary or select a charge code from the drop down list and **Edit**.
- 2 **Charge Code** contains an alphanumeric code that identifies the ancillary. Charge codes cannot be edited once they have been assigned. If the charge code needs to be modified, create a new ancillary item. If you are going to be importing therapy ancillaries with **Import Therapy Charges from Casamba**, then you must name the ancillary with the **ZZC** prefix followed by the CPT code followed by the Discipline Modifier. i.e. Physical Therapy service 97530 would be coded as **ZZC97530GP**.
- 3 **Description** contains a description of the item, activity, or treatment.
- 4 **Inventory ID** - Enter an alphanumeric inventory ID, if appropriate.
- 5 **Rate Detail** lists the rates and their effective dates for the ancillary. The **Add**, **Edit**, and **Delete** buttons are for the rate details. See the Ancillary Rate screen below.
- 6 **HCFA 1450 Revenue Code** allows the user to choose a value code for the ancillary by clicking the drop down arrow to choose a value code for the ancillary.
- 7 **Medicare Part A and Medicare Part B** checkboxes should be enabled for covered items.
- 8 **Override Part B Copay Percent and use this percent** enables the user to enter a copay percent specific to the selected ancillary and override the default amount that was entered in the Facility Data screen.
- 9 **Value Code** allows selection of a code for the ancillary. Entries for this field include Medicare co-insurance and occupational, speech, and physical therapy.
- 10 **A/R Revenue Code** indicates an A/R Revenue for the ancillary and places it in a category for billing purposes.

11 HCPCS/CPT Code (required for Part B Billing) is pre-filled with the CPT code for the selected ancillary. Edit this code by clicking the elliptical button [...]. Use the search option or scroll to the appropriate HCPCS/CPT code from the code selection screen and click OK to return to the Ancillary add/edit screen.

Default Modifier for HCPCS/CPT Code (required for Part B Billing) is pre-filled with the primary modifier for the selected ancillary. Up to 4 HCPCS modifiers may be preset for a given charge code on this screen. Setting these modifiers correctly can help avoid the need to make changes. Modifiers can also be added to ancillaries on the UB04 edit screen, although all edits are lost if the UB04 is automatically regenerated for an unlocked bill. Locking the bill preserves all edits.

Therapy Notes Screen (PO/MAR module) : The assigned modifiers will appear as non-editable fields. When using the Therapy Notes module to enter therapeutic ancillaries, variations of the same ancillary may be created with the appropriate combination of modifiers as needed to simplify the data entry.

Example: Billing for a therapy (97110PT) with mutually exclusive procedures performed in distinctly different 15 minute periods would require a second modifier (59) in addition to the primary modifier (GP).

Example: Billing for a therapy (97110OT) with a therapy cap exception would require a second modifier (KX) in addition to the primary modifier (GO).

Ancillary Rate Screen:

The screenshot shows a window titled "Ancillary Rate" with the following fields and values:

Charge Code	Description
971100T	THERAPEUTIC EXERCISE

Effective Date: 01-2009

Cost	Mark-up	Price	Part B Fee Sched
41.20	30.0000%	53.56	44.15

Notes: (Empty text area)

Created By: on 11/11/09 09:45
 Modified By: System Administrator on 11/24/09 09:32

Buttons: Cancel, OK

- 1 Effective Date** is the date this rate takes effect.
- 2 Cost** records the facility's cost of the ancillary for accounting purposes. WinCare uses the cost field and the mark field to determine the final amount that will be billed to the resident.
- 3 Mark-Up** stores a value for a percent. The cost is multiplied by this percent to determine the price of the ancillary.
- 4 Price** indicates the amount to charge for the ancillary. It is calculated based upon the entries in the cost and mark-up fields.
- 5 Part B Fee Schedule** contains a maximum amount payable by Medicare Part B for the selected ancillary.

Consolidated Billing

Steps to bill Medicare Part B for a service/supply that is excluded from Medicare Part A consolidated billing for a Medicare Part A resident.

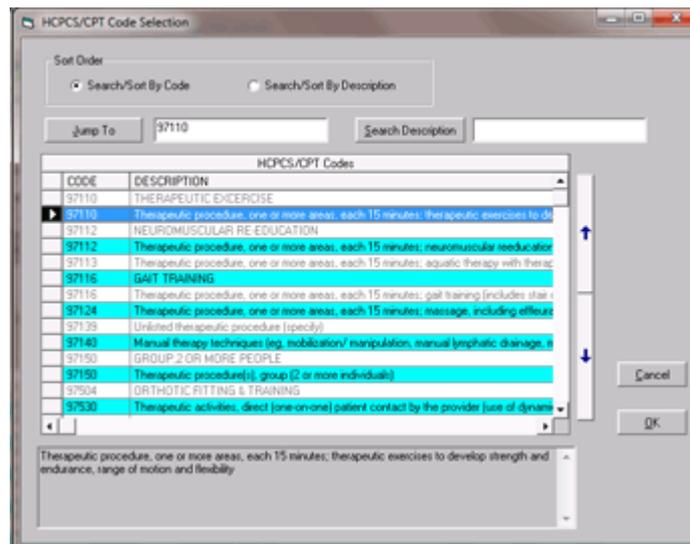
1. Enable the **Medicare Part B** checkbox.
2. Enter the **Fee Schedule** amount.
3. The **Medicare Part A** checkbox should **NOT** be enabled.

The above steps tells the program that the selected item is not part of Part A consolidated billing and that the ancillary should be billed to Part B. When the Medicare Part A checkbox is enabled, the program will not bill to a Part B resident if they are receiving Part A benefits.

Select HPCSC/CPT Code

Access this screen to select a **HPCSC/CPT Code** by clicking the Ancillaries button from the Master Files screen.

1. Select a **Charge Code** from the drop down list.
2. Click the **Edit** button from the main Ancillaries screen.
3. Click the elliptical button [...] for HPCSC/CPT Code (Required for Part B Billing)
4. No records are displayed upon entering this screen for the first time during a WinCare session.
5. Once the code list has been accessed, the screen will open with the list displayed until the program has been closed.
6. Enable the search description option to enable the first series of the codes to be displayed in the grid.
7. Once codes are displayed, the user can use the scroll bar to move up or down through the list or a page at a time by using the up and down arrow buttons respectively.



Sort Methods:

- Sort the codes by **Description** or by Code (click the corresponding radio button)
- If the user knows the code that is to be entered in the list, click **Jump To** and select the desired code.
- Enter a word(s) like Therapy in the **Search by Description** field and only the codes that have the word(s) that was typed will be in the list.

Select a code by clicking the buttons on the far left of the screen to highlight the item. Codes or descriptions cannot be selected by clicking on the code or description area.

Click **OK** to save the changes and to return to the Add/Edit Ancillary screen.

Ancillary Revenue Categories

View category codes and descriptions for ancillary services or items purchased by residents by selecting the **Ancillary Revenue Categories** button from the Master Files screen. Click **Add** to open the Add A/R Code screen and enter a new code and description.

Example: Create a code for the category Barber & Beauty and WinCare will apply all income from Barber & Beauty ancillaries to the specified account for each payor.

- Click **Edit** to make changes in the code and description fields for a selected A/R Revenue code.
- Click **Delete** to remove a revenue code from the list of codes that has been entered by a user. Pre-defined codes that are in the list by default may not be deleted.

- Click **Exit** to close the screen and return to the Master Files screen.

Add/Edit Revenue Codes

The **Add/Edit A/R Code** screen displays two fields that allow the entry or edit of the code:

- AR Code
- Description

Enter the information into the fields listed above and click **OK** to save the information and return to the main A/R Revenue Codes screen.

Ancillary Accounts

Display the accounts charged when an ancillary assigned to that revenue is sold by selecting the **Ancillary Accounts** button from the Master Files screen. When a new A/R Revenue code is created, WinCare creates a line for each payor that links an account to that revenue code.

1. **Highlight** an account to be edited.
2. Click **Edit** to redefine the revenue or contra revenue account for a selected revenue code.
3. Click **Exit** to save all changes and return to the Master Files screen.

Click **Delete** to remove one of the revenue codes and defined accounts from the list.

Edit Ancillary Accounts

Use this screen to **Edit** the account that is linked to each revenue code for each payor. WinCare will use this account for ancillaries with that revenue code.

- **A/R Revenue Code** contains the revenue code that was selected to edit the accounts linked to it.
- **Payor** identifies the payor for this revenue code.
- **Revenue Account Number** identifies the revenue account that is to be assigned.
- **Apply as Shown** specifies only the indicated assignment.
- **Apply to all Payors** uses the indicated account per revenue code for all payors.
- **Apply to all A/R Revenue Codes** uses the indicated account for all revenue codes for the indicated payor.

Click **OK** to save the entered information and return to the Ancillary Accounts screen.

UB or CMS-1450 Revenue Codes

The **UB or CMS-140 Revenue Codes** screen contains the revenue codes and the RUGs III codes that are assigned to them.

- Select **Add** to open the Add Revenue Code Item screen and enter a new code and description.
- Click **Edit** to make changes in the code and description fields for a selected UB04 Revenue code.
- Click **Delete** to remove a revenue code. Pre-defined codes that are in the list by default may not be deleted.
- Click **Exit** to close the screen and return to the Master Files screen.

Add/Edit Revenue Code Item

The **Add/Edit Revenue Code Item** screen displays three fields that allow the entry or edit of the code:

- Revenue Code
- Description
- Applies to RUGs III

Enter the information into the fields listed above and click **OK** to save the information and return to the main UB or CMS-1450 Revenue Codes screen.

Value Codes

The **Value Codes** screen contains the codes that populate the list available on the Ancillary screen in the Master files and in the Ancillary module:

- Select **Add** to enter a new code and description.
- Click **Edit** to make changes in the code and description fields for a selected value code.
- Click **Delete** to remove a value code from the list of codes that has been entered by a user. Pre-defined codes that are in the list by default may not be deleted.
- Click **Exit** to close the screen and return to the Master Files screen.

Add/Edit Value Codes

The **Add/Edit Value Code** screen displays two fields that allow the entry or edit of the code:

- Value Code
- Description

Enter the information into the fields listed above and click **OK** to save the information and return to the main Value Code screen.

Custom HCPCS/CPT

This section enables the customization of the **HCPCS/CPT Codes** that appear in the drop down list for individual items in the ancillaries section of the Master Files module.

1. Select **Add or Edit** to create a new entry or make changes to a pre-defined code.
2. Enter a new code and description or make changes to a pre-defined **HCPCS/CPT** code.
3. Click **OK** to save the data to return to the **Master Files** screen.

Click **Delete** to remove a user-defined CPT code. Pre-defined codes may not be deleted.

Facility Data

Click **Facility Data** from the main Master Files screen to enter global billing settings that will affect all active residents in the facility. It is completed at the time the Accounts Receivable program is initially set up.

The screenshot shows the 'WinCare Nursing Home Facility Data' dialog box. It contains the following fields and options:

- Type of Facility: 31400000K Skilled Nursing Facility
- Identity ID: 432
- Federal Tax ID: 123456789
- Default Checking Account Number: 11010
- Medicaid Recipient Portion Pro Rate: Monthly
- Medicare Part B Copay Percent: 20 %
- Maximum Leave Days Allowed: 0
- Release of Information: Y
- Assignment of Benefits: Y
- Start of Current Fiscal Year: 1/1/2014
- Default Billing Address For New Admits:
 - Use Resident Address
 - Use Defined Address
 - Responsible Party
 - Use Guarantor
- Require Room Rates to be entered:
- Date Invoices the first day of the Period/sub-period rather than the last:
- Allow Adjustment Invoices to be created dated in the period of the adjustment:
- Use Proposed Accounting List (Use External File):

1. Select the **Type of Facility** (Taxonomy) from a drop down list.

2. **Identity ID** is a numeric identifier that not being used at this time. It can set to zero or left with the current value. It cannot be blank.
3. Enter the 9 digit **Federal Tax ID** number of the facility.
4. Select the GL account used for your **Default Checking Account Number**.
5. Enter the **Medicaid Recipient Portion Pro Rate** that is the pro-rated period for the resident's portion of the payment. (Medicaid Recipient Liability, Share of Cost)
6. Enter the percentage of the bill that Medicare Part B will not pay in the **Medicare Part B Co-Pay** field.
7. **Require Room Rates be Entered** enables billing by room rate instead of the level of care.
8. Date Invoices the first day of the Period/sub-period rather than the last.
9. Select the appropriate code for the **Release of Information** and **Assignment of Benefits** to set the options globally for all residents.
10. **Default Billing Address for New Admits** is set to Responsible Party. If changed, it will affect all residents.
11. Allow Adjustment Invoices to be created dated in the period of the adjustment.
12. Start of Current Fiscal Year allows the selection of the Fiscal Year for beginning balances on GL reports.
13. **Start of Current Fiscal Year** - the date of the start of your current fiscal year, used for reporting.
14. **Use Phoenix Accounting Link** is for information only, it is set by WinCare Technicians if Phoenix Accounting is linked to WinCare.

Note about Medicaid Recipient Portion Pro Rate: Pro-Rate Monthly, Yearly and yearly 365:

A per day patient contribution is computed as follows:

Monthly - Monthly Recipient Liability / # days in month

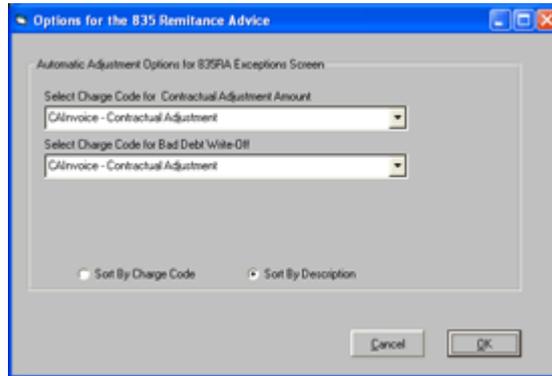
Yearly - Monthly Recipient Liability * 12 /# days in the year

Yearly 365 - Monthly Recipient Liability * 12 /365

Eg: If Monthly Recipient Liability is 300 and there are 30 days in the month and they select prorate = monthly, then $300/30 = 10$ per day. If they are there for 5 days, they pay $10 * 5 = 50$.

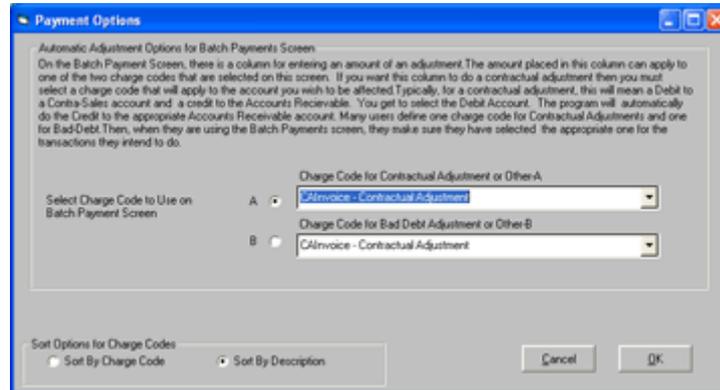
For Pro-rate none, they would pay the actual per diem for that Medicaid APL, until the Medicaid recipient liability is met.

RA 835 Options



After an 835 Electronic Remittance Advice file has been processed as a payment, remaining balances can be adjusted or written off as needed. This screen allows the selection of the Ancillary item to use for the Adjustment/Write-off. It will default to the WinCare default.

Payment Options



On the Batch Payment Screen, there is a column for entering an amount of an adjustment. The amount placed in this column can apply to one of the two charge codes that are selected on this screen. If you want this column to do a contractual adjustment then you must select a charge code that will apply to the account you wish to be affected. Typically, for a contractual adjustment, this will mean a Debit to a Contra-Sales account and a credit to the Accounts Receivable. You get to select the Debit Account. The program will automatically do the Credit to the appropriate Accounts Receivable account. Many users define one charge code for Contractual Adjustments and one for Bad-Debt. Then, when they are using the Batch Payments screen, they make sure they have selected the appropriate one for the transactions they intend to do."

CHAPTER 30

Resident Pictures

Adding resident pictures to WinCare.

Alexander, Tom A.
Adm. No. 904



Admit Face Sheet Screen One

Last Name: Alexander, First Name: Tom, Middle Name: A

Sex: Male, Date of Birth: Jan 20 1935, Age: 77, Place of Birth: Colorado

Street Address: 345 Limestone Drive, Address Line 2: , Phone: 503-840-9575

City: Salem, State: OR, Zip: 97509, County:

Social Security No.: 523-56-3040, Medicaid No.: 135-24-7360, DMA Cert. End Date: , Medicare No.: 234565465A

Med. Record #: 904, Citizenship: USA

Marital Status: Divorced, Church Affiliation: Protestant, Primary Language: English

Previous Occupation: Surveyor, Industry: Timber

Military Service: , Date of Service:

Admission No.: 904, Admit Date: Mar 24 2012, Admit Time: 13:52, Room/Bed #: 104

Case Unit Assignment: BlueWest, Length of Stay: 63

Exit

Alexander, Tom A.
Adm. No. 904



PCMAR Medications

6 Drugs Prescribed
2 Drugs Discontinued

Add Invalidate D/C Allergies: Trimox, Tape, Sulfa

Seq	Medication Name	Generic Name	Form	Strength	Start Date	PRN Rationale
05	RISPERIDAL		TAB	0.25 MG	Apr 05 2005	
07	METRONIDAZOLE	METRONIDAZOLE	TABS	250MG	May 05 2014	
07	METRONIDAZOLE	METRONIDAZOLE	TABS	500MG	May 16 2014	
07	ALTACE	RAMPRIEL	CAPS	2.5 MG	Feb 12 2000	
07	BENDROYL 5	BENZDYL PERD-ODE	LOTN	5 %	Aug 15 2006	
07	ALBUTEROL INHALANT	ALBUTEROL	SDLN	0.5 %	Dec 01 2005	
08	ADVAIR			250/50	Sep 10 2012	
09	ADOTAL 300C	ASPIRIN/ETALBITAL	TABS	20/50	Aug 10 2012	

Rx Date: May 05 2014, Start Date: May 05 2014, D/C Date: May 10 2014, PRN:

PRN Lines: TID, Frequency: TID, Route: PO, Drug related to / Comments: 250 mg orally three times daily for 5 days

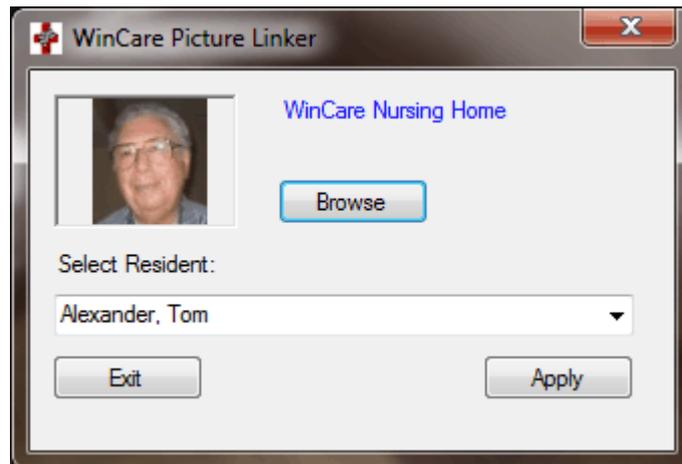
Quantity: 1, Strength: 250MG, Related Diagnosis: ICD-9: 007.1, ICD-10: GIARDIASIS

Administration Times: Every Day at 07:00, 13:00 and 17:00.

Print: MAB, MAR Treat, Pharm. Rpt, Discont. Meds, Invalidation Rpt

Exit

We have a utility application called "WinCare Picture Linker" that allows you to select a picture and a resident then link a copy of the picture to that resident in WinCare. At this time the picture shows up on the Admit Face Sheet 1 screen and on the Medications screen. This feature is available for no additional fee.



The "WinCare Picture Linker" is a Microsoft ClickOnce application which is installed from the WinCare website: www.WinCare.com. The program only needs to be installed on the workstation that deals with the pictures. ClickOnce applications are installed per user, so if multiple people login to the computer you will need to install it for each user.

The program requires that WinCare be installed on the same workstation. The user does need a WinCare login and rights to edit the Admit section in WinCare. Pictures can be selected by clicking the "Browse" button or by dragging the picture file to the display box. Then you select the resident in the drop down box and click "Apply" to link the picture to the resident in WinCare. The resident list is only "Admitted" residents.

The selected picture is left unchanged, a resized copy will be placed in the "ResidentPics" folder of the WinCare Data folder. Once a picture is linked it is viewable from all the workstations that have access to WinCare.

We recommend that you keep the original resident picture files. Since our implementation of resident pictures is still in the testing phase we may make size or format changes in the future to make the pictures compatible with partner software. If changes are made then you may have to re-link the pictures for optimal quality.

CHAPTER 31

S-cores

S-cores is a software program that actually captures the correct ADL scores!" This is a one-of-a-kind software that makes documentation of ADL's easy, painless, and fun. It is browser based so it can be used from many different devices to record bedside care.



The WinCare ADL interface allows admissions and discharges to be done in WinCare, and WinCare will update the resident list in the ADL software. You record the resident information from the bed-side with the ADL software. When it is time for an MDS assessment you can go into Section G and click the Get ADLs button to load the suggested values from the ADL software based on the entered information and the assessment reference date. If you agree with the suggested values then you click accept to have the values loaded in for the items. Currently WinCare can import information for Section G items G0110A-G0110J and G0120.

Peacock, Janice A.
Adm. No. 453677

NDS 3.0
Section 0 (1 of 4)
Functional Status

G0110. Activities of Daily Living (ADL) Assistance
Refer to the ADL flow chart in the RIA manual to facilitate accurate coding

1. ADL Self-Performance
Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

2. ADL Support Provided
Code for most support provided over all shifts; code regardless of resident's self-performance classification

Rule of 3 Instructions

Coding
Activity Occurred 3 or More Times
 0. Independent - no help or staff oversight at any time
 1. Supervision - oversight, encouragement or cueing
 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight bearing assistance
 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support
 4. Total dependence - full staff performance every time during entire 7-day period
Activity Occurred 2 or Fewer Times
 7. Activity occurred only once or twice-activity did occur but only once or twice
 8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

	1	2
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C. Walk in room - how resident walks between locations in his/her room	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D. Walk in corridor - how resident walks in corridor on unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Buttons: Help, Accept, Get ADLs, Exit

Peacock, Janice A.
Adm. No. 453677

NDS 3.0
Section 0 (2 of 4)
Functional Status

G0120. Bathing
How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support

A. Self-performance
 0. Independent - no help provided
 1. Supervision - oversight help only
 2. Physical help limited to transfer only
 3. Physical help in part of bathing activity
 4. Total dependence
B. Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

B. Support provided
 0. No setup or physical help from staff
 1. Setup help only
 2. One person physical assist
 3. Two+ persons physical assist
B. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

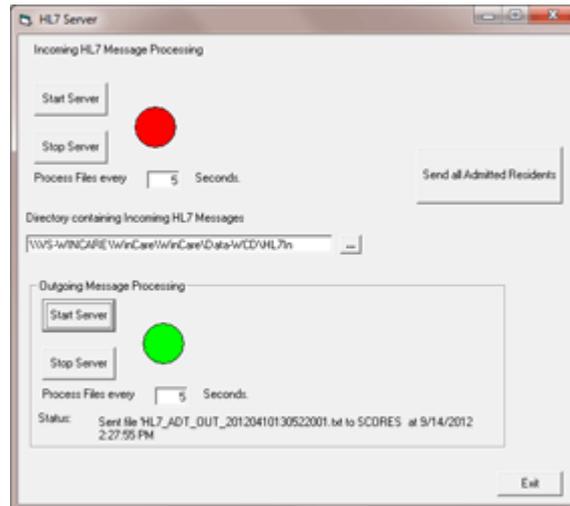
G0300. Balance During Transitions and Walking
After observing the resident, code the following walking and transition items for most dependent

Coding

0. Steady at all times	1	A. Moving from seated to standing position
1. Not steady, but able to stabilize without staff assistance	0	B. Walking (with assistive device if used)
2. Not steady, only able to stabilize with staff assistance	0	C. Turning around and facing the opposite direction while walking
3. Activity did not occur	0	D. Moving on and off toilet
	0	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)

Buttons: Help, Get ADLs, Accept, Exit

To keep S-cores synchronized with WinCare, the HL7 Server program needs to be running. The HL7 Server only needs to be running at one location on the network. WinCare sends ADT changes to the HL7 Server program which then sends the changes to S-cores. S-cores only requires that the Outgoing Message Processing Server be started.



The green circle indicates that the Outgoing Message Processing Server is running. If you need to exit the HL7 Server you must first click "Stop Server" to the left of the green circle. When the circle turns red you can Exit the program.

The HL7Server has command line options. To start the Outgoing Message processing use /s, to change the process interval from the default 5 seconds use /i:<seconds> i.e. HL7Server.exe /s /i:10 starts the outgoing message process and sets the send interval to every 10 seconds.

CHAPTER 32

WinCare on the Cloud

Accessing WinCare in the Cloud

Requirements:

- Microsoft Internet Explorer
- Remote Desktop Client version 6.1 or newer
- .Net Framework 3.0 SP1 or greater
- Internet connection speed of 1 Mbps minimum

A Windows 7, 8, or 8.1 Pro computer meets all the requirements.

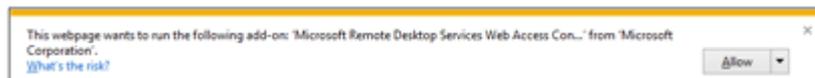
Connecting:

Open Internet Explorer

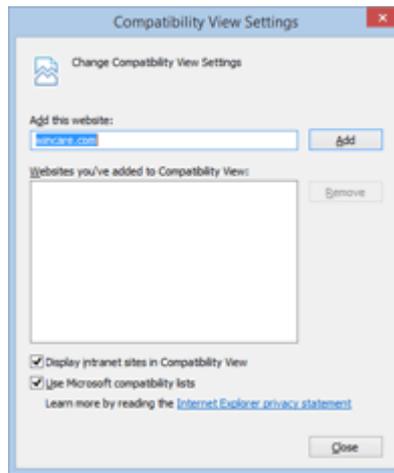
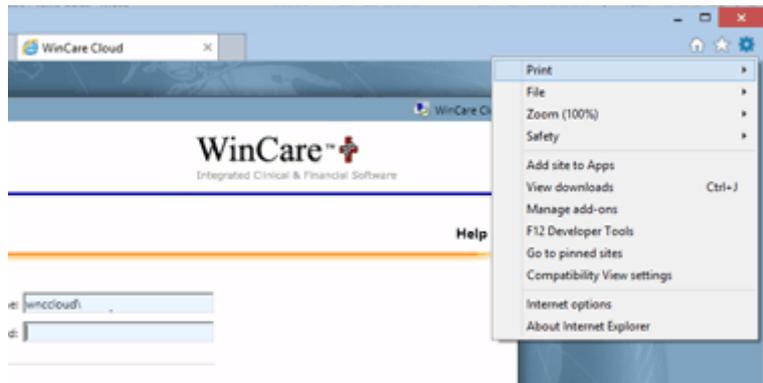


Browse to ***https://cloud.wincare.com*** <https://cloud.wincare.com>

If asked to run the Microsoft Remote Desktop Service add-on click "Allow". This usually only comes up the first time you go to the website.



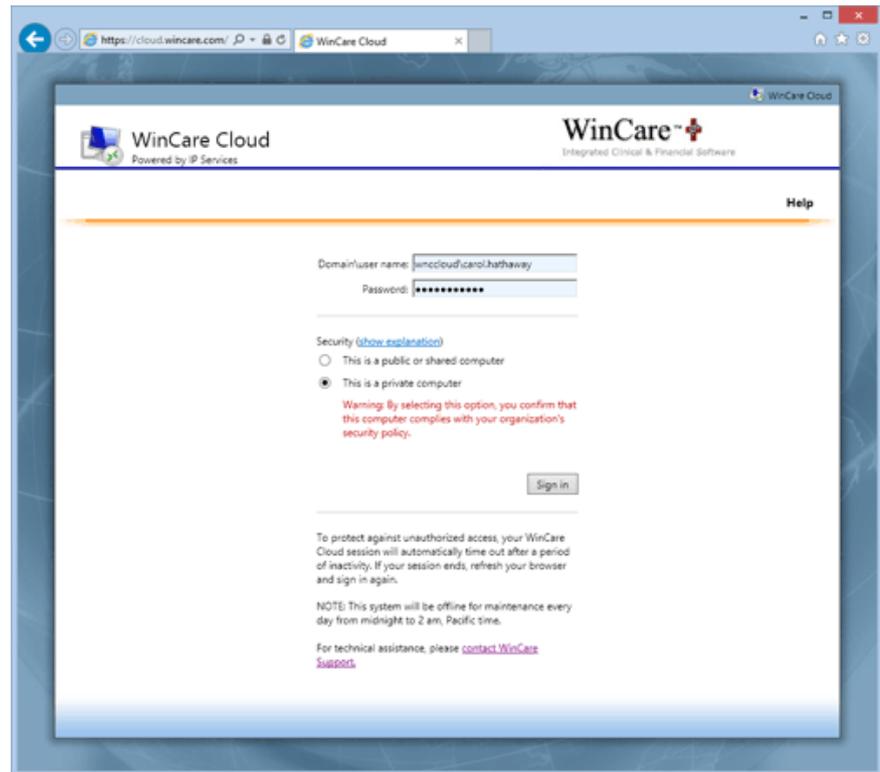
The site needs to be in compatibility mode to load correctly. Click the "gear" in the top right corner of Internet Explorer, then select "Compatibility View settings".



If "wincare.com" is not list of websites added to Compatibility View, click Add. This only needs to be done once.



Sign in Screen for WinCare Cloud:



Your user name needs to be preceded by the domain name “wnccloud\”, then enter your user name in the format “firstname.lastname”, i.e.:
wnccloud\firstname.lastname

Domain\user name:

Per HIPAA and the HITECH Security Act requirements each user must use their own user name and password, a user’s password must never be given to anyone else. When personnel changes occur the facility should contact WinCare Support to have new user accounts created or accounts removed. Allow 24 hours for the creation of new accounts.

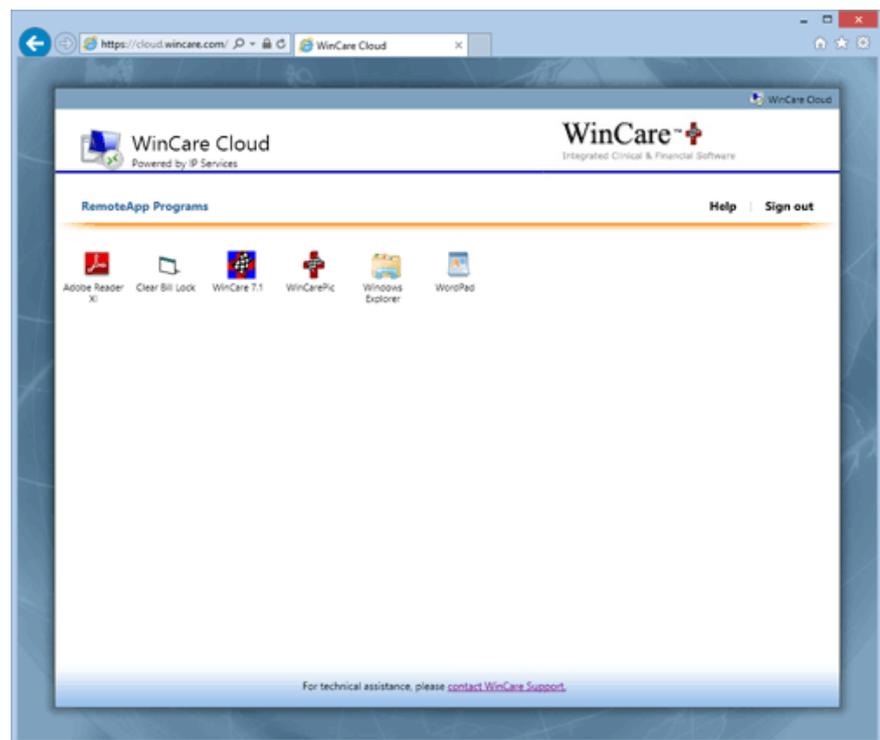
Then select if this is a public or private computer based on the following criteria:

- This is a public or shared computer
Select this option if you use WinCare Cloud on a public computer. Be sure to log off when you have finished using WinCare Cloud and close all windows to end your session.
- This is a private computer
Select this option if you are the only person who uses this computer. Your server will allow a longer period of inactivity before logging you off.

A work or home computer where each user of the computer has their own Windows user account and password would be considered “private”. A computer where multiple user use the same windows account is not HIPAA compliant and would be a “public or shared” computer.

When “private computer” is selected the site will cache your information for the next time you visit, and when “public or shared” is selected no information is saved/cached.

Click “Sign in” to enter the site and bring up a list of the WinCare Cloud apps.



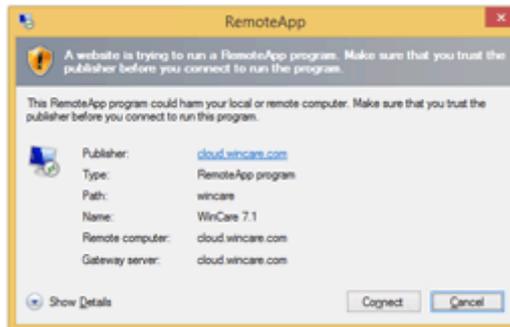
The cloud applications are stored and run on a server in the cloud. The server's drives show up as local drives to the applications. The workstations drives are connected and available to the applications.

On the screen above the applications available are:

- Adobe Reader – view/print PDF documents
- Clear Bill Lock – Utility for Financial users
- WinCare – the main WinCare program
- WinCarePic – utility to add resident pictures to the Admit and MAR screens in WinCare
- Windows Explorer – copy files from the server to the local computer
- WordPad – view WinCare log files

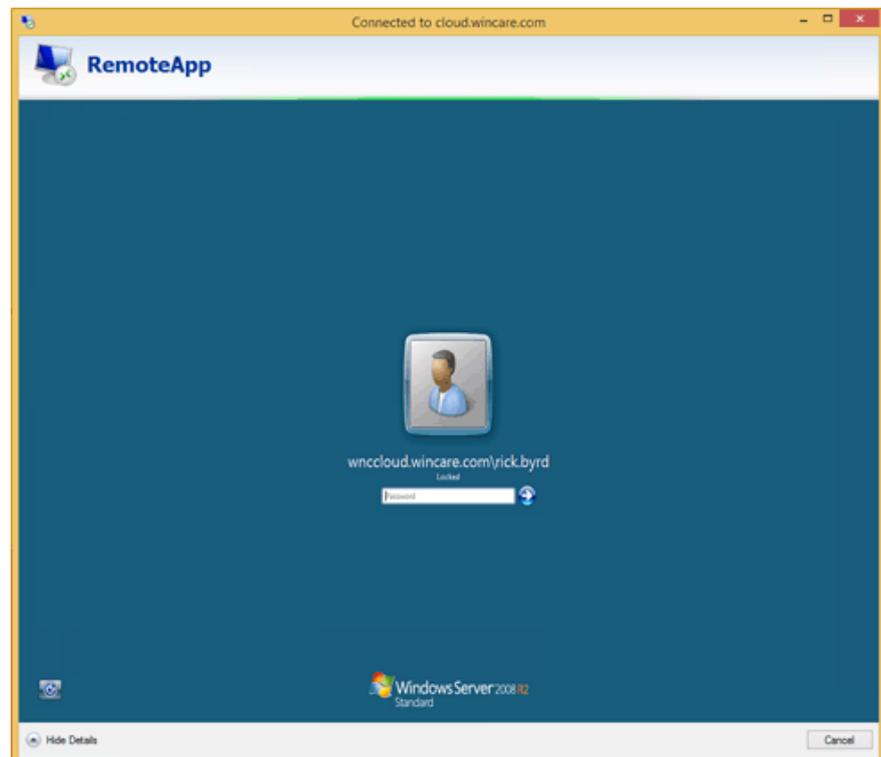
Single click an application to launch the application. Do NOT double-click.

This message comes up the first time you run one of the applications you will be asked if you trust the application, click “Connect”.



After clicking “Connect”, a dialog box will appear while the connection is being established. The very first time a user logs in, this can take some time as their initial profile is created. Subsequent logins will be faster.

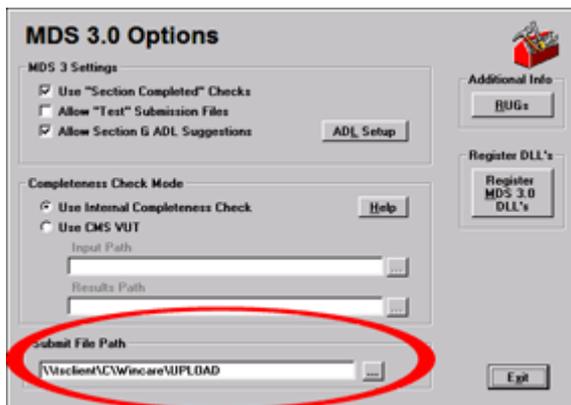
For HIPAA compliance when a connection has been inactive for more than 10 minutes, the user is disconnected from the cloud server. To reconnect and be back where you left off you must enter your password and click the blue button with the white right-arrow.



Special Settings/Instructions for Cloud Usage

MDS transmission files should be created from the workstation that transmits the files to the State. Users that create the transmissions from that workstation need to have the transmission file folder set to that workstation's local drive. If you were using WinCare not in the cloud previously, then the transmission files were being saved to C:\WinCare\Upload so you will want to set it to the same folder.

To set the folder go in to Utilities, Facility, MDS 3 Options, and set the "Submit File Path" to the workstation's folder. In the cloud the workstation can be accessed using "\\tsclient" so if the files need to be stored in the workstation's "C:\WinCare\Upload" folder you would set the "Submit File Path" to: "\\tsclient\C\Wincare\UPLOAD".



The WinCare Support team can assist in making this setting.

The Cloud server has a printer called PDFCreator, which allows all reports to be previewed and you can use Save As to save a copy of the report to your local drive as a PDF file. You can also print from the PDFCreator, we do recommend that you leave it as the default printer in WinCare. The workstation's local printers will have slightly different names each time you connect to the cloud, which WinCare doesn't handle well at this time. PDFCreator handles the workstation's printers properly.

In This Chapter

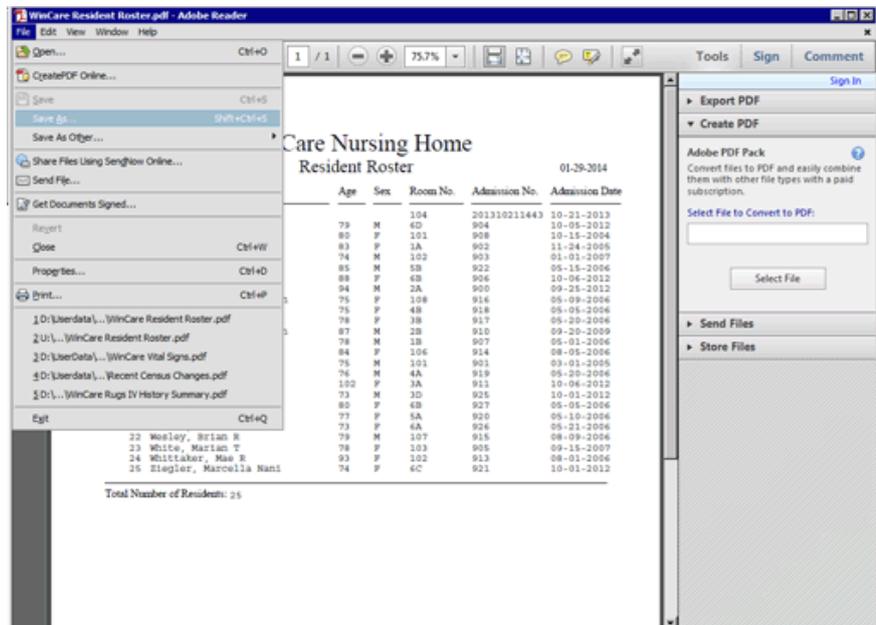
Saving Reports From the Cloud.....	455
Changing your cloud password.....	459

Saving Reports From the Cloud

On the WinCare Cloud server PDF Creator is installed as the default printer. This displays all reports printed in WinCare as PDF files. These files can be saved to your local computer for sharing with other users or to be kept for archival purposes.

If you are going to save the file locally, first create an easy to find folder to store the documents. A suggestion is “C:\WinCare\Documents”, this will be easy to find.

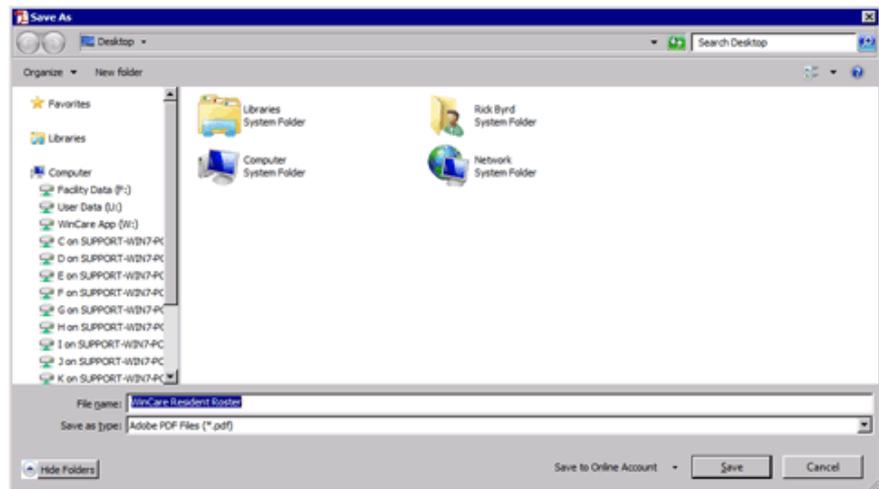
To save the report to your computer, after the report comes up in Adobe Reader click “File”, than “Save as”



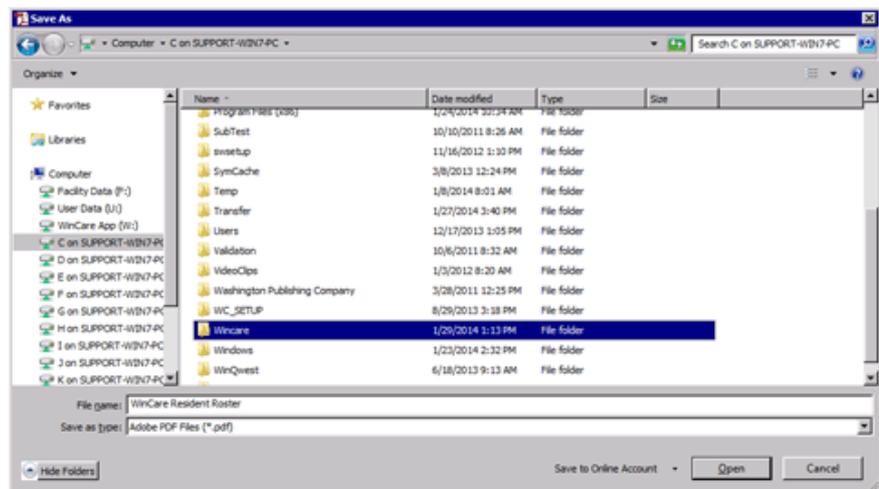
If the message comes up, click “OK”



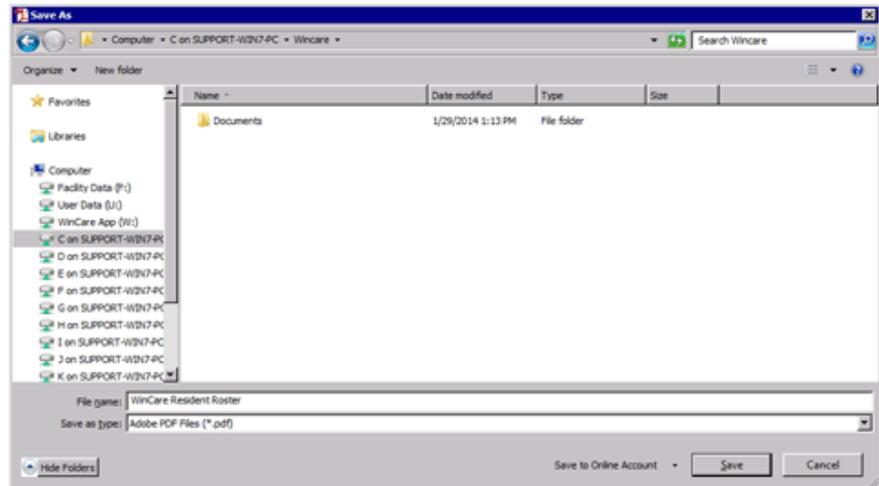
Now the Save As dialog is displayed.



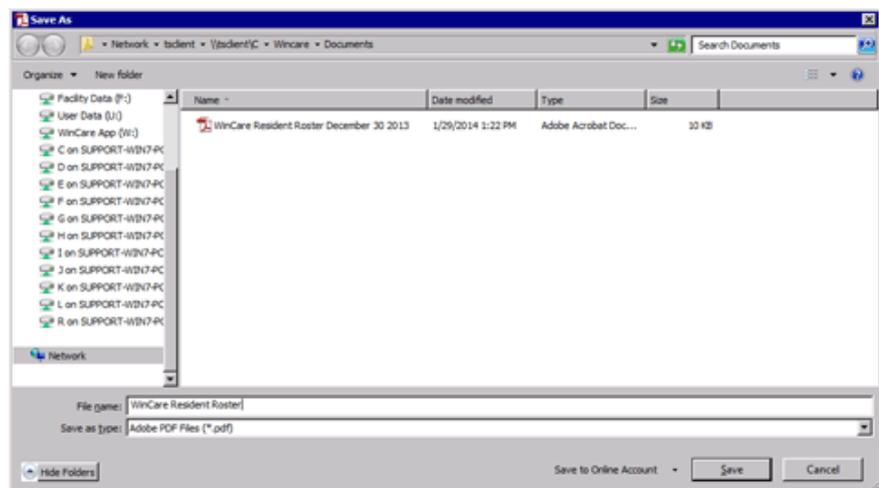
In the window on the left under Computer, the drive that says “C on “ then your computer name, is your workstations C: drive. If your computer has multiple drives or mapped drives they will all be listed. Select the local drive you want to save the file the PDF document to by clicking the drive in the left window. Then finding the folder in the right window.



In the above example I have my local C: drive selected (left window) and the Wincare folder selected (right window). Now I double click on the Wincare folder to open it up and I see the Documents folder, which I double click on to open it up.



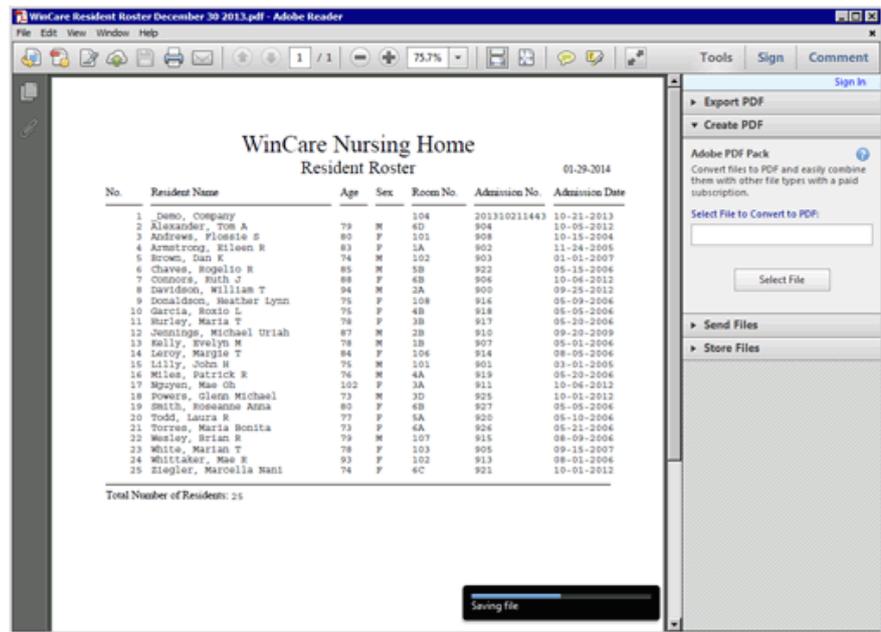
In the example below I have another document already saved in the “Documents” folder.



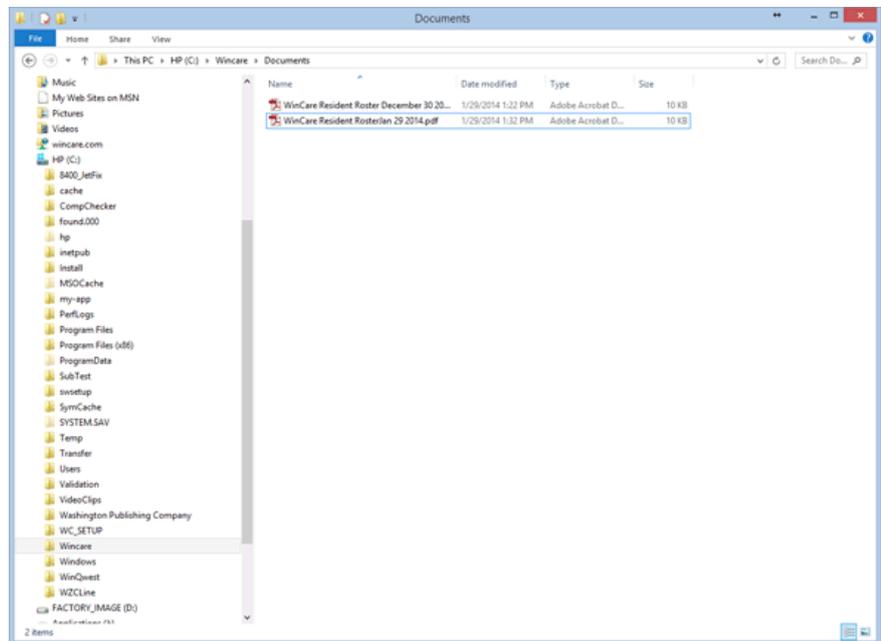
If you are going to print the saved document right away and not need it later, just click “Save”. If you might want it later then you can change the file name so that you can find it later and distinguish it from the same report printed at other times. you may want to add the date to the file name as an example.

File name: WinCare Resident Roster Jan 29 2014

Then click save to save the document locally.



Now working on your computer go into “File Explorer” and browse to your documents folder.

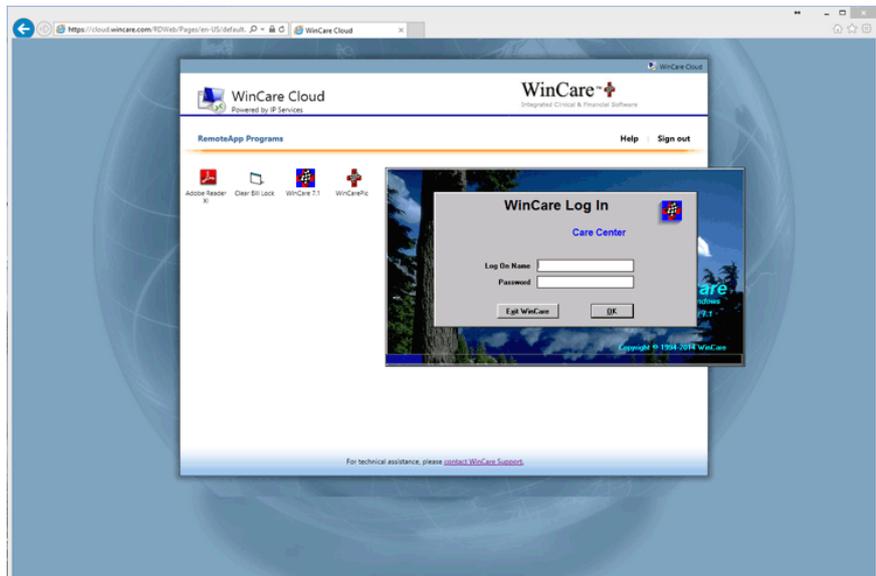


Double click on your file to open it in Adobe Reader and then Print.

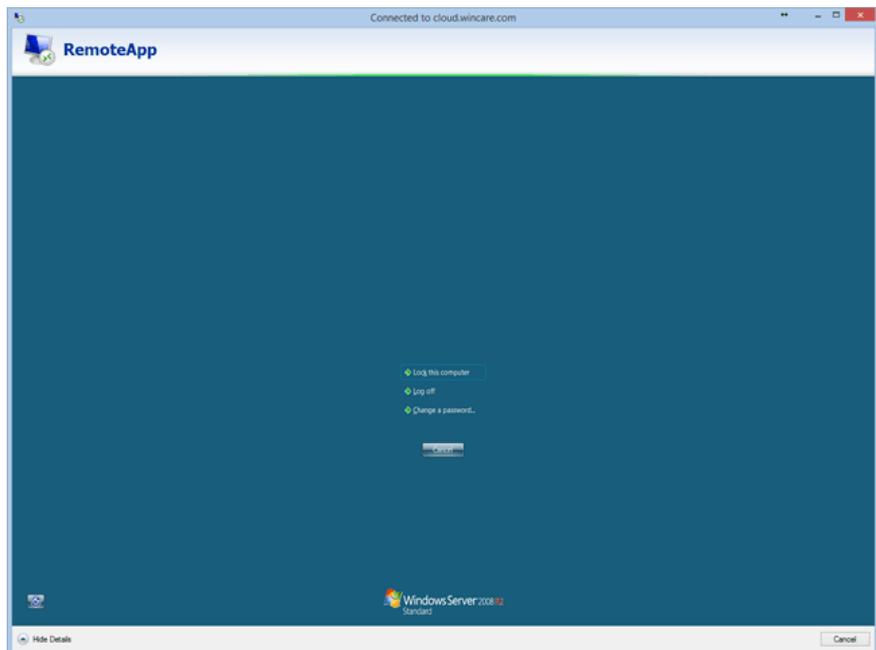
Changing your cloud password

Changing your password for logging into the Cloud

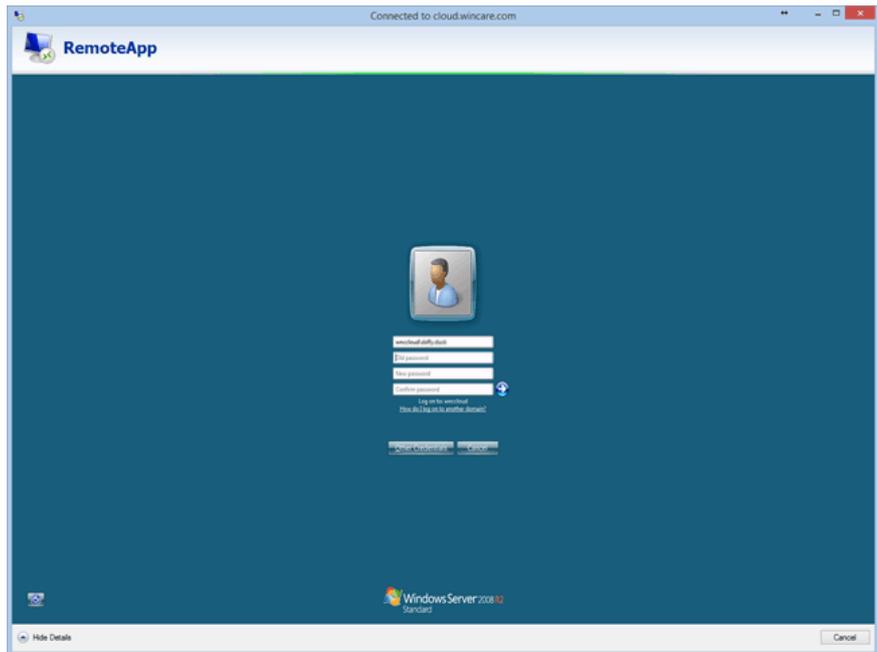
You must be logged into the cloud, then start an application, i.e. WinCare.



When WinCare comes up, type Ctrl-Alt-End, a screen will come up.



Then click “Change a password”.



Enter your Old password, then the New password twice, then click the arrow to the right of the password box to save the changes.

Passwords must be at least 6 characters long and include at least one uppercase letter, lowercase letter, and number. You cannot change your password to one that you have used before.

CHAPTER 33

General Information

In This Chapter

Additional Requirements	463
HIPAA and HITECH ACT Compliance Tips.....	465
ICD-10 Transition	467
Configuration Files	469
Required Windows Rights	471
Import File Format for Ancillaries	472
Contact Information	473

Additional Requirements

WinCare requires the Microsoft .NET Framework version 2.0. The .Net framework is available from Microsoft and it is included in Windows 7.

In the MDS 3 the MDS help is in PDF format, Adobe Reader is required to use the help. The Adobe Reader is available at:
<http://get.adobe.com/reader/>

To print preview clinical reports, WinCare recommends the purchase of Fineprint. It is available at www.fineprint.com

WinCare is not designed to work on Wireless networks or across WANs. Using WinCare in these environments will cause poor performance, data corruption, and data loss. WinCare does run in Terminal Services/Remote Desktop, and in Citrix environments on Wireless networks and/or WANs.

HIPAA and HITECH ACT Compliance Tips

- Each WinCare user should have their own individual login and password. Do not share passwords with other users. Log out of WinCare when you are away from the computer. Make sure you are logged into WinCare as yourself when entering data into WinCare.
- An emergency user should be created, in the event information is needed and no one in the facility has a login to WinCare. The emergency user id and password should be in a sealed envelope and in a secured (locked) area. When the emergency user has been used, then the password would be changed and the new information secured again.
- Need to protect against data loss in patient records. Daily backups should be created and a copy of the backup should be kept off-site to prevent loss in a natural disaster. Backups on external media (USB drives, CDs, DVDs, and portable hard drives) should be encrypted. WinCare does have a backup feature in Utilities that puts a copy of the databases into a single zip file. The WinCare backup is not encrypted, so you would need to use a third party encryption software before copying it to external backup media.
- Anti-virus software should be on all computers.
- Use a Firewall to protect the Local Area Network from the Internet.
- Stay current with software upgrades and patches for the operating system and applications.
- Computer operating systems should be configured to "Auto-Logoff" after a brief period of inactivity. Especially in areas that are not secured, to prevent unauthorized personal from seeing Protected Health Information.

ICD-10 Transition

The ICD-9 code sets currently used to report diagnoses must be replaced with ICD-10 code sets. This is mandated by law, the change will take place on October 1, 2014. The transition is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA).

During summer 2013 WinCare made the ICD-10 available in the Admission Face Sheet. We also introduced an ICD-9 to ICD-10 translation tool: "ICD-10 Equivalent". These features will allow facilities to begin working with the ICD-10 coding system, and assigning ICD-10 diagnoses to long-term residents.

WinCare will expand the presence of the ICD-10 in the program as October 1, 2014 draws nearer. Areas of expansion include: Therapy Notes, Therapy Onset, Medications, Reports, MDS 3, and Claims.

Configuration Files

Locations for WinCare configuration files:

- WinCare.ini: Store the locations of the WinCare program, data, and List files. Also stores the printer settings and other user specific settings.
 - XP Pro: %AppData%\WinCare (C:\Documents and Settings\{username}\Application Data\WinCare)
 - Vista/Windows 7: %AppData%\WinCare (c:\Users\{username}\AppData\Roaming\WinCare)

- Raplock.txt/CAALock.txt: Stores a unique id for the user that is used to control access to the RAP and CAA sections of the MDS.
 - XP Pro: %AppData%\WinCare (C:\Documents and Settings\{username}\Application Data\WinCare)
 - Vista/Windows 7: %AppData%\WinCare (C:\Users\{username}\AppData\Roaming\WinCare)

- Help files: These files include the User Guide and MDS Section Help.
 - XP Pro: %AllUsersProfile%\Application Data\WinCare\Help (C:\Documents and Settings\All Users\Application Data\WinCare\Help)
 - Vista/Windows 7: %AllUsersProfile%\WinCare\Help (C:\ProgramData\WinCare\Help)

- Spell Checker Dictionary Files: User specific dictionary files for the spell checker.
 - XP Pro: %AppData%\WinCare (C:\Documents and Settings\{username}\Application Data\WinCare)
 - Vista/Windows 7: %AppData%\WinCare (c:\Users\{username}\AppData\Roaming\WinCare)

Required Windows Rights

Users with limited Windows security rights will need to be granted the following rights to use WinCare:

- Full rights to the directory where the WinCare program files are stored, for temp files and creation of the Upload directory.
- Full rights to the directory where the WinCare data files are stored.

When WinCare is being installed or a Service Release is applied, the installer does need full rights to the Windows System 32 folder to update DLL and OCX files.

When WinCare starts up and prior to the login screen being displayed, WinCare checks and makes sure that the user has the necessary Windows rights for the program to run correctly. If it determines that the user doesn't have the necessary rights then a list of problems is displayed and can be printed for the Facility's IT personnel to fix the problem(s). If a critical right is missing then WinCare will exit and the problem will need to be addressed before WinCare can be used.

For checking MDS 3.0 assessments WinCare can use the CMS Validation Utility Tool. Note that the following can be ignored if the MDS 3 Options "Use CMS VUT" is not marked. Users need full rights to the Input and Output directories of the VUT. If MDS 3 Options "Use CMS VUT" is marked, then when an assessment is checked, it is put into XML format and placed in the VUT Input directory. The VUT processes the assessment and writes a results file in the Output directory. WinCare reads the resulting file in the Output directory and displays a readable version of the results. Then WinCare removes the files from the Input and Output directories of the VUT.

Import File Format for Ancillaries

File type: TAB or Comma delimited file with CR/LF record delimiter

Field Name	Description
Patient Last Name	Last Name (Required)
Patient First Name	First Name (Required)
Patient ID	Admission Number (Required)
Payor	Payor
Revenue Code	i.e. Therapy: 420/430/440
Discipline Modifier	i.e. Therapy: GP/GO/GN (Required for Therapy)
HCPCS Code	CPT Code/Ancillary Code (Required)
HCPCS Modifier 2	(as needed)
HCPCS Modifier 3	(as needed)
HCPCS Modifier 4	(as needed)
HCPCS Modifier 5	(not imported)
Tx Date	Date of Service (Required)
Tx Time	(for therapies this can be used for the minutes)
Visit	Visit count for the day
Units	Units (Required)
Facility Rate	(not imported)
Charges	(not imported)
Med DX	(not imported)
Treatment DX	(not imported)
Med DX Onset	(not imported)
Admit Date	(not imported)
Provider	(not imported)
Physician	(not imported)

Contact Information

Contact Information:

Sales: 1-800-423-1083 (8AM-5PM, M-F) E-mail:
info@WinCare.com

Support: 1-800-889-2349 (24/7) E-mail: support@WinCare.com

Fax: 1-541-776-3304

Website: <http://www.WinCare.com>

Mailing address:

WinCare, LLC
P.O. Box 39
Medford, OR 97501-0241

Physical Address:

WinCare, LLC
11 North Peach Street
Medford, OR 97501-2639

Index

5

5010 Technical Settings • 335

A

A/R Adjustments Journal Bad Debt Account No. • 394
 A/R Aging Detail • 392
 A/R Balances by Client • 392
 A/R Recap By Payor • 392
 A/R Reports • 387
 A/R Reports Main Screen • 389
 A/R Setup • 283
 A1 (Face Sheet One) • 47
 A2-Clinical (Face Sheet Two) • 48
 A2-Diagnosis ICD-9 & ICD-10 • 50
 A2-Integrated (Face Sheet Two) • 49
 A3 (Face Sheet Three) • 57
 A4-Integrated (Face Sheet Four) • 57
 Account Activity and Trial Balance • 394
 Acuity Monitoring • 183
 Acuity Payment Level (Level of Care) • 414
 Add • 136
 Add a Drug to the Database • 83
 Add a Note • 171
 Add an Ancillary • 294
 Add an Approach • 124
 Add Medication • 82
 Add New Line • 345, 346
 Add New Line - Batch Payment • 350, 354
 Add New User /Assign Security Level • 253
 Add Vital Data • 110
 Add/Edit a Note • 311
 Add/Edit a Physician • 220
 Add/Edit Acuity Payment Level (Medicaid) • 418
 Add/Edit Acuity Payment Level (Medicare Part A) • 417
 Add/Edit Acuity Payment Level (Private Pay) • 415
 Add/Edit an Ancillary • 430
 Add/Edit an Insurance Carrier • 222
 Add/Edit Chart of Accounts • 404
 Add/Edit COS (Integrated) • 36
 Add/Edit Discharge Codes • 426
 Add/Edit Physician Taxonomy Codes • 426
 Add/Edit Revenue Code Item • 435

Add/Edit Revenue Codes • 434
 Add/Edit Security Level • 254
 Add/Edit Value Codes • 436
 Additional Requirements • 463
 Add-On Registration • 273
 Adjustments • 373
 Adjustments Main Screen • 375
 ADL • 121
 ADL Items • 237
 ADL Main Screen • 123
 ADL Setup • 249
 Administration Times • 231
 Admission Face Sheets • 47
 Admit • 29, 227
 Admit a New Resident • 32
 Admit FAQ's • 76
 Admit Main Screen • 31
 Allergies • 58, 95
 Ancillaries • 291
 Ancillaries (Master Files) • 429
 Ancillaries Main Screen • 293
 Ancillary Accounts • 434
 Ancillary Revenue Categories • 433
 Apply Payments from Selected File... - Payments From 835 • 365
 Approaches • 118
 Archive/Reactivate • 116
 Audit Trail • 255
 Auto Create UB04 • 316
 AutoCreate/Manual Create UB04 Log • 318

B

Backup Database • 281
 Balances/Recaps • 394
 Batch Payment and C/A • 347
 Bill Notes • 309
 Bill Notes Main Screen • 311
 Billed Ancillary by Charge Code • 393
 Billing • 301
 Billing Address • 74
 Billing Log • 305
 Billing Main Screen • 303
 Billing Provider • 331
 Billing Rules Set Definitions • 408
 Billing Rules Sets • 407
 Browse - Payments From 835 • 362

C

CAA Resources • 151
Calculated Values in Sections C and D • 144
Calculator • 161
Care Plan • 113
Care Plan (Section V) • 150
Care Plan FAQs • 119
Care Plan Frequencies • 236
Care Plan Library • 236
Care Plan Main Screen • 115
Care Plan Services • 237
Care Plan Setup • 236
Care Plan Tab • 192
Census Accounts • 425
Census Admission (Integrated) • 34
Census Billing Estimate (Summary) • 390
Change of Status (Integrated) • 33
Change of Status FAQ's • 39
Change payor for Medicare Part B Co-Pay • 299
Changing your cloud password • 459
Chart of Accounts • 404
Charts • 112
Check Accounts • 306
Checking and Closing • 155
Claims • 313
Claims Main Screen • 315
Clear Passwords • 255
Clear RAP Lock • 271
Clinical • 220
Clinical Reports FAQs • 210
Clone a Security Level • 255
Close Period • 307
CMS 672 Census • 179
CMS 802 Roster • 182
CMS Memo - Use of Dashes • 140
Common Lab Tests • 230
Compact and Repair Database • 281
Completeness Check • 75
Completeness Check-Phone Book • 223
Computers/Care Units • 263
Configuration Files • 469
Consolidated Billing • 432
Contact Information • 473
Continue Orders For • 232
Control Panel Help Button • 19
Control Panels • 13
Copy • 158
CQI 2 • 173
CQI 2 Main Screen • 175
CQI 3 • 177
CQI 3 Main Screen • 179
CQI FAQs • 184

CQI Options • 266
Create Batch Transmit • 164
Create EDI Claim Files • 329
Create First of Next Period Census Records • 307
Create First of Period Census Records for Period Past Working Period • 306
Create Transmit File • 163
Create Transmit Files • 163
Current Census • 9
Custom HCPCS/CPT • 436
Customer Credits • 355
Customize Medication • 84

D

Date Values • 143
Dates • 160
Delete Records (Integrated) • 35
Delete Resident • 45
Diabetes Data • 94
Dietary • 93
Discharge • 42
Discharge Codes • 425
Discharge Reports • 61
Discontinue Drug • 85

E

EDI (Electronic Billing) • 325
EDI (Electronic Billing) Main Screen • 327
EDI Setup • 330
Edit • 130, 138
Edit ADL Items • 124
Edit an Ancillary • 296
Edit Ancillary Accounts • 434
Edit Assessment • 21
Edit Census Accounts • 425
Edit Paying Agencies • 402
Edit Res • 180
Edit Tot (Total) • 181
Editable and Non-Editable Fields • 81
Electronic Signatures • 157
End MA Stay • 38
Enter Bank Interest • 64, 214
Enter Prior Invoices • 283, 284
Enter Rate Change for All APL's at Once • 420
Expired Authorization Setup • 394
Export Period to GL • 307

F

Facesheet Options • 266
Facility • 239
Facility Data • 436
Facility Information • 241
File Maintenance • 281

Fluid Balance • 96
Fluid Balance Fluids • 234
Food Intake • 97
F-Tag Report • 181

G

General Information • 461
General Tab • 190
Goals • 117

H

Hemoglobin/Hematocrit • 98
Hemoglobin/Hematocrit Ranges • 235
HIPAA and HITECH ACT Compliance Tips •
465
HL7 Sources • 265
HL7 Subscribers • 264

I

ICD-10 Edit screen • 56
ICD-10 Effective Date • 275
ICD-10 Equivalent • 52
ICD-10 Panel • 54
ICD-10 Transition • 467
Immunizations • 99
Import File Format for Ancillaries • 472
Inactivate • 159
Install & Upgrade FAQs • 5
Insulin Sliding Scale • 85
Integrated • 221
Integrated Overview • 287
Invalidate • 111
Invalidate/Invalidation Screen • 85

L

Lab Orders • 91
Lookup Transactions • 358

M

Mailing Labels / Envelopes • 197
Manage Opening Balances • 405
Manual Create UB04 • 323
MAR • 228
MAR Notes • 89
MAR Notes (Std) • 230
MAR Setup • 228
MAR Tab • 193
Master Files • 399
Master Files Main Screen • 401
Max Case Optimizer • 264
MDS 2 • 127
MDS 2 Main Screen • 129
MDS 3 • 133
MDS 3 FAQ's • 165

MDS 3 Main Screen • 135
MDS 3 Options • 247
MDS Data Entry Clerk • 156
MDS Options • 243
MDS Tab • 194
Medicaid Liability • 68
Medicare Adv - Charge Summary For Year •
394
Medicare Manual Edits • 323
Medicare To Do List • 75
Medication Categories • 234
Medications • 80
Medications (Std) • 228
Modify • 159

N

New Census Change Adjustment • 379
New Manual Adjustment • 376
Notes • 169
Nutrition Labels • 198

O

Other Resident Information • 119
Overview of 835 Electronic Remittance
Advice Import • 359

P

Password • 257
Patient Transfer Notice • 65
Payment Options • 439
Payment Sources • 267
Payments From 835 • 360
Payments Refunds • 339
Payments Refunds Main Screen • 341
Payor Definitions • 401
Payor Groups • 333
Payors • 71
Pharmacy Tab • 193
Phone Book • 217
Phone Book Main Screen • 219
Physician Codes • 233
Physician Orders • 90
Physician Orders Tab • 191
Physician Taxonomy Codes • 426
Physician Visits • 59
Physician's Orders (Std) • 229
Pneumococcal Vaccine/Booster Checkboxes •
101
PO/MAR • 77
PO/MAR FAQs • 104
PO/MAR Main Screen • 79
Policy Forms • 27, 65
Pre-Admit • 23
Pre-Admit Main Screen • 25

PreScreen Main Screen • 21
Print / Export Options • 219
Print MAR • 86
Print Report - Payments From 835 • 363
Print UB Claims • 397
Printer Setup • 189
Prior Authorization Information/TAR
Information • 69
Problems-New • 115
Prog Set/Info • 279
Progress Notes Main Screen • 171
Psychotropic Drugs • 84

R

RA 835 Options • 438
Rate Detail (Medicaid) • 419
Rate Detail (Medicare Part A) • 418
Rate Detail (Private Pay) • 416
Readmit Prior Resident • 44
Receivables Accounts • 406
Receiver • 331
Recurring Ancillary Charges • 298
Reentry (Integrated) • 40
Registration • 1
Registration Screen • 3
Rehab Patient Discharge • 66
Related To • 117
Replicate 672 Census • 181
Replicate 802 Roster • 183
Report List/Descriptions • 396
Report Options • 390
Reports • 27, 187
Reports (Care Plan) • 118
Reports (Resident Trust) • 64, 214
Reports (Utilities) • 277
Reports Main Screen • 189
Required Windows Rights • 471
Re-Registration • 4
Resident ID Labels (Avery 6150) • 195
Resident List • 16
Resident Pictures • 441
Resident Trust Interest • 269
Restore Data • 282
ResTrust • 211
ResTrust Main Screen • 63, 213
Retroactive Change in Medicaid Recipient
Liability • 381
Retroactive Change of Payor • 382
Revenue Journal • 393
Reverse an Invoice • 384
Review a Care Plan • 116
Room Detail • 260, 424
Room Master • 259, 423
Room Rate Detail • 260, 424

Routes of Administration • 233
RUGs • 249
RUGs III (Utilities) • 245

S

Sample Adjustments • 381
Sample Orders • 87
Saving Reports From the Cloud • 455
Scheduler • 162
S-cores • 445
Screen colors for resident status • 15
Screens A-E • 26
Section G - Get ADLs • 145
Section I - Active Diagnoses • 146
Section S - State • 147
Section V - Care Area Assessment • 148
Section Z - Assessment Administration • 153
Select HPCSC/CPT Code • 432
Set Payor/APL (Acuity Payment Level) • 37
Setup Wizard (Electronic Billing) • 332
Single Resident Payment • 343
Specify Aging Buckets • 393
Spell Check (All Free Text fields) • 76
Statement Options • 391
Submitter • 331

T

Table • 112
Telephone Orders • 92
Telephone Orders Report • 92
Temp Discharge (Integrated) • 39
Therapy Notes • 101
Therapy Onset • 73
Time Formats for Administration Times • 232
Track Specific Type of Medication • 86
Trans/Rehab Reports • 65
Transaction No. Look Up • 305
Tray Cards • 198
Tray Cards - Print One or More Residents •
201
Tray Cards - Print Selected Carts • 203
Tray Cards Getting Started • 199
Tray Cards Main Screen • 200
Tray Cards -Print Selected Tables • 206
Treatments • 88
Treatments (Std) • 229

U

UB or CMS-1450 Revenue Codes • 435
UB04 • 319, 323
UB04 Printer Setup • 391
Update Bills For Selected Residents • 304
Use Medicare A like billing • 413
Users and Security Levels • 253

Utilities • 225
Utilities Control Panel • 227

V

Value Codes • 435
View 835 Exceptions • 368, 369
View Already Applied Payment Files and
Logs • 370
View Census Stats • 46
View Closing Report • 308
View Transmit File • 165
View/Edit UB04 Bills • 318
Vitals • 107
Vitals Main Screen • 109

W

WinCare Control Panel • 11
WinCare Log In • 7
WinCare Login • 4
WinCare on the Cloud • 449
WinCare Security Menu • 251
WinCare Startup Interface (Clinical Only) •
265
Working with Saved Batch Payment Sessions •
352