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# Housekeeping Items

- The webinar will be recorded and shared as soon as it is available via email
- Today's materials will be shared in the chat box
- All lines are muted

*DISCLAIMER: The presenters, Angela Briggs and Paula Hynum and RKL LLP and its subsidiaries/affiliates are not held responsible for information that has changed or will change and makes no representation or warranty as to the ongoing accuracy of the information presented orally or in writing. Attendees should consult with legal, accounting and other advisors.*

# Welcome and Meet Your Team



**Angela Briggs**

*Manager, Senior Living Services Consulting*

Angela is a Manager in RKL's Senior Living Services Consulting (SLSC) Group and leads the Medical Billing Consulting practice. The SLSC group specializes in consulting for post-acute care providers, which includes skilled nursing facilities, assisted living facilities, CCRC's, hospice and home health.

Angela assists our clients with medical billing, training, claims analysis, reimbursement issues, revenue cycle assessments, business office operational analysis, interim office assistance, software implementation, and accounts receivable collection. She is proficient in all of the most popular long-term care industry software, such as PointClickCare, MatrixCare and NetSmart.



**Paula Hynum**

*Consultant, Senior Living Services Consulting*

Paula is a consultant in the Senior Living Services Consulting Group serving all lines of business for the senior living industry. Paula is fully certified in all financial modules with PointClickCare. Services include revenue cycle review, PointClickCare implementation and support service, data base reviews for efficient utilization of financial software, business office training and support, AR reviews and medical billing.

# What Will We Introduce

01.

## Pre-Admission Best Practices

Best practices related to entering pre-admissions, census, and payer information in PointClickCare

03.

## Census Management

Best practices related to census management in PointClickCare

02.

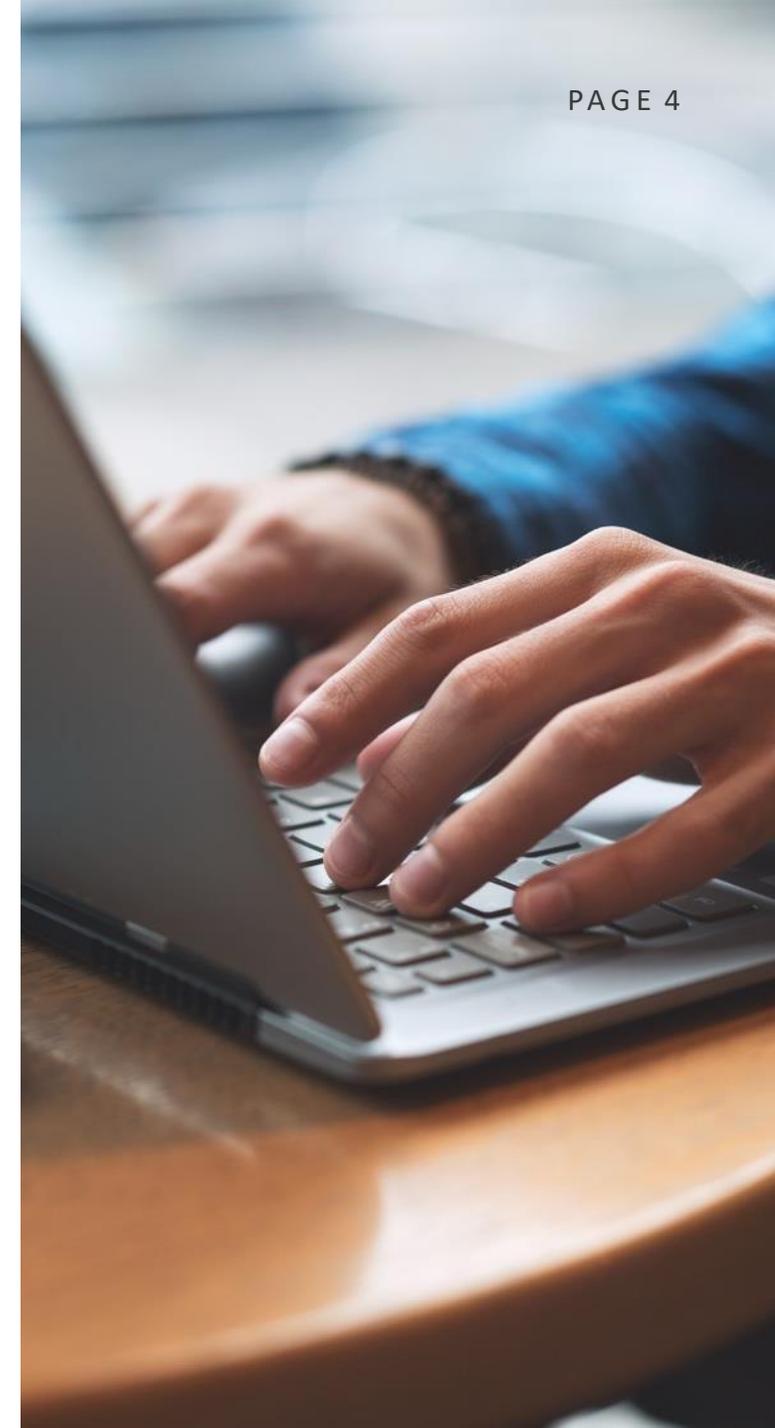
## A Day in the Life of Facility Staff

Tasks related to pre-admissions by staff

04.

## RKL: Real Results

Read about how RKL successfully guided Sunnyside Communities through PointClickCare implementation and find out how we can assist you





# POLLING QUESTION

# Pre-Admission Best Practices

# Pre-Admission Best Practices

- Record all referrals/leads in CRM module and waitlist to the facility(ies). Review referrals/leads flowing into PCC via Navihealth and/or Allscripts integration. If not utilizing CRM, enter in resident demographics for pre-admission into the system and add to waitlist.

The screenshot displays the PointClickCare CRM interface. At the top, the user is identified as Paula Hynum. The navigation menu includes Home, Admin, Clinical, Insights, Document Manager, CRM, and Reports. The main dashboard features icons for Dashboard, Leads, Activities, Accounts, Contacts, A & O, and Reports. The current view is 'Lead Details' for 'Lippe, Renate', with a 'Close Lead' button. The lead status is shown as 'New' in a sequence of stages: New, Contacted, Qualified, Presented, and Accepted. The primary contact information is partially redacted. A table titled 'New Possible Placement' shows one entry with the status 'Open, Waitlisted' and a revision date of 08/16/2022.

Actions	Facility	Status	Status Reason	Unit/Room/Bed	Revision Date
Actions	[Redacted]	Open, Waitlisted			08/16/2022

# Pre-Admission Best Practices

## Resident Detail - New Resident

Fields Autopopulate MDS

Save Save & New Cancel

Last Admission: [REDACTED]

On: 9/4/2022

Resident Number: 4099	
Prefix / First Name: [dropdown] [input]	Middle Name: [input]
Surname / Suffix: [input] [dropdown]	Maiden Name: [input]
Preferred Name: [input]	Medicare (HIC) #: [input]
Medicare Beneficiary ID: [input]	Medicaid #: [input]
Managed Medicaid Ins Name: [input]	Managed Medicaid Ins #: [input]
Social Security #: [input] <input type="checkbox"/> SSN Required	Part D Policy #: [input]
Secondary Insurance Name: [input]	Secondary Insurance Policy #: [input]
Managed Care Policy #: [input]	Managed Care Insurance Name: [input]
2nd Managed Care Policy #: [input]	2nd Managed Care Ins Name: [input]

High Risk:

Next Physician Visit: [input] Clear

Next Order Review: [input]

Last Physician Visit: [input] [calendar icon]

Last Order Review: [input]

Waiting List:

Current Location: [input] Desired Location: [input] Clear

Date Requested: [input] [calendar icon] Desired Move Date: [input] [calendar icon]

Deposit Amount [input]

## PointClickCare

- Home
- Admin
- Clinical
- Insights
- Document Manager
- CRM
- Reports

### Residents - Waiting List

- All Residents
- New
- Current
- Discharged
- Waiting List

Unit: All Floor: All

Filter: Search Waiting List Residents

# Pre-Admission Best Practices

- Facility staff involved in admission/re-admission should review referral/lead information
  - Tools available: Hospital records via Carequality or other sources
  - Upload information to referral/lead or Misc. tab in the resident record
- Pre-admission assessment – Is one being done prior to admission?
- Eligibility verification
  - Can be done within the referral/lead if using the integration within PointClickCare. If not using CRM, eligibility verification can be done pre-admission in the resident record.
  - All insurances should be entered into referral/lead so that resident record is updated upon admission.

<a href="#">Contacts</a> <a href="#">Accounts</a> <a href="#">Activities</a> <a href="#">Lead History</a> <a href="#">Possible Placements</a> <a href="#">Documents</a> <a href="#">Insurance</a> <a href="#">Assessments</a>							
<input type="button" value="New"/>							
Actions	Company Name	Plan/Address	Phone #	Policy Number	Effective Date	Ranking	Eligibility Sta...
<a href="#">Actions</a> ▾	██████████	2020 Technology Park...	877-23...	██████████	08/16/2022		Verified
<a href="#">Actions</a> ▾	██████████	P O Box 740819, Atlan...	800227...	██████████	08/16/2022		Verified

# Pre-Admission Best Practices

- Eligibility verification (cont.)
  - Upon review of Eligibility responses, phone calls to insurances may need to be done to gather missing information.
  - If Eligibility Verification is not used in PCC, eligibility can be verified in clearinghouses depending on subscriptions, via insurance company websites and/or by contacting insurances directly to confirm eligibility.
- Review Eligibility responses to verify Medicare A days available.
  - Confirm with the discharge planners the admission days and/or if any observation days will be billed. Observation days do not count toward the qualifying hospital stay.
  - Does the resident qualify for a Covid-19 waiver admission?
  - Confirm with resident or family any prior SNF stays that have happened in the last 60-90 days.

# Pre-Admission Best Practices

## PointClickCare® Eligibility

07/01/2002

07/01/2002

Date Of Death	Lifetime Psychiatric Days	Lifetime Reserve Days	Smoking Cessation Days	Initial Cessation Date	ESRD Dialysis Date	ESRD Transplant Date	ESRD Coverage Period
		60					

### Plan Benefits

#### Medicare Part A

#### Medicare Part B

Type	First Bill	Last Bill	Hospital Days Full Colns	Base	SNF Days Full Colns	Base	Inpatient Deductible	Deductible Remaining	Physical Therapy	Occupational Therapy	Blood Pints Part A/B
Special	03/11/2021	06/26/2021	42 30	\$371.00	20 80	\$185.50	\$0.00				
Base	01/01/2022	12/31/2022	60 30	\$389.00	20 80	\$194.50	\$1,556.00	\$0.00	\$0.00	\$0.00	
Base	01/01/2021	12/31/2021	60 30	\$371.00	20 80	\$185.50	\$1,484.00	\$0.00	\$0.00	\$0.00	

#### Medicare Part A Stays

Type	Start Date	End Date	Billing NPI
Hospital	06/23/2021	06/26/2021	[REDACTED]
Hospital	04/29/2021	05/05/2021	[REDACTED]

# Pre-Admission Best Practices

- Authorizations:
  - Make sure that either the admission or clinical teams are obtaining authorizations prior to admission
  - Add authorization numbers to referral/lead or in the resident record and communicated prior to admission
  - Use Authorization dashboard to track upcoming review dates and incomplete authorizations
- Prepayment discussion and collection for Private Pay, Medicaid liability and Medicaid Pending liability dollars, as applicable. Liability can be an estimated amount based on financial information provided.
- Admission Paperwork completion
  - Utilizing PointClickCare's Document Manager allows for the electronic signing of admission paperwork, consents, care plans and assessments.

# A Day in the Life – Facility Staff

# A Day in the Life – Facility Staff

- Admissions:
  - Enter or review all referrals/leads for possible admission into the organization.
    - Includes verifying all insurance benefits, uploading any documents needed for review by clinical team.
    - If necessary for the resident, obtain authorization for admission to facility.
    - If resident is approved for admission, waitlist to allow for QADT by clinical team.
    - Process admission paperwork either using Document Manager in PCC, manually or via another tool used by the organization.

# A Day in the Life – Facility Staff

- Clinical:
  - Review referrals/leads for possible admission into the organization.
    - Clinical documentation can/should be uploaded to the misc tab for ease of review. Clinical documentation can also be accessed via Carequality (a free integration) for hospitals that participate.
  - If using a pre-admission assessment, complete the assessment in the referral in CRM. If not using CRM, the pre-admission assessment can be completed in the assessment tab of a resident's record.
  - Provide input to Admissions for acceptance/denial of referrals/leads reviewed.
  - Upon acceptance, based on your organizational process, queue applicable clinical information, such as orders.

# A Day in the Life – Facility Staff

- Business Office:
  - Prior to referrals/leads being admitted to the facility, review the admitting payer source with Admissions. Review Insurance tab in the referral/lead in CRM for eligibility statuses (if using Eligibility in PCC). If not using Eligibility, confirm that insurances have been verified manually, via a clearinghouse or insurance websites. If not using CRM, review insurances setup in A/R Insurance tab of the resident record.
  - Based on the payer sources for admissions, determine what financial communication/conversation needs to occur with family members/responsibility parties.
  - Review admission paperwork.
  - Manage/validate census after admission to facility.



# POLLING QUESTION



# Census Management

# Census Management

- All census entries, excluding payer changes, should be done via QADT by the clinical team.

**Quick ADT - [REDACTED]**

This is a new Resident. Action type can be only Admission or Room Reserve.

Action Code: Actual Admission[AA] \*  
Effective Date: 9/13/2022 11 31 \*  
Estimated Payer Type: Medicare A \* Primary Payer: [REDACTED]  
Location: Ann Unit A St Ann 102-A Private Clear \*  
To/From Type: Acute care hospital \*  
To/From Location: Hospital Unknown/TBD \*

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Surname: [REDACTED] \* Title/First Name: [REDACTED] / [REDACTED] \*  
Middle Name: [REDACTED] Suffix: [REDACTED] Sex: Female  
Resident Number / MRN: 004447 \* Date of Birth: 7/12/1927 (M/D/YYYY)  
Social Security #: [REDACTED] (NNN-NN-NNNN)

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Allergies: To Be Determined \* No Known Allergies:

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Primary Physician (F/L): [REDACTED]

- Midnight census report should be used by clinical to validate the residents in the facility at midnight.

# Census Management

- Incomplete Census dashboard should be reviewed on a daily basis so that census changes can be validated by the business office/billing team.
  - Recommendation is first thing in the a.m. during morning meeting or standup, before or after lunch and prior to leaving for the day.

Incomplete Census			
Sort By: Effective Date <a href="#">refresh</a>			
Effective Date	Resident	Action Type	Location
<a href="#">update</a> 9/13/2022 11:31	[REDACTED]	Admission	St Ann 102-A

- Confirm that the effective date of the entry is correct. Once an entry is saved, the date cannot be modified and the census entry will need to be deleted with a new census entry done with the correct date.
- Verify that the correct Primary Payer has been associated to the census entry.

# Census Management

	Effective Date	Status	Action Code	Location
edit	9/13/2022	Active	AA	[REDACTED] 102-A Private

- All census entries, except for room changes, should be set to create new payer setup file
- Future census entries should not be entered as this will prevent the clinical team from entering a QADT prior to that future census date
- Updates to liability amounts, coinsurance amounts and payer tree changes should be done as a New Rate line and can be done in the future without impacting the QADT functionality

# Census Management

- Reset MDS calendar should only be checked at the start of a benefit period or if a new assessment is required based on prior census entry.
- If tracking where admissions are coming from and where discharges are going to, populate as applicable in the census.
- Type and source of admission should be added and, if applicable, hospital stay dates depending on the payer.
- Census notes are only visible on the Action Summary report or by editing of the census entry. Best practice is to use the Notes tab for easier visibility and reporting.

# Census Management

Effective Date: 9/13/2022 \* 11 31 \*

Estimated Payer Type: Medicare A

Action: Actual Admission[AA] \*

Payer: Medicare A \*

Start of Medicare Stay?  Yes  No

Days used previously:

Payer Options:  Use Payer Setup file created by this Census Entry  
 Use Last Known Payer Setup file

Status: A - Active \*

Reset Initial Admission Date? ⓘ

HIPPS:  ⓘ ARD:  ⓘ

Care Level: UNK

Alt. Care Level: STD ⓘ

Reset MDS Billing Calendar

Room: Ann Unit A St Ann 102-A Private \* ⓘ Clear

Room Rate: Private Long Term

Qualifying Hospital Stay Dates:  ⓘ To  ⓘ \* QHS Waiver:

Type of Admission:  ⓘ \*

Source of Admission:  ⓘ \*

To/From Type: Acute care hospital ⓘ \*

To/From Location: Hospital Unknown/TBD \*

Comments:

# Census Management

- Payer trees needs to be built based on the primary payer.
  - If Medicare or Managed Care, then only a coinsurance payer or a vaccine payer should be added.
  - If Private Pay, then a B type payer and a coinsurance payer need to be added.
  - If Medicaid, then PL should always be in the secondary position even if zero, then a B type payer and a coinsurance payer need to be added.

**Payer Setup**

Resident: [REDACTED]

Effective Date: **September 13, 2022**

Primary Payer: **Medicare A** ins

Days used previously:

Coinsurance:  Daily

Secondary Payer: **Medicare A coinsurance from insurance** clear ins

Third Payer: **Medicare A Vaccines** clear ins

Fourth Payer: **Select Payer** clear

Fifth Payer: **Select Payer** clear

\*Private Pay is default payer  
\*Clear amount fields if not applicable

# Census Management

- INS links should be updated with the appropriate census date, Insurance company and resident identifier for all applicable payers in the payer tree
  - For Eligibility, all insurances should be populated to the AR Insurance tab to be included in the weekly batch processing
- Daily or monthly detailed census should be validated for accuracy on a daily basis



# RKL: Real Results

# RKL: Real Results

- RKL assisted Sunnyside Communities (a nonprofit CCRC in Virginia) with their PointClickCare implementation in 2021.
- Sunnyside Communities recognized early in the implementation process that they were having difficulty finding the bandwidth among their team to dedicate to PointClickCare's rigorous implementation timeline.
- RKL assisted by joining the implementation meetings as an advisor and guiding the Sunnyside Communities team through the implementation steps with recommendations regarding best practices.
- After Sunnyside Communities go-live date, RKL kept an ongoing engagement with the Sunnyside Communities team for additional training opportunities and continued advisory services.
- Read more about the RKL's assistance in our recently published [Case Study](#).

# RKL and You

- How can RKL be of assistance to your organization?
- We currently offer the following services related to PointClickCare:
  - Implementation assistance
    - Pre-implementation advisory services
    - Implementation advisory services
    - Hands-on data entry assistance
    - Staff training
  - Database analysis and reconfiguration assistance
  - Staff training and best practices advice



# POLLING QUESTION

# Do You Have Questions?





# Thank You for Joining Us

Whatever your next move, we're here to help.

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Interested in partnering with RKL on your PointClickCare implementation or advancement of your current software? Contact our presenters above.