MEDITECH

Long Term Care (Administrative)

Functionality Brief

The Administrative functionality in MEDITECH's Long Term Care solution helps organizations manage both the quality and cost of care provided to long term care patients and residents. This fully integrated, patient-focused system provides a continuum of healthcare, ranging from long term care hospitalization and residential programs to rehabilitation services, accommodating both episodic outpatient treatment and longer-term inpatient treatment.

Highlights:

- Create, maintain, and store timely and complete patient medical records
- Manage patient demographic, contact, insurance, and LOA information
- Assign and manage beds electronically
- Document diagnoses by effective date using ICD-9 codes
- Accommodate effective date billing to cover multiple payors and levels of care from one continuous account
- Optimize reimbursement via claim checks and collection/denial management
- Track resident trust accounts to assist with personal finance management

The Long Term Care Solution Enables Administrative Staff to:

Easily Access and Maintain Accurate Patient Medical Records

Medical Records functionality enables long term care staff to create, maintain, and store timely and complete patient medical records. Staff can easily:

- Create, retrieve, and revise patient medical records
- Print or view a resident's picture
- View a complete history of a patient's visits, along with the associated diagnosis
- Detect incomplete records and ensure follow-up on deficiencies
- Track record location and correspondence, including Release of Information
- Share information seamlessly across the MEDITECH EHR
- Identify patients across the continuum through a unique ID number.

Manage Patient Administrative Data and Bed Assignments

Registration functionality enables long term care staff to collect and update demographic information, family contact data, insurance coverage, effective diagnostic codes, and leave of absence/hold days. Staff can also directly enroll patients into outpatient programs and services, as well as obtain corresponding attendance statistics. Additional features include the ability to:

- Assign visit-specific account numbers and unique medical record numbers
- Record multiple diagnoses upon registration, differentiated and stored by effective dates
- Track referrals and inquiries
- Capture daily room and bed charges
- Monitor leave of absence/hold days
- Capture all Oryx-required data elements outlined by The Joint Commission.

In addition, a Registration Desktop enables staff to quickly and efficiently manage beds, including the ability to reserve a room; check occupancy; track temporary versus permanent beds; capture Medicare, Medicaid, and dual bed certification; or discharge patients. Staff can also electronically assign patients to rooms and beds, as well as waitlist pre-admissions or bed transfers. Census reports including the Level of Care details are also available.

Code Visits and Facilitate Timely and Accurate Abstracts

Abstracting functionality enables staff to instantly identify patients whose charges are approaching established limits to DRG reimbursement or length of stay. Staff can also collect and report patient information, including Peer Review Organization (PRO) data, as well as data for state and federal reporting requirements. Long Term Care staff has the ability to:

- Code on-line using ICD-9 or CPT-4 modifiers
- Interface with third-party encoding systems
- Complete patient abstracts in a timely manner
- Electronically submit state abstract files
- Facilitate accurate DRG calculation
- Create and analyze organization-defined case mix reports enterprise-wide
- Monitor performance and outcome measurements (NASMHPD).

Reduce AR Days and Ensure Optimal Reimbursement

Billing/Accounts Receivable functionality supports both inpatient and outpatient billing scenarios by centralizing access to resident account data, including demographic data, charges, insurances, and bill statements. Support for both centralized and decentralized billing—along with conflict checking, denial management, and integrated charge capture—all help to reduce AR days and ensure optimal reimbursement. Billing staff can:

- Access all billing account information from centralized desktops
- Track interim bills and print statements
- Electronically submit claims and record remittances via ANSI 837/835
- Change billing information retroactively
- Pre-bill room and bed charges for client liability based on established insurance contracts
- Utilize effective date-driven insurance contracts to accommodate changes in levels of care and multiple payors
- Perform multiple up-front claim checks to prevent denials
- Track and follow up on denied claims and outstanding dollars through Collector and Denial Management Desktops
- Access exhaustive benefits tracking features to calculate and update "days remaining" information for co-insurance and Lifetime Reserve days.

Manage Resident Financial Transactions Using Trust Accounts

Resident Trust Accounting functionality enables staff to track deposits and withdrawals, as well as generate statements and reports. Integration with the accounts receivable portion of the resident's account supports tracking of income and entitlements. Direct deposits to the trust fund can be automatically transferred to the resident's account as well. Staff can:

- Record deposits, such as social security and cash, as well as withdrawals for services, such as barber and beauty appointments
- Track fiduciary data (demographics, expenses, assets, and income sources)
- Decrease manual entry of monthly sources of income through auto batching
- Post and automatically disperse interest across accounts based on resident’s average daily balance
- Generate statements/reports showing account activity in summary or detail
- Transfer funds from resident trust account to his or her self-pay balance.

Reap the Benefits of Integration

Integration enables your Long Term Care organization to share information across administrative, financial, and clinical departments within your healthcare network. Based on site-defined access, providers throughout your organization can access a patient's medical record from wherever care is required. This integration helps your organization function more effectively by enabling staff to:

- Obtain program location information from Community-Wide Scheduling to assign the patient to the appropriate program
- Link authorizations and referrals to scheduled programs within Scheduling and Referral Management and automatically deplete when the program is attended
- Automatically update authorization information when a patient no-shows or cancels an appointment
- Facilitate reimbursement for clinical procedures and medications via integration with MEDITECH's Long Term Care Clinical functionality.

For more information about us, contact a MEDITECH Marketing Consultant.

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