



EMR Components Designed For Long Term Care

Accessing Resident Admissions, Documents, Maintenance, Problems, Status, Room/Bed Assignments

This area is designed to manage resident specific information. Once in the Medeasy3 System click on the Admissions icon, then click on the Resident Admissions button to access the addition of and editing of Admissions in your facility. This screen is also where you discharge residents.

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

Resident Admissions

Choose Facility:

Choose Status:

Logged on as: charlieh

Search for:

	ID	Status	Resident ID	Resident	Preferred Name	Birth Date	Admitted	Gender
Select	52218	Discharged	40774	Miss2011-Girl, Alice		2009-11-30		Female
Select	40	Discharged	43	Wayne, John	John	1936-02-05	2010-06-15	Male
Select	53076	Pending	41567	,, .		2011-09-28		Male
Select	52785	Pending	41283	Baby, Sugar		1942-08-31	2011-04-06	Male
Select	52003	Pending	40568	Ball, Mary		1916-06-29	2011-03-24	Female
Select	52200	Pending	40756	Doe, John	Joe	1945-01-06		Male
Select	52315	Pending	40865	Head, Potatoe		1922-02-14	2011-02-01	Male

Identification: Required items are denoted with a red asterisk. Information on this page must be saved before continuing. If a resident is Medicaid Pending enter a + sign in the Medicaid# field.

Identification
 Edit basic personal identification info for this admission record

First name: * Birth date: *
 Middle initial: Birth place:
 Last name: * Gender:
 Suffix: Military service:
 Preferred name: SSN: *
 Address 1: Medicare #:
 Address 2: Medicaid #:
 City: Part D #:
 State: VA #:
 Zip:
 County:



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Specifics: Key information here is entered that is used for claims creation and for MDS 3.0 assessments. Required items are denoted with a red asterisk. Information on this page must be saved before continuing. It is important to note that if no admission time is entered this will be caught during claims finalization.

ID	Specifics	Demographics	Financial	Contacts	Clinical	Interview
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Specifics
Edit additional information specific to this admission record

Data saved: 12:09:21 AM

Admission date: *	<input type="text" value="2/1/2011"/>	Entered From:	
Admission time:	<input type="text" value="1400"/>	Type:	<input type="text" value="Acute hospital"/>
Referred by:	<input type="text" value="None Selected"/>	Name:	<input type="text" value="Riverview Medical center"/>
Medical record #: *	<input type="text" value="1552"/>		
Laundry by:	<input type="text" value="None Selected"/>	Admission type:	<input type="text" value="None Selected"/>
Room & bed:	<input type="text" value="0-"/>	Transferred by:	<input type="text" value="None Selected"/>
Level of care:	<input type="text" value="None Selected"/>	How transferred:	<input type="text" value="None Selected"/>
Has burial insurance:	<input type="text" value="No"/>	Source & status:	<input type="text" value="None Selected"/>

Demographics: Information gathered here is used for MDS 3.0 and other demographic reporting.

ID	Specifics	Demographics	Financial	Contacts	Clinical	Interview
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Demographics
Edit demographics information for this admission record

Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	Religion: <input type="text" value="None Selected"/> Religious facility: <small>NEW</small> <input type="text" value="None Selected"/> Hospital: <small>NEW</small> <input type="text" value="None Selected"/> Ambulance: <small>NEW</small> <input type="text" value="None Selected"/> Funeral home: <small>NEW</small> <input type="text" value="None Selected"/>
Education: <input type="text" value="None Selected"/> Interpreter?: <input type="text" value="No"/> Marital status: <input type="text" value="Never Married"/>	Mother: <input type="text"/> Father: <input type="text"/> Preferred language: <input type="text"/> Occupation: <input type="text"/>



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Financial: Information gathered here directly affects claims.

ID	Specifics	Demographics	Financial	Contacts	Clinical	Interview
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Financial
Edit financial information for this admission record

Payor Categories:

Primary:	<input type="text" value="Medicare"/>	Date DMA Cert Ends:	<input type="text"/>
Secondary:	<input type="text" value="None Selected"/>	Resident Income:	<input type="text"/>
Tertiary:	<input type="text" value="None Selected"/>	Income Type:	<input type="text" value="None Selected"/>

Medicaid Prior Authorization:

Number:

Description:

Contacts: All important contacts are recorded here.

ID	Specifics	Demographics	Financial	Contacts	Clinical	Interview
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Contacts
Edit contact information for this admission record

Financial	Copy from: Med Emer Other	Medical	Copy from: Financial Emer Other
Name:	<input type="text"/>	Name:	<input type="text"/>
Relation:	<input type="text"/>	Relation:	<input type="text"/>
Address 1:	<input type="text"/>	Address 1:	<input type="text"/>
Address 2:	<input type="text"/>	Address 2:	<input type="text"/>
City:	<input type="text"/> State: <input type="text"/>	City:	<input type="text"/> State: <input type="text"/>
Zip:	<input type="text"/>	Zip:	<input type="text"/>
Phone 1:	<input type="text"/>	Phone 1:	<input type="text"/>
Phone 2:	<input type="text"/>	Phone 2:	<input type="text"/>
Phone 3:	<input type="text"/>	Phone 3:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Emergency	Copy from: Financial Med Other	Other	Copy from: Financial Med Emer
Name:	<input type="text"/>	Name:	<input type="text"/>
Relation:	<input type="text"/>	Relation:	<input type="text"/>
Address 1:	<input type="text"/>	Address 1:	<input type="text"/>
Address 2:	<input type="text"/>	Address 2:	<input type="text"/>
City:	<input type="text"/> State: <input type="text"/>	City:	<input type="text"/> State: <input type="text"/>
Zip:	<input type="text"/>	Zip:	<input type="text"/>
Phone 1:	<input type="text"/>	Phone 1:	<input type="text"/>
Phone 2:	<input type="text"/>	Phone 2:	<input type="text"/>
Phone 3:	<input type="text"/>	Phone 3:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>



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Resident Documents

This area is a resident specific repository to store information on a resident's behalf electronically. Virtually any file type is supported and a picture stored here on behalf of a resident enables their picture to be displayed during the MDS 3.0 assessment process and also in Resident Care Plans. History and physical information and discharge orders from a hospital can, or a copy of a resident's insurance information can be stored here as well.

The screenshot displays the MED EASY software interface. At the top, a navigation bar includes icons for Home, Admin, Admissions (highlighted with a red box), Clinical, Receivables, Payables, Gen Ledger, and Reports. Below this, a secondary bar shows 'MedEasy SNF, Inc.', 'Tech Support 706.378.9115', 'Training', 'Log Off', and 'Support Tools'. On the left, a sidebar menu lists various functions, with 'Resident Documents' selected and highlighted in red. The main content area is titled 'Resident Documents' and includes a facility dropdown set to 'McCook's Long Term Care and Rehab' and a resident dropdown set to 'Hehn, Charlie'. Below these are 'List', 'New', 'Delete', and 'Download' icons. A table lists the following documents:

	ID	Title	Document Type	Extension
Select	161	picture	Resident Picture	.jpg
Select	89	profile picture	Resident Picture	.jpg
Select	83	Picture	Other Document	.jpg
Select	6	Spreadsheet	Other Document	.xlsx
Select	5	CMS672	Other Document	.pdf