



## EMR Components Designed For Long Term Care

### Prerequisites

- Resident is admitted with an Admissions Status of “Registered” (pp.12-13)
- Facility Reimbursement Rates are set up in the system
- Resident has a policy set up for “Payor Categories” pertaining to he/she specifically (pp.14-16)
- Resident has ancillary charges in the “Ancillary Charge Master” (Tutorial #13)
- Resident has HCPC charges in the HCPCS Charge Master (Tutorial #12)

### Overview

This tutorial will guide you through the setup of creating claims manually in the Medeasy3 System. Prerequisites above are required in order to create claims.

### Setting Up the Claims for Review

In the “Receivables” area of Medeasy (top menu), select “Resident Claims” from the left menu bar, select the resident then click “New” to create a new claim.

The screenshot shows the Medeasy3 system interface. At the top, there is a navigation bar with icons for Home, Admin, Admissions, Clinical, Receivables (highlighted with a red box), Payables, Gen Ledger, and Reports. Below this is a sub-menu bar with 'Receivables' selected. On the left side, there is a vertical menu with options: Resident Policies, Resident Claims (highlighted with a red box), Claims From Census, Claim File Management, Ancillary Charge Master, HCPCS Charge Master, HCPCS Charge Imports, Inquire Receivables, and Enter Remittances. The main content area displays the 'Resident Claims' form. The form includes fields for Facility (McCook's Long Term Care and Rehab), Resident Type (Financial Open), and Resident (McCook, Roger D). Below the form is a toolbar with icons for Refresh, New (highlighted with a red box), Edit, Complete, Delete, and Info. The user is logged in as 'charlieh'.

Select the claim type you wish to create for the resident.

The screenshot shows the 'General Claim Information' form. The form has a title bar and a subtitle 'Maintain General Claim Info for Selected Claim'. There are 'Save' and 'Close' buttons at the top. The 'Claim Type' dropdown menu is open, showing a list of options: Part A, Part A (highlighted with a blue bar), Medicaid Skilled, Medicaid ICF, Private Insurance, Hospice, VA Skilled, VA ICF, Evercare, Medicare Managed Care, Part B, Medicaid Managed Care, and Medicaid ALF. The 'Patient Status Code' dropdown menu is also visible at the bottom of the form.



## EMR Components Designed For Long Term Care

Enter the Service Start and End Dates, Bill Type (you can drill into the various bill types if needed), Hospital, Therapeutic Leave (0 for Part A), Bed Days and Patient Status Code then click the SAVE button.

**General Claim Information**  
Maintain General Claim Info for Selected Claim

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Claim Type:

Service Date Starts:

Service Date Ends:

Bill Type Code:

Hospital Leave Days:

Therapeutic Leave Days:

Bed Days:

Patient Status Code:

Misc. Claim Info:

Once the claim has been saved the claim tabs become available for working through the claim.



If you click CLOSE you will see on the claims page a claim has been created for the resident selected. The illustration below shows if you had to close the screen just after you created it, the claims remains workable through the system

**Resident Claims**

Manage Resident Claims

Facility:

Resident Type:

Resident:  [Next](#) [Prev](#)

Logged on as: **charlieh**

Refresh

New

Edit

Complete

Delete

Info

	Claim ID	Type	BillType	Svc Starts	Svc Ends	Proc Status	Bill Date	Paid Date	GL Status
<a href="#">Select</a>	350	Part A	212	2011-11-14	2011-11-30	01			01



## EMR Components Designed For Long Term Care

**Policy Tab** – The Policy tab lets you select the appropriate policy for the claim. This saves the correct payor information for the claim and provides a way for you to ensure all information has been entered in the system for file submission. After the policy is imported (applied) then click SAVE before moving to the Details Tab.

Roger D McCook IV  
Part A 11/14/2011 - 11/30/2011



### Policy Information

Maintain Policy Information for Selected Claim

Select policy from drop down list and click Import link. Warning. Existing info may be overwritten.

Policies:

Policy Info:

Subscriber Info:

### Expanded View

Policy Info:
 

Policy Number

Patient Relationship

Subscriber Info:
 

First Name

Middle Name

Last Name

Name Suffix

Address Line 1

Address Line 2

City

State

Postal Code



## EMR Components Designed For Long Term Care

**Details Tab** – The Details tab is where the coinsurance, full and coinsurance days are entered in the claim. Once initially entered for the first claim (Part A) the system will keep track of the prior days.

### Claim Detail Information

Maintain Other Detail Information for Selected Claim

Database updated: 12:41 PM

PPS Info:

Coinsurance Rate	<input type="text" value="141.50"/>	<a href="#">Update</a>
Prior Days	<input type="text" value="0"/>	
Full Days	<input type="text" value="17"/>	
Coinsurance Days	<input type="text" value="0"/>	
Noncovered Days	<input type="text" value="0"/>	

**Admission Tab** – The Admission tab is designed to help keep track of discharges and re-admits with regard to Admitting and Principal Diagnosis codes. Select the admission date that is associated with the claim and the specific diagnosis codes are tied directly to the claim. Provided these were entered during the admissions process, this step saves you from entering the diagnosis codes for the claim.

### Admission Information

Maintain Admission Information for Selected Claim

Select Admission

General Info:

Attending Physician Info:

Diagnosis Info:



## EMR Components Designed For Long Term Care

Drill down views of this information is available to quickly review General Info, Attending Physician Info, and Diagnosis Info.

General Info:

Admission Date	<input type="text" value="11/14/2011"/>
Admission Time	<input type="text" value="1145"/>
Admission Type	<input type="text" value="Elective"/>
Admission Source	<input type="text" value="Transfer / Hospital"/>
Hospital From Date	<input type="text" value="11/09/2011"/>
Hospital To Date	<input type="text" value="11/14/2011"/>

Attending Physician Info:

Physician ID	<input type="text" value="10497"/>
First Name	<input type="text" value="John"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="Smith"/>
Name Suffix	<input type="text" value="Smith"/>
NPI	<input type="text" value="9987654321"/>

Diagnosis Info:

Admitting Diagnosis Code	<input type="text"/>	
Principal Diagnosis Code	<input type="text"/>	<input type="checkbox"/> Present on Admission
Diagnosis Code 2	<input type="text"/>	<input type="checkbox"/> Present on Admission
Diagnosis Code 3	<input type="text"/>	<input type="checkbox"/> Present on Admission
Diagnosis Code 4	<input type="text"/>	<input type="checkbox"/> Present on Admission
Diagnosis Code 5	<input type="text"/>	<input type="checkbox"/> Present on Admission



## EMR Components Designed For Long Term Care

**HIPPS Tab** – Click the NEW button on the HIPPS tab to view assessments applicable to the claim (Part A).

**Assessments Information (HIPPS)**

Maintain Assessments Information for Selected Claim

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Choose each assessment for the claim period and the system fills out the HIPSS detail.

**Assessments Information (HIPPS)**

Maintain Assessments Information for Selected Claim

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**Claim Assessment (HIPPS) Item**

Maintain Individual Claim Assessment Item

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Assessment	<input type="text"/>
Hipps Code	<input type="text" value="11/27/2011 - 14-Day Scheduled"/>
RUG Rate	<input type="text" value="11/21/2011 - 5-Day Scheduled"/> <a href="#">Update</a>
	<input type="text" value="11/14/2011 - Not PPS"/>
Start Date	<input type="text"/>
End Date	<input type="text"/>
# Days	<input type="text"/>



## EMR Components Designed For Long Term Care

For this sample assessment there are two assessments. When each of those is selected the HIPPS tab reflects the assessment detail on both.

**Assessments Information (HIPPS)**  
 Maintain Assessments Information for Selected Claim

If included, total HIPPS Days (34) must match total Bed Days on claim (17).

	ID	Assessment ID	Asmt Ref Date	HIPPS	Start Date	End Date	# Days	RUG Rate	Total
<a href="#">Select</a>	15	17320	2011-11-21	RUB10	2011-11-14	2011-11-30	17	514.19	8741.23
<a href="#">Select</a>	17	17539	2011-11-27	RUB20	2011-11-14	2011-11-30	17	514.19	8741.23

Select and EDIT the date and days information on the assessment so finalize the HIPPS tab information.

**Assessments Information (HIPPS)**  
 Maintain Assessments Information for Selected Claim

If included, total HIPPS Days (34) must match total Bed Days on claim (17).

**Claim Assessment (HIPPS) Item**  
 Maintain Individual Claim Assessment Item

Assessment:

Hipps Code:

RUG Rate:  [Update](#)

Start Date:

End Date:

# Days:



## EMR Components Designed For Long Term Care

The modified information is shown below with accurate days and HIPPS Totals.

### Assessments Information (HIPPS)

Maintain Assessments Information for Selected Claim

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	ID	Assessment ID	Asmt Ref Date	HIPPS	Start Date	End Date	# Days	RUG Rate	Total
<a href="#">Select</a>	15	17320	2011-11-21	RUB10	2011-11-14	2011-11-27	14	514.19	7198.66
<a href="#">Select</a>	17	17539	2011-11-27	RUB20	2011-11-28	2011-11-30	3	514.19	1542.57

**Claim Codes Tab** – The Claim Codes tab displays all claims codes and descriptions for the claim. Below are examples of the information that is generated in the system when claims are created manually.

### Claim Codes

Maintain Claim Codes

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	ID	Code Type	Code	Amount	Start Date	End Date	POA	Source	Active
<a href="#">Select</a>	76	Value Code	9	0.00			<input type="checkbox"/>	ClaimDetails	<input checked="" type="checkbox"/>
<a href="#">Select</a>	77	Value Code	80	17			<input type="checkbox"/>	ClaimDetails	<input checked="" type="checkbox"/>
<a href="#">Select</a>	78	Value Code	81	0			<input type="checkbox"/>	ClaimDetails	<input checked="" type="checkbox"/>
<a href="#">Select</a>	79	Value Code	82	0			<input type="checkbox"/>	ClaimDetails	<input checked="" type="checkbox"/>
<a href="#">Select</a>	80	Occurrence Span Code	70		2011-11-09	2011-11-14	<input type="checkbox"/>	ClaimAdmissions	<input checked="" type="checkbox"/>

To add additional codes click the All Items drop down and select User-Maintained option then click the NEW button.

### Claim Codes

Maintain Claim Codes

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No data to display



EMR Components Designed For Long Term Care

Select the Code Type

**Claim Code**  
Maintain Individual Claim Code

Claim Code Type

- Value Code
- Condition Code
- Occurrence Code
- Occurrence Span Code

Value Codes – Once you have selected Value Code enter the code and the amount. If the code needs to be entered but not included in the claim uncheck the Active box.

**Claim Code**  
Maintain Individual Claim Code

Claim Code Type

Value Code

Amount

Code is Active  (Uncheck to exclude code)

Condition Codes – Once you have selected Condition Code enter the code. If the code needs to be entered but not included in the claim uncheck the Active box.

**Claim Code**  
Maintain Individual Claim Code

Claim Code Type

Condition Code

Code is Active  (Uncheck to exclude code)



## EMR Components Designed For Long Term Care

Occurrence Codes – Once you have selected Occurrence Code enter the code and the date. If the code needs to be entered but not included in the claim uncheck the Active box.

**Claim Code**  
Maintain Individual Claim Code

Save Close

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Claim Code Type: Occurrence Code

Occurrence Code:

Date:

Code is Active:  (Uncheck to exclude code)

Occurrence Span Codes – Once you have selected Occurrence Span Code enter the code, the start date and the end date. If the code needs to be entered but not included in the claim uncheck the Active box.

**Claim Code**  
Maintain Individual Claim Code

Save Close

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Claim Code Type: Occurrence Span Code

Occurrence Span Code:

Start Date:

End Date:

Code is Active:  (Uncheck to exclude code)

Once you have entered additional codes (of any type) changing the item drop down back to All Items will enable you to view all codes for the claim; both System and User-Maintained.

**Claim Codes**  
Maintain Claim Codes

New Edit Delete Reverse Status All Items



## EMR Components Designed For Long Term Care

**Charges Tab** – Charges from HCPCS, Ancillary Charge Masters plus accommodation charges automatically calculate sync and show up in the claim “Charges” tab. The daily rate is calculated based on the standard facility charge rate for the associated revenue code in Reimbursement Rates, using revenue code 0120 for bed days (Semi-Private Room), 0185 for hospital leave days, 0182 for therapeutic (aka leave of absence) leave days, etc.

**Claim Charges**  
Maintain claim charges for this claim

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Add
Edit
Delete
Reverse Status

All Items
▼

Total Active Charges:  
\$14,545.40

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	ID	Rev Code	Secondary Code Type	Secondary Code	Charge	Units	Created By	Service Start	Service End	Active
<a href="#">Select</a>	112	0120			2550.00	17	Medeasy			<input checked="" type="checkbox"/>
<a href="#">Select</a>	107	0250			2349.60	2	Medeasy			<input checked="" type="checkbox"/>
<a href="#">Select</a>	108	0300			205.80	1	Medeasy			<input checked="" type="checkbox"/>
<a href="#">Select</a>	109	0420			3640.00	114	Medeasy			<input checked="" type="checkbox"/>
<a href="#">Select</a>	110	0430			4600.00	92	Medeasy			<input checked="" type="checkbox"/>
<a href="#">Select</a>	111	0440			1200.00	24	Medeasy			<input checked="" type="checkbox"/>

**Tutorial #14 Claims Creation Part 1 explains creating claims from census.**

**Tutorial #16 Claims Creation Part 3 explains the Receivables and Gen Ledger tabs for claims.**



## EMR Components Designed For Long Term Care

**ADDENDUM Prerequisites - Resident is admitted with an Admissions Status of “Registered”** – All admission into the Medeasy3 System by default have an admission status of Pending. To change the status of the resident click on the ADMIN button and select the ADMISSION STATUS menu button on the left (it was Resident Status previously). Type in the last name of the resident you’re looking for and click SEARCH.

**Resident Status**  
Manage Resident Status

Facility:

Collection Type:

Refresh Edit Info

Search for:  Search Clear

	ID	MDS Status	Admission Status	Resident	Preferred Name	Birth: Y-M-D	Gender
<a href="#">Select</a>	48	Registered	Pending	Hehn, Charlie		1965-05-12	Male

Then SELECT the resident and click the EDIT button. The following screen appears automatically pre-selecting the resident as Registered. Then click SAVE.

**Edit Resident Status**  
Edit Admission Status for Selected Resident

Save Close

Hehn, Charlie

New Status:

**Requirements for setting resident status to Registered**

Status	Requirement Definition
OK	Resident is on the census



## EMR Components Designed For Long Term Care

The resident's status has been successfully changed to Registered as indicated below.

Home Admin Admissions Clinical Receivables Payables Gen Ledger Reports

MedEasy SNF, Inc. Tech Support 706.378.9115 Training Log Off Support Tools

McCook's Long Term Care and Rehab

- [Resident Admissions](#)
- [Admission History](#)
- [Resident Documents](#)
- [Resident Problems](#)
- [Manage Census](#)
- [Visual Census](#)
- [ID Tracker](#)
- [Admission Status](#)

**Resident Status**

Manage Resident Status

Facility:

Collection Type:

Refresh
Edit
Info

Search for:

	ID	MDS Status	Admission Status	Resident	Preferred Name	Birth: Y-M-D	Gender
<a href="#">Select</a>	48	Registered	Registered	Hehn, Charlie		1965-05-12	Male



## EMR Components Designed For Long Term Care

**ADDENDUM Prerequisites - Resident has a policy set up for “Payor Categories” pertaining to he/she specifically** – Because the private insurance landscape has changed so much over the past few years it is more important than ever to have a tool to effectively manage that information. For residents that have private insurance policies we will be happy to work with you one on one to see the flexibility for private insurance. By virtue of having the potential for skilled nursing facilities to have upwards of 60 different insurance companies (depends on your geographical location) not only is the Medeasy3 System claims based but it is also policy based to ensure we can effectively manage insurance policies on behalf of residents and we need to consider Medicaid and Medicare like a policy. After a resident is admitted into the system and their admission status is Registered, any respective policies need to be added on the resident’s behalf. Most residents will have both Medicaid and Medicare policies. This only has to be set up one time for a resident. Below is a screen shot of a resident with both.

**Resident Policies**

Maintain resident policies, coverage, authorizations and rates

Facility:

Resident:  [Next](#) [Prev](#)

Logged on as: **charlieh**

	ID	Type	Payor	Policy Number	Effective	Pay Order
<a href="#">Select</a>	11	MEDICARE	WPS (Legacy Part A)	12345	01/01/2010	1
<a href="#">Select</a>	12	MEDICAID	HP GA Medicaid	12345	01/01/2010	1

To set up a policy for a resident click on the NEW button and choose your Part A Payor (your facility Part A payor name may be different than the example). This opens up a policy record screen (next page).



## EMR Components Designed For Long Term Care

For Medicare the policy number is the resident’s HIC Number, the effective date is the admission date, and the order would be 1 if the resident was admitted as Medicare Part A. If you do not have the policy number, effective date hand you drill into the stored admission information without leaving the screen to grab the HIC number and effective date.

[+ Show Admission Info](#)

### Policy Record

Basic policy information

Save Close

Payor	MEDICARE - WPS (Legacy Part A)
Payor Category	Medicare Part A
Policy Number	
Effective Date	
Expired Date	
Payment Order	
Patient Relationship	Self
Subscriber First Name	Brian
Subscriber Middle Name	P
Subscriber Last Name	White
Subscriber Name Suffix	
Address Line 1	315 W 10th Street
Address Line 2	
City	Rome
State	GA
Zip Code	30165
Policy Notes	

[- Hide Admission Info](#)

### Admission Record

[Save Changes to Admission Record](#)

Select Admission	10/01/2011	
SSN	789887894	
Medicare #	789-88-7894	<a href="#">Copy</a>
Medicaid #	789-88-7894	<a href="#">Copy</a>
VA #	789-88-7894	<a href="#">Copy</a>
Level of Care	None Selected	
Primary Payor Cat	Medicare Part A	<a href="#">Copy</a>
Secondary Payor Cat	Medicaid ICF	<a href="#">Copy</a>
Tertiary Payor Cat	VA Skilled	<a href="#">Copy</a>
Resident Income		
Income Type	Social Security Income	
Medicaid Prior Auth #		

Click SAVE and the policy is now in effect for the resident.



## EMR Components Designed For Long Term Care

You also have the option to document coverage verification if you wish by clicking on the coverage tab once the policy is saved. This is designed mostly for private insurance but is available for Medicaid and Medicare as well. The red X closes you out of the policy record screen.

Brian P White  
MEDICARE - WPS (Legacy Part A) Policy # 789-88-7894



Medicaid policies are created in the same manner. The main difference you will see when a Medicaid Policy is created is there are more options available in the saved policy record. Medicaid differs in various states and the system is designed to accommodate those variables. This example below is for GA Medicaid and for GA you only need to be add the Prior Authorization and Patient Liability once the policy is created.

Brian P White  
MEDICAID - HP GA Medicaid Policy # 789-88-7894



Prior Authorization is where you enter the GA Medicaid prior authorization number and if needed you can drill into the admission information to grab the number. The system will keep a record of all authorizations need for private insurance as well. Patient Liability is also entered in the same manner. If it was known upon admission you can pull it from there or enter it directly as sometimes it may not be known upon admission. History detail on patient liability is also stored.

Brian P White  
MEDICAID - HP GA Medicaid Policy # 789-88-7894

[+ Show Admission Info](#) ←

### Authorization Record

Authorization record for selected policy

Created By:

Start Date:

End Date:

Authorization Number:

Prior Authorization:

Referral:

Authorization Notes:

Brian P White  
MEDICAID - HP GA Medicaid Policy # 789-88-7894

[+ Show Admission Info](#)

### Patient Liability Record

Maintain Patient Liability Record for this Policy

Created By:

Effective Date:

Liability Amount:

Prorated: