

## General Navigation & Basic Information

**Interactive Resident Banner with Photo**

**Expand/Collapse All sections**

**Enter/Exit Full Screen view**

**Expand/Collapse individual sections by clicking on the arrow.**

**Single click navigation to sections**

**Easy access to additional functions**

**Use keyboard tab navigation to quickly move through data entry without using the mouse**

**Fields auto-save upon leaving field, "Save" is available for manually saving**

**"Save & Next" available to save and move to next section**

## Guarantor

**Copy information from resident or contacts**

**List multiple phone numbers**

**Select multiple contact options**

## Contacts

**Easy access to Print Contact Report**

**Emergency Contact Indicator**

**Copy information from resident or contacts**

**Select multiple contact options**

**Identify multiple contact categories and rank**

## Visit

## Clinical

**• VISIT** Add Organization eDocs Leave Information

**PRIOR HOSPITAL STAY SUMMARY** Select +Add Prior Hospital Stay to add hospital stay. Single click existing Prior Hospital Stay row cell to edit or delete

**DELETE** + Add Prior Hospital Stay

HOSPITAL NAME	ADMIT DATE	DISCHARGE DATE	PROVIDER #
DROST Hospital	06/01/2016	06/07/2016	

Rows: 1

**• VISIT INFORMATION**

Admit date/time: 06/07/2016 12:13

Health Record #: 000049926

Account #: 1839

Care level: 150 Shelter Private

Location: CYD52 a

Bed rate: \$255.00/day

Override:

Business unit/Product line: ICF/MCO-WING 1

Arrived by: TEST DRIVER Admit type:

Federal Adm source: State Adm source:

Trans Hosp: Visit source: Rehab?

test: user-defined 3 test 1: user-defined 4

user-defined 3 user-defined 4

Easy access to Add Organization, eDocuments and Leave information

Prior Hospital Stay Summary

Original Admission Information

User Defined Fields

**• CLINICAL** Allergy Master Clinician Master ICD-10 Master Check drug interactions

**• ALLERGIES INFO**

No known allergies/adverse reactions Date/Time Recorded: User: Previously recorded no known allergies.

**ALLERGIES** Select +Add Allergy to add allergy. Single click existing allergy row cell to edit or delete

**DELETE** + Show More + Add Allergy

ALLERGY	ONSET	ONGOING?	SEQ	REACTION	SEVERITY	DATE/TIME RECORDED
MORPHINE SULFATE		Yes	1	hives	Moderate	02/03/2017 13:53
12 HOUR COLD MAXIMUM STRENGTH		Yes	2			09/08/2021 09:05
FLUOXETINE		Yes	4	Blisters	Moderate	09/08/2021 09:05
PHENELZINE		Yes	5			09/08/2021 21:07
12-HOUR COLD CAPSULES		No	6			10/27/2021 13:24

Rows: 6

**• DIAGNOSES**

**ICD-10** Select +Add ICD-10 to add icd10. Single click existing ICD-10 row cell to edit or delete

**DELETE** + Add ICD-10

DIAGNOSIS	ICD10	ONSET	BILL SEQ	ON BILL	CLIN RANK	DX TYPE	PRIMARY	CLINICAL CATEGORY
Cowpox	B08.010	6/7/2016	1		001			Medical Management
Essential (primary) hypertension	I10.	6/7/2016	2		002			Return to Provider *
Bitten by alligator	W58.01	6/7/2016	3		003			Return to Provider

Easy access to Allergy, Clinician & ICD-10 Master and Check drug Interaction

Easy to use grid data entry

Easy to read and add to data

## ADD new records – Prior Hospital Stay, Allergies, ICD-10

## EDIT/DELETE existing records – Prior Hospital Stay, Allergies, ICD-10

**PRIOR HOSPITAL STAY SUMMARY** Select +Add Prior Hospital Stay to add hospital stay. Single click existing Prior Hospital Stay row cell to edit or delete

**DELETE** + Add Prior Hospital Stay

HOSPITAL NAME	ADMIT DATE	DISCHARGE DATE	PROVIDER #	NEW SPELL OF ILLNESS?
DROST Hospital	02/04/2017	02/21/2017		Yes

Rows: 1

**• ALLERGIES INFO**

No known allergies/adverse reactions Date/Time Recorded: User: Previously recorded no known allergies.

**ALLERGIES** Select +Add Allergy to add allergy. Single click existing allergy row cell to edit or delete

**DELETE** + Add Allergy

ALLERGY	ONSET	ONGOING?	SEQ	REACTION	SEVERITY	DATE/TIME RECORDED	USER	DATE/TIME INACTIVATED	USER
CODEINE	1/29/2014	No	1			11/01/2021 12:29	Carla Customer Su		
STRAWBERRIES	2/04/2016	Yes	2	Breathing issue	Moderate	11/01/2021 12:29	Carla Customer Su		

Rows: 3

**ICD-10** Select +Add ICD-10 to add icd10. Single click existing ICD-10 row cell to edit or delete

**DELETE** Cancel ICD-10 Add

DIAGNOSIS	ICD10	ONSET	BILL SEQ	ON BILL	CLIN RANK	DX TYPE	PRIMARY	CLINICAL CATEGORY	RESOLVED DATE	DATE/TIME RESOLVED	USER
Tuberculosis (prelate)	A15.6	2/27/2017	1		001			Acute Infectious			
Young-onset disorder	U07.0	10/1/2020	2		002			Pulmonary			
Ataxia, unspecified	R27.0	2/27/2017	3		003			Acute Neurologic			

Rows: 3

ICD-10 ONSET BILL SEQ ON BILL CLIN RANK DX TYPE PRIMARY CLINICAL CATEGORY RESOLVED DATE DATE/TIME RESOLVED USER

U07.0 10/1/2020 2 002 Pulmonary

Click + Add buttons to add new records

Click Cancel link or hit Escape to exit Add mode

In the new add row, hit Enter, click Save/Save and Next, or tab through the row to save the new record and enter additional records

**PRIOR HOSPITAL STAY SUMMARY** Select +Add Prior Hospital Stay to add hospital stay. Single click existing Prior Hospital Stay row cell to edit or delete

**DELETE** Cancel Prior Hospital Stay Edit + Add Prior Hospital Stay

HOSPITAL NAME	ADMIT DATE	DISCHARGE DATE	PROVIDER #	NEW SPELL OF ILLNESS?
FDRE Hospital	10/25/2014	11/01/2014		Yes

Rows: 1

**• ALLERGIES INFO**

No known allergies/adverse reactions Date/Time Recorded: User: Previously recorded no known allergies.

**ALLERGIES** Select +Add Allergy to add allergy. Single click existing allergy row cell to edit or delete

**DELETE** Cancel Allergy Edit + Add Allergy

ALLERGY	ONSET	ONGOING?	SEQ	REACTION	SEVERITY	DATE/TIME RECORDED	USER	DATE/TIME INACTIVATED	USER
TYLENOL ALLERGY (MAY) SYMPTOM PDC	10/9/2014	Yes	2	Confusion	Mild	11/03/2021 05:51	Carla Customer Su		
POLYMERANE EXPECTORANT		No	3			11/03/2021 10:54	Carla Customer Su		
LISINAPRIL		No	4			11/03/2021 05:56	Carla Customer Su		

Rows: 3

**ICD-10** Select +Add ICD-10 to add icd10. Single click existing ICD-10 row cell to edit or delete

**DELETE** Cancel ICD-10 Edit Show More + Add ICD-10

DIAGNOSIS	ICD10	ONSET	BILL SEQ	ON BILL	CLIN RANK	DX TYPE	PRIMARY	CLINICAL CATEGORY	RESOLVED DATE	DATE/TIME RESOLVED	USER
Typoid fever, unspecified	A21.00	11/1/2014	1		002			Acute Infectious			
Need for assistance with personal care	Z74.1	11/8/2016	4		999	P-B		Return to Provider *			
Rotaviral enteritis	A08.0	11/1/2014	5		999			Medical Management			
Tuberculosis (prelate)	A15.6	11/1/2014	6		999			Acute Infectious			
Hepatitis (nonalcoholic)	B08.3	11/1/2014	7		999	P-B		Acute Infectious			

Rows: 9

Click any field to edit existing records

When done editing, hit Enter, click Save/Save and Next, or tab through the row to save the modified record

To delete a record, click on the row and click DELETE

Click Cancel link or hit Escape to exit Edit mode without saving

# Reimbursement

REIMBURSEMENT

CENSUS INFORMATION

FROM DATE	THRU DATE	LOCATION	BED TYPE	PYR	STATUS	LEVEL OF C...	HOLD TYPE	BU/PL
06/26/2017		AF 11141	B	P		150 (Shelter...		ICF/MCD/W...
06/07/2016	06/25/2017	CYDS2 a	B	P		150 (Shelter...		ICF/MCD/W...

REIMBURSEMENT SUMMARY

Billed thru: Actual All

Delete Add New Plan Insert Default Table Validate

SEQ	PLAN ...	PAYOR	TYPE	STAR...	END D...	VOID	INTER...	HOSPL...	HOSP ...	HOSP ...	DAYS ...	DAYS ...
1	MEDI...	Medic...	Medic...	06/07...		NO						0
2	Medic...	MCD IL	Medic...	06/07...		NO						0
3	PRIVA...	Guar0...	Guara...	06/07...		NO						0
10	PRIVA...	Guar0...	Guara...	06/07...		NO						0

View census information easily

Easy access to Add New Plan, Insert Default Table, and Validate links at top of Reimbursement Summary

PLAN DETAILS FOR HOSPICE ICF

Splitting Billing Date Beginning Case Zero Payors

PLAN INFORMATION

Sequence: 101 Plan name: HOSPICE ICF Plan start date: 02/11/2020 Plan end date: Prior days used: Prior dollars used:

Deductible paid: Qualified hospital stay: Admit Date: Discharge date:

Void account plan? Check Eligibility: Yes No

POLICY DETAILS

Group number: Group name: Policy holder ID: Release information? Assign benefits? Signature source code:

POLICY HOLDER

Policy holder is? Resident Other

Last name: First name: Middle name: Title: Gender: Date of birth: (Age 71) AND relationship code:

1500 Book/Other code: Address: City: State: Zip:

Phone:

EMPLOYEE INFORMATION

Employment status: Employee name: Employment info: Address: City: State: Zip:

ALTERNATE PLAN INFORMATION

Employee information: Use Policy Plan Profile Use Alternate Plan Information

Plan name: Contact: Address 1: City: State: Zip: Phone: Comments:

PLAN DETAILS

EDIT	FROM DATE	THRU DATE	PRIVATE PORTION	TREATMENT AUTH	CO-INSURER
	02/11/2020		\$0.00		PRIVATE PAY

\* From date: Thru date: Reimbursement rate: Transaction date: Commencement rate: Commencement %:

DEBIT COINSURER? Private portion: Care and Maintenance Worksheet: Co-insured MSP: Deductible plan:

Treatment Auth: Authorized by: Co-insurer: MSP A Plan: MSP B Plan:

Over max limit plan: Under min limit plan: MSP A Plan: MSP B Plan:

Easy access to Splits, Rolling Date, Beginning Case, Zero Payors links at top of Plan Information

Easy to see Plan Details on same screen as Plan Information