

KeaneCARRIER

News Journal for Keane Care Clients

WINTER 2010

Inside this Issue

- Latest industry news
- Definite information on MDS 3.0 and RUG-IV
- Therapute: to help maximize reimbursement
- Everyone's favorite: KNS Snapshots

eCommunications

The KeaneCARRIER is available on the Internet with late-breaking updates at:

www.keanecarrier.com

If you haven't already, please sign up for your Insider password by clicking "Join Insider" at:

www.keanecare.com

When you sign up we request your e-mail address so we can notify you by e-mail of software releases, developments, and when a new issue of this newsletter is available online.

Keane Care Blogs!

Keane Care staff update our blogs as news happens. Check them often at the Insider:

- **Insider FYI**
- **Clinicals blog**
- **AR-Billing blog**
- **Keane NetSolutions**

Visit the **NEWS Hot off the Press** blog for regulatory updates at www.keanecare.com

We are very pleased to invite you to the 2010 Keane Client Conference. We are currently working on the schedule of educational sessions in separate tracks including Clinical, AR-Billing, General Financials, Technical, and Other.

Full information and a sign-up form will be mailed to facilities and posted online here:

www.keaneclientconference.com

Agenda *subject to change*

Sunday, May 16, 2010

- 1:00-5:00 pm Pre-conference training (optional)
- 5:30-7:00 pm Opening session
- 7:00 -9:00 Reception & Product Expo

Monday, May 17

- 7:00-8:30 am Breakfast
- 8:30-10:00 Breakout educational sessions
- 10:30-12:00 Breakout educational sessions
- 12:00-1:30 Lunch
- 1:30-5:00 Breakout educational sessions
- 5:30-7:00 Reception and Product Expo
- 7:00-9:00 Casino Night at the hotel

Tuesday, May 18

- Same as Monday, up to 3:00 pm
- 3:15-4:30 pm Users' Group Meeting
- 4:30 pm Conference Closes

Fees and Policies

- \$300.00 per attendee - Registration Fee
 - \$200 per attendee - Early Bird Discount before March 12, 2010
 - \$200 per attendee - Group Discount (in a group of 4 or more)
 - \$300 per person - Pre-Conference Training
- Registration covers meals & social events.**

Hotel

- Marriott Chicago Downtown, Magnificent Mile.
- A special room rate of \$175 is available for conference attendees until April 19
 - Reservations by phone: 800-297-5056
 - Online: From the Conference Website, click on the Marriott reservations link
 - The hotel requires a one-night's room deposit, payable by check or credit card



Registration Open!

2010 Keane Client Conference

Connect. Collaborate. Contribute. Chicago

May 16 - 18, 2010

Marriott Chicago Downtown
Magnificent Mile
Chicago, Illinois

www.keaneclientconference.com

News Front: *Regulatory and Industry Developments*

Therapy Caps Update

The exceptions to the Medicare Part B Therapy Caps are set to expire December 31, 2009. The exceptions mean the caps do not apply to most beneficiaries in SNFs. Legislative activity is underway to reinstate the exclusions. Watch Keane Care blogs for updates.

Should the exclusions expire, the 2010 caps are \$1860 per year for PT and Speech/Language Pathology combined and \$1860 for OT.

Medlearn Matters article MM6660 on Therapy Caps is posted here:

www.cms.hhs.gov/MLNMattersArticles/downloads/MM6660.pdf

MDS 3.0 Next Steps

At the SNF Open Door Forum December 8, 2009 CMS officials reported they were on schedule for rolling out MDS 3.0 and RUG-IV on October 1, 2010. The exception is that part of the RAI manual (chapters 2, 4, 6 and Appendix C) were not released with the rest of the manual and at press time were expected later in December 2009. These items remain in the timetable:

- December 2009 - Publish Chapters 2, 4, and 6, and Appendix C of the MDS 3.0 RAI manual
- March/April 2010 - Train the Trainer
- April/May 2010 - Proposed Rule published on SNF Medicare payment
- SNF PPS July 2010 - Final Rule published on SNF Medicare payment
- September 2010 - National Quality Forum endorsement of Quality Measures based on MDS 3.0
- October 1, 2010 - MDS 3.0 and RUG-IV Implementation

For more on MDS 3.0 and RUG-IV see the articles on pages 5 and 9. More in-depth information is contained in the Keane Care White Papers available at:

www.keanecare.com/resources/articles.asp

Auditing Medicare and Medicaid Payment

CMS has set up programs to perform reviews and audits for overpayment identification for both Medicare and Medicaid.

Medicare Recovery Audit Contractor (RAC) is a permanent program that went into effect March 1, 2009 following a demonstration that resulted in more than \$900 million in overpayments being returned to the Medicare Trust Fund and \$38 million in underpayments returned to providers.

RAC will be administered by four regional Recovery Audit Contractors. Each RAC must set up a Website and post the results of each audit by January 1, 2010. See CMS' RAC Website for more information:

www.cms.hhs.gov/RAC/

CMS launched the preliminary Medicaid Integrity Program (MIP) using Medicaid claims data it receives for research. MIP conducted audits in 17 states and will be operational nationwide by December 31, 2009.

MIP issues final audit reports to states and it is the states' responsibility to initiate action as necessary. Use the link below to CMS' Website:

www.cms.hhs.gov/MedicaidIntegrityProgram

F441 Tag Guidelines Revised

Transmittal 55 was released December 2, 2009 to replace Transmittal 54 that revised the guidelines for Tag F441 on Infection Control. It's available here:

www.cms.hhs.gov/transmittals/downloads/R55SOMA.pdf

5010 Format for Medicare Claims/Payment

CMS has announced a new HIPAA electronic transaction format for Medicare claims/payment, ANSI Version 5010.

The format will have a long transition period: starting in March 2009 and continuing until the January 1, 2012 compliance date.

Keane Care clients please note that we have scheduled development of the 5010 format so our clients can be ready to test when CMS is, or shortly thereafter. For more on the new format, see Medlearn Matters MM6589:

www.cms.hhs.gov/MLNMattersArticles/downloads/MM6589.pdf

ICD-10 Myths & Facts

CMS addresses urban legends that are spreading about ICD-10 codes in a fact sheet.

One myth is that the October 1, 2013 compliance date should be considered flexible. In response, CMS states that all providers MUST implement ICD-10 on October 1, 2013. Download the fact sheet at:

www.cms.hhs.gov/MLNProducts/downloads/ICD-10-CM_PCS_Myths&Facts.pdf ■

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Keane Care News

from the Director of Product Support

Looking back at 2009, the watchwords were *preparation* and *partners*. Our Client Services Consultants have been working with VistaKEANE clients to prepare your systems for MDS 3.0. Development staff were preparing for MDS 3.0 and the new claims format, ANSI 5010. This is in addition to rewriting GL/AP, and regular updates, including the KNS 6.4.2 update summarized on page 12.

In 2009 we introduced and implemented a new therapy product from our partners at **Therapute** (see page 5).

2010 is looking to be a year of MDS 3.0, changing economics, and more movement toward electronic medical records. We hope you're planning to attend the **2010 Keane Client Conference**, so we can discuss these changes in person. See page 12 for an agenda outline, fees, and hotel information.

General Ledger and AP

The next generation of Keane General Ledger and Accounts Payable software will be beta released as a .NET product in second quarter 2010. The great features and functions in Windows GL and AP will be included in these new products.

MDS 3.0 and RUG-IV

The biggest change for many of us is MDS 3.0 and RUG-IV. Our Clinical Development Team are working to program them for a timely release to you. Key changes in the assessment and payment system are summarized in articles on pages 5 and 9.

We will release the update at no charge to subscribers of the Keane



Kim Allen, Director of Product Support

Care Software Update Service. Our clients using VistaKEANE (Windows) have additional considerations.

VistaKEANE clients will access MDS 3.0 from a separate icon on the desktop. MDS 3.0 will use the Keane NetSolutions (KNS) user interface. Purchase of KNS is not required. VistaKEANE MDS 3.0 will interface with your existing VistaKEANE ADT, Care Plan, RAM, and CareTracker.

VistaKEANE users may need to upgrade your system. The requirements for running MDS 3.0 with VistaKEANE include the following:

- SQL/VistaKEANE database
- Microsoft Windows Server 2003 (operating system)

continued on page 11

Regional Service Offices

Brea, California
800-426-2652

Hunt Valley, Maryland
877-393-6965

Indianapolis, Indiana
800-652-7719

Redmond, Washington
800-426-2680

Therapute: helping to maximize reimbursement

Keane Care's partnership with Therapute has been well-received by our clients looking for another choice of software to manage therapy. Designed specifically to increase efficiency for therapy provided in Long-Term Care, clients report that they appreciate how Therapute:

- Gives therapists a quick way to enter minutes
- Assures the right RUG is reached
- Generates more than 200 reports on productivity, RUG status, revenue, outcomes, projected income, and more
- Offers dashboards with drill-down and roll-up tools
- Interfaces with Keane Care software to import resident data and send the file used to generate claims. When interfaced with Keane NetSolutions it exports progress notes and minutes/days for MDS 2.0 P1b.

Therapute can more than pay for itself by capturing full data on therapy delivered and ensuring the correct RUG is reached (see the PPS Report at right).

"The change to MDS 3.0 and RUG-IV will mean updates to Therapute," says Kevin McCleaf, Therapute Vice President of Sales and Marketing. "We're committed to meeting any guidelines and requirements set by CMS. As always we'll be looking for ways to help our clients receive the correct reimbursement for the therapy they provide."

Quick Data Entry for Therapists

Therapists' shifts begin with a worksheet that maps out their day, listing that day's patients and therapy required. At the end of the shift, therapists simply log in and enter treatment and labor information. The data is immediately available to everyone with authorization and for reporting. With the Keane NetSolutions 6.4.2 release, notes entered in Therapute will also be exported to Progress Notes so they can be viewed by staff without accessing Therapute.

Therapute clients report that therapists usually spend 5 to 10 minutes per day on data entry.

Certifications/Recertifications

Therapute offers flexibility in documentation for certifications and recertifications. You can choose from standard forms or contract for a custom form that users complete by hand or online.

Management Information in Reports

More than 200 real-time reports are available from Therapute, including:

Ensure the correct RUG

Plan Day	11-12	11-13	11-14	11-15	11-16	11-17	11-18	11-19	11-20	11-21	11-22	11-23	11-24	11-25	11-26	11-27	11-28	11-29
Week Day	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Ed. Service Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
ACL's	15	15	15	15	15	15	15	15	18	18	18	18	18	18				
PT Plan			60	65		60	60	30	60	60			60	60		60	60	
Actual			45	65		60	60	60	60	50			20	50	50	50	50	
Variance			(15)					30	(10)				(40)	(10)	50	(60)	(60)	
OT Plan	60	60	60			60	60	30	60	60			60	60	60	60	60	
Actual	55	55			65	60	65	60	50				60	60	60	60	60	
Variance	(50)	(5)	(5)		5	5	5	(10)	(60)				(60)	(10)	(10)	(10)	(60)	
SLP Plan	30	30	30			30	30	30	30	30			30	30	30	30	30	
Actual	60	60	60			60	70	50	40	30			30	30	45	60	60	
Variance	30	30	30			30	40	20	10				30	15	30	(30)	(30)	
Total Plan	90	90	150	65		150	150	90	150	150			150	150	90	150	150	
Actual	60	115	160	65	65	100	195	170	150	80			30	100	145	160	60	
Variance	(30)	25	10		65	30	45	80	(70)				30	(50)	(5)	70	(150)	(90)
7-Day Plan Minutes	90	180	330	395	395	545	695	695	755	755	690	690	690	690	690	690	690	
Actual Minutes	60	175	335	400	465	645	840	950	985	905	840	805	725	675	665	515	495	
Variance	(30)	(5)	5	5	70	100	145	255	230	150	150	115	35	(15)	(25)	(175)	(195)	
7-Day Visit PT			1	2	2	3	4	5	6	6	5	5	5	5	4	4	4	
Visit OT	1	2	3	3	3	4	5	5	5	5	5	5	5	5	5	5	5	
Visit SLP	1	2	3	3	3	4	5	5	5	5	5	5	5	5	5	5	5	
RUGs from Plan	N	RLX	RMX	RMX	RMX	RMX	RVL	RVL	RUX	RUX	RUX	RUX	RVC	RVC	RVC	RVC	RVC	F
RUGs from Actual	N	RLX	RMX	RMX	RMX	RMX	RUL	RUL	RUX	RUX	RUX	RUX	RUC	RVC	RVC	RVC	RVC	RMC

RUG Assessment Goal

5 Day	11/18/2008	ULTRA HIGH
14 Day	11/24/2008	ULTRA HIGH
30 Day	12/09/2008	ULTRA HIGH
60 Day	01/09/2009	ULTRA HIGH

Actual Assessments

11/18/2008	RUB	N - Non Rehab
11/24/2008	RUA	L - Low
12/09/2008	RUA	M - Medium
01/09/2009	Pending	H - High
		V - Very High
		U - Ultra High

This sample report gives you the information you need to ensure an optimum RUG-III score and Assessment Reference Date (ARD). The optimum ARD is highlighted at top. Below that see whether Extensive Services criteria were met. The actual minutes of therapy delivered by discipline are shown in the grid as well as any variance from the planned minutes.

- Approaching and Exceeding Therapy Cap
- MDS Audit Report
- End-of-Month Patient Information Checklist
- Estimated Revenue
- Labor and Benefits
- Projected Income Statement

System Information

Therapute software is licensed for a flat monthly fee. It is Web-enabled and accessed with icons on your desktop. The software is loaded on Therapute servers located in their secure datacenter. Therapute IT staff maintain your database and keep it current with ICD-9 and CPT code updates, software enhancements, and new reports.

More information

For more information or an online demonstration of Therapute, contact your Keane Care Sales Representative or Jill Moss at 800-426-2675 or Jill.Moss@keane.com. ■

Time to stop guessing and start preparing:

MDS 3.0 is Less than a Year Away

The year-long countdown to MDS 3.0 implementation has started. You can begin studying the RAI Manual, become familiar with the MDS 3.0 forms, and plan your facility's implementation. Keane Care has begun the final stage of design and programming of software for MDS 3.0.

CMS has released the pieces needed to implement MDS 3.0 on October 1, 2010 except for Chapters 2, 4, 6, and Appendix C of the RAI Manual, due to be posted in December 2009. The Medicare payment system is on schedule to begin using a revised payment system, RUG-IV, at the same time.

On October 30, 2009 CMS released the final format – MDS 3.0, Version 1.0. It includes changes compared to previous versions such as how therapy is counted, renaming RAPs to CAAs (Care Area Assessment), addition of OMRAs, and deletion of Section T.

This article is an overview of the changes. Keane Care's MDS 3.0 White Paper provides more information:

www.keanecare.com/products/pdf/mds30-flyer.pdf

Payment Changes

When CMS tested RUG-IV against RUG-III using 2007 claims data, they found that RUG-IV would produce lower payments. CMS will adjust the weights so total payment is the same under both systems. Rates will be released in May and August 2010 in the SNF PPS Proposed and Final Rules.

An excerpt from the Final Rule released August 2009, page 40324: "For FY 2011, the system is being designed so that overall payments under RUG-IV will be the same

as overall payments would have been under RUG-III. Although aggregate payments do not change, the distribution does change, which is why payment rates for complex medical groups (Extensive Care, Special Care, and Clinically Complex) will increase significantly."

Therapy: Changes Due with RUG-IV

In developing RUG-IV and MDS 3.0, CMS looked at utilization patterns and changes in the practice of therapy. CMS then made changes in how data is collected with MDS 3.0 that will affect payment.

One modification changes how residents qualify for Rehab Plus Extensive Services RUGs by eliminating the look-back periods in MDS 2.0 Section P1a. Under MDS 3.0 items received while not a resident, such as oxygen therapy and IVs, would be used only for care planning and not payment.

Another proposed change is to count therapy in three types:

- Individual
- Concurrent – treatment received with one other resident
- Group – with 2 to 4 residents performing similar activities

Section T was deleted. In MDS 2.0, it is used to record therapy that is ordered and scheduled, but not necessarily delivered during first 14 days

Data Submission Changes

Changes in submission requirements under MDS 3.0 are detailed in Chapter 5 of the 2009 RAI Manual. For MDS 3.0, assessments must be submitted to the national CMS system instead of state systems.

Another change is that for all Federal/ OBRA and PPS assessments, the MDS Completion Date (Z0500B) may be no later than 7 days from the Assessment Reference Date (A2300), rather than 14 days for MDS 2.0.

Transmitting Data: under MDS 3.0, comprehensive assessments must be transmitted within 14 days of the Care Plan completion date (V0200C2). All other MDSs must be submitted within 14 days of the Completion Date (Z0500B). Under MDS 2.0, it's 31 days.

Entry and discharge information must be transmitted within 14 (31 under MDS 2.0) days of the Entry or Discharge Date. MDS 3.0 submission files will be in a compressed ZIP file.

Correcting assessments: To correct minor errors in an MDS 3.0 item after it is accepted in the CMS system, you submit a single Modification record. To correct a major error you submit a new Significant Correction or Significant Change in Status assessment.

OMRA Changes

Technical files released October 30, 2009 include four OMRA (Other Medicare Required Assessment) forms instead of one MDS 2.0 OMRA that must be completed 8-10 days after cessation of all therapies for residents in Rehab RUGs. The MDS 3.0 OMRAs:

- Start of Therapy (12 pages)
- Start of Therapy and Discharge (29 pages)
- OMRA (20 pages)
- OMRA-Discharge (32 pages)

Rules for the use of OMRAs will be in chapters of the RAI Manual due to be released later in December 2009.

continued on next page

MDS 3.0 Preparation

continued from previous page

RAPs now CAAs - Section V

MDS 3.0 Section V is now titled Care Area Assessment (CAA) Summary instead of RAPs. The 20 Care Area problem areas are the same as the 18 RAPs with the addition of Pain and Return to Community Referral.

MDS items that trigger CAAs are listed on CMS' MDS 3.0 Website, under "Data Technical Files" in "MDS 3.0 CAT Specifications." Chapter 4 of the RAI Manual, due for release later in December 2009, will provide instructions on the CAA process.

Look-backs

Look-back periods do not appear on some sections of the form, however many are specified in the instructions in Chapter 3 of the 2009 RAI Manual.

Instructions by Section

Chapter 3 of the 2009 RAI Manual includes detailed instructions on each MDS 3.0 Section. The following sections received major revisions:

Cognitive Patterns—Section C

The MDS 3.0 Cognitive Patterns section includes two assessment tools: the Brief Interview for Mental Status (BIMS) is used to test memory in a resident interview. The Confusion Assessment Method© (CAM) is a standard instrument completed by staff.

Mood - Section D

MDS 3.0 uses the PHQ-9©, Patient Health Questionnaire for depression screening. It's a checklist of nine symptoms of depression that is completed as a resident interview.

Behavior - Section E

MDS 3.0 Section E, Behavior, includes items on Psychosis, Rejection

of Care, Wandering, and an assessment of all behavioral symptoms compared to the prior assessment.

Customary Routine – Section F

The new section F is a resident interview that may be completed by a family member or significant other.

Gait and Falls - Sections G and J

Experts agreed that the MDS could be improved to help reduce the number of falls. MDS 3.0 Section J includes a Fall History on Admission looking back 180 days prior to admission. Other items cover any falls and fall-related injuries since admission or prior assessment.

Balance - Section G

Input from experts on falls resulted in adding balance items that relate to fall risk. The 2009 RAI Manual, Chapter 3(G) calls for a 7-day look-back.

Pain Items - Section J

MDS 3.0 Section J includes a resident interview. The November 2009 RAI Manual, Chapter 3(J), devotes 20 pages to this section.

Other Areas with Changes

ADLs and Bathing - Section G

Additions to Section G include "Instructions for Rule of 3" and a new coding level of "Activity occurred only once or twice." Chapter 3(G) of the 2009 RAI Manual contains 34 pages of information and instructions.

Diagnoses – Section I

Chapter 3(I) of the 2009 RAI Manual describes two look-back periods: Step 1, diagnosis identification, has a 30-day look-back. To qualify, disease conditions require a physician-documented diagnosis. After identified, a diagnosis must be determined to be active or not (Step 2).

Swallowing/Nutritional – K

A Swallowing Disorder item (K0100) was added. Weight Gain was dropped. K0300 - Weight Loss compares residents' weight in the current observation period with 30 and 180 days preceding.

Skin Changes – Section M

Changes made to MDS 3.0 that were designed to deliver necessary pressure ulcer information include:

- Reverse staging is not allowed
- Unstageable ulcers assessed separately
- Staging is based on deepest anatomical change
- Data is collected on ulcers present on admission
- Pressure Ulcer Scale for Healing items was added
- An item on Determination of Pressure Ulcer risk was added

Special Treatments - Section O

MDS 3.0 Section O combines MDS 2.0 Section P, W, and part of T. The list of special treatments includes two columns: one to check if received "while Not a resident" and one for "while a resident." Starting and Ending dates for therapy are required.

Restraints - Section P

Restraint information now has its own section. Items are divided into Used in Bed and Used in Chair/Out of Bed.

Participation/Goals - Section Q

A response of yes in Q0500 - Return to Community will trigger contact with the designated local contact agency within 10 business days. Appendix C (to be released in December 2009) will contain a list of designated local contact agencies.

MDS 3.0 Resources

CMS' MDS 3.0 Website includes the MDS 3.0 form, technical files, and the RAI Manual:

www.cms.hhs.gov/NursingHomeQuality-Initi/25_NHQIMDS30.asp ■

True Stories: Implementing eCharting and eMAR

Now that Keane NetSolutions eCharting with eMAR is at work providing point-of-care medication/treatment documentation for our clients, we asked some of them how it's going.

Ecumen, Shoreview, Minnesota

Pat Wilcox, RN, Health Information Clinician

"We have been using ePrescribing and eMAR for two months and it's going well now that we solved some challenges that came up in training.

"The biggest benefit of eMAR is that it reorganizes the nurses' thinking and their processes.

"Every nurse had a different way to organize the MARs. The medical records staff had to make different MARs for different nurses and then the nurses would personalize them with different color ink and highlighting, paper clips, tabs, all in a 3-ring binder. Some preferred that the orders be listed in alphabetical order, some by room number.

"Once you look at the colors on eMAR, Boom! You know exactly what you have to do. We appreciate that eMAR gathers data, prints reports, and color-codes the eMAR.

"Month-end turnover, where we used to update the orders on paper, is very labor-intensive – that's the area where eMAR saves time.

"Everyone likes the eMAR now. Some nurses don't like change. So when I walked into the area where they were beta testing eMAR and the nurses told me they liked it, they really did. They wouldn't say that if they didn't."

Badger Prairie Health Care Center, Verona, Wisconsin

Iris Welp, Nursing Supervisor

"This summer we did extensive staff training on physician orders in preparation for going live with eMAR. Having us all on the same page as far as understanding medication orders has cut down on errors.

"As of September 1, 2009 half of our facility is using eCharting. We plan to implement another unit every two months. Our goal is for all units to be using eCharting March 1, 2010.

"Accuracy of orders is important since doctors give us new orders every day. Now I can double-check that they've been recorded correctly from my computer rather than tracking down orders written on paper.

"Our staff sees the value of the improved accuracy we're seeing with eMAR. A nurse who had doubts at first, told me she would not want to go back to paper for the medication pass."

Keane NetSolutions eMAR Session List

SAMPLE FACILITY 1/22/2008 2:11 Gary

RESIDENT PROSPECT FACILITY SYSTEM USER REPORTS

eCharting | HR# 3919 | ACCT# 2093 | IP VISIT FOR 08/27/1998

CURRENT LOCATION: 1125 001 C 00022 B

HEALTH RECORD #: 3919

ACCOUNT #: 2093

DATE OF BIRTH:

GENDER:

PHYSICIAN: Holloway, Ralph W 7615550026

ALLERGIES: YELLOW FEVER VACCINE , DIAZOXIDE, YELLOW FEVER VACCINE , 2-BROMO-2-NITROPROPANE-1,3-DIOL

ADV. DIRECTIVES: Living Will;DNR

NURSING ALERT: DNR

Specific Resident Scan Resident Print Barcodes PRN Results View Diagnoses Previous Resident Next Resident

eCHARTING INFORMATION FOR ADMISSION: 08/27/1998

▼ MEDICATIONS FOR 01:11 PM TO 05:11 PM - 01/22/2008

MEDICATION	TIME	PERFORMED	DOCUMENTATION	STATUS	REORDER
ZINC SULFATE 220 MG CAP Zinc Sulfate 1 PO QD DX: PRESSURE WOUND * DO NOT CRUSH*	08:00 AM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document...	LATE History	<input type="checkbox"/>
NEURONTIN 300MG CAPSULE (GABAPENTIN) 2 PO TID DX: MULTIPLE SCLEROSIS (DOSE = 600 MG)	05:00 PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document...	History	<input type="checkbox"/>
ZANAFLEX 2 MG TAB Tizanidine Hydrochloride 1 PO BID DX: MUSCLE SPASMS	05:00 PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document...	History	<input type="checkbox"/>
LORCET 10/650 650 MG-10 MG TAB Acetaminophen/Hydrocodone Bitartrate 1 PO Q6HR DX: PAIN	06:00 PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document...	UPCOMING History	<input type="checkbox"/>
SMZ-TMP CONCENTRATE 80 MG/ML-16 MG/ML SOL (Sulfamethoxazole/Trimethoprim) 1 PO QID	06:00 PM	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document...	UPCOMING History	<input type="checkbox"/>
ZANAFLEX 4 MG TAB (TIZANIDINE HYDROCHLORIDE) 1 PO QD PRN MUSCLE SPASMS	Shift 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document...	SHIFT History	<input type="checkbox"/>
PROVIGIL 200 MG TAB (MODAFINIL) 1 PO Q AM PRN FALLING ASLEEP INAPPROPRIATELY	Shift 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document...	SHIFT History	<input type="checkbox"/>

Saint Mary's Home for the Aging, Manitowoc, Wisconsin

Mary Burkart, RN, MDS Coordinator

"We were already realizing the time savings of an electronic MAR when we changed from another vendor's to Keane NetSolutions. It's going well, two of our three units went live on July 1, 2009.

"At first our nurses were a little overwhelmed, getting used to the change, but now that they have experience with Keane's order entry and abbreviations, they find it works well for them. I've found that once you learn how to navigate it's a very easy system.

"Now eMAR is going smooth as pie. There's no issues or glitches with using eMAR for the med pass. I personally like the fact that you can write a note in eMAR and it goes into the system. I think everyone is well satisfied with Keane NetSolutions." ■

Three Snapshots Revolutionize Convenience

Keane NetSolutions snapshots are simply the fastest way to see information on your residents. The new Financial Snapshot was designed for business office and billing staff, the Charting Snapshot gives nursing staff an index to the Electronic Medical Record. The ADT Snapshot is for everyone with authorization – it's an electronic facesheet.

Accounts Snapshot Follows the Money

Financial Snapshot | DOE, PATRICK | HR# 4103 | ACCT# 68 | IP VISIT FOR 08/15/1996

HEALTH RECORD #: 4103
ACCOUNT #: 68
DATE OF BIRTH: 07/22/1930
GENDER: Female

REIMBURSEMENT INFORMATION

PLAN	TYPE	START DATE	END DATE	RATE	DAYS USED	AS OF
MEDICARE B VACCINES	Medicare	05/01/2003	12/31/1899			
AETNA	Commercial	01/01/1900	12/31/1899	0.00		
WISCONSIN MEDICAID	Medicaid	08/15/1996	12/31/1899	132.60		
PERSONAL LIABILITY	Guarantor	08/15/1996	12/31/1899	1449.58		
MEDICARE B THERAPIES	Medicare	08/15/1996	12/31/2008			

ACCOUNT PAYOR/PLAN BALANCES as of 12/31/2008

PLAN	PAYOR	BALANCE	RECEIPTS	ADJUSTMENTS	OUTSTANDING
AETNA	AETNA	0.00	0.00	0.00	0.00
MEDICARE B THERAPIES	Medicare B	0.00	0.00	0.00	0.00
MA DENTAL	WISCONSIN MEDICAID	0.00	0.00	0.00	0.00
PERSONAL LIABILITY	DOE, MARY	1513.58	2547.58	10.00	-1024.00
WISCONSIN MEDICAID	WISCONSIN MEDICAID	2977.77	3077.77	0.00	-100.00

RESIDENT FUNDS

FUND	PERIOD	BEG BALANCE	DEPOSITS	WITHDRAWALS	BALANCE
Trust Fund	1/31/2009	224.06	45.00	38.35	230.71

CONTACT INFORMATION

CATEGORY	RANK	CONTACT NAME	PHONE 1	PHONE 2	NOTIFY IN EMERGENCY
Health Care Responsible Party	1	Doe, Mary	5155551453 (Home)	5155550181 (Work/Office)	YES
Next of Kin	2	Doe, John	5155553041 (Home)	5155550080 (Cell)	NO
Next of Kin	3	Doe, Pete	9195551433 (Home)		NO

With the Financial Snapshot, new with 6.4.2, you can view summaries of census, reimbursement information, payors/plan balances, resident funds, guarantor, and contacts. Click on an amount in the Balance, Receipts, Adjustments, and Resident Funds for a history and descriptions.

Easy Access to the EMR

Charting Snapshot | ABBOTT, AMY | HR# 1005 | ACCT# 743 | IP VISIT FOR 08/28/2007

HEALTH RECORD #: 1005
ACCOUNT #: 743
DATE OF BIRTH: 01/23/1936
GENDER: Female

CENSUS INFORMATION

FROM DATE	THRU DATE	LOCATION	BED TYPE	STATUS	LEVEL OF CARE	HOLD TYPE	BU/PL
04/02/2008		SNFA261	B	H	400 (SNF)	Hospital	SNF
08/28/2007	04/01/2008	SNFA261	B		400 (SNF)		SNF

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	TYPE	NOTE	EP #
04/07/2008	14:56	G	O-Res. is up in chair most of the day. Ambulate with...	011

PHYSICIAN ORDERS

ORDER DATE	CODE	TIME	ACTIVE
04/07/2008	DEP	QD	
03/31/2008	PRNM	PRN	
03/31/2008	RTNM	QID	
11/28/2006	INSULI	QD	

This Charting Snapshot gives authorized users quick entry to the Electronic Medical Record. Hover over a note for the full text; click links for editable details. Click Transfer Reports (not shown) to print reports useful at transfer: face sheet, physician orders, eMAR, Progress Notes, and the MDS.

ADT Snapshot: Everyone's Favorite

ADT Snapshot | SNFA251 | HR# 0937 | ACCT# 619 | IP VISIT FOR 07/02/2003

HEALTH RECORD #: 0937
ACCOUNT #: 619
DATE OF BIRTH: 02/01/1920
GENDER: Male

CENSUS INFORMATION

FROM DATE	THRU DATE	LOS	LOCATION	BU/PL	LEVEL OF CARE	HOLD TYPE
05/19/2005		41	SNFA121	SNF	535 (RMC)	
08/19/2003	05/18/2005	638	SNFA229	SNF	300 (PRIVATE)	
08/06/2003	08/18/2003	12	SNFA251	SNF	535 (RMC)	
08/01/2003	08/03/2003	4	SNFA251	SNF	300 (PRIVATE)	Personal
07/02/2003	07/31/2003	29	SNFA251	SNF	535 (RMC)	

REIMBURSEMENT INFORMATION

PLAN	PAYOR	TYPE	START DATE	END DATE	VOID
MEDICARE A PPS	Medicare	Medicare	05/22/2005		No
MEDICARE B THERAPIES	Medicare B	Medicare	05/05/2003		No
AARP	AARP	Commercial	05/05/2003		No
PRIVATE PAY	Leftout, Emily	Guarantor	05/05/2003		No
AID ASSOCIATION FOR LUTHERANS	AAL	Commercial	05/22/2005		No

CLINICAL INFORMATION

ICD-9	DIAGNOSIS	BILL SEQ	CLINICAL
787.01	Symptoms involving digestive system, nau	1	2
782.3	Symptoms involving skin and other integu	2	5
805.4	Fracture of vertebral column without men	3	1
781.0	Symptoms involving nervous and musculos	4	2
627.3	Disease of the salivary glands, abcess	5	2

CONTACT INFORMATION

CATEGORY	CONTACT NAME	PHONE 1	PHONE 3	RELATIONSHIP
Employer	Hawkins, Sam	(327) 555-1345 (Office)	(327) 555-3498 (Cell)	Employer
Next of Kin	Bennett, Harold	(849) 555-3884 (Home)	(272) 555-3254 (Home)	Son
Next of Kin	Leftout, Emily	(327) 555-2505 (Home)	(149) 555-5822 (Home)	Daughter
Next of Kin	Bennett, Jenny	(327) 555-2505 (Home)	(149) 555-5822 (Home)	Daughter
Responsible Party	Leftout, Emily	(327) 555-2505 (Home)	(149) 555-5822 (Home)	Daughter

GUARANTOR Leftout, Emily (327) 555-2505 (home) (149) 555-5822 (office) Daughter

ADDITIONAL INFORMATION

Comments: Referred by Danny Harrison (345)546-4859. Danny is the Social Worker at Evergreen Hospital.
Registered to vote: Yes

One-stop access to summaries of census, financial, clinical, and contact data as well as facility-defined items displayed as Additional Information. Link to details from the summaries and to all areas of the system from this Snapshot.

Big Changes for Part A Payment with RUG-IV

The incentives SNFs have worked with since 1998 will change when RUG-IV is implemented at the same time as MDS 3.0, October 1, 2010.

In the Final Rule for 2010 SNF Medicare payment, CMS states that “for FY 2011, RUG-IV is being designed so that overall payments will be at the same level as under RUG-III. Although total payments do not change, the distribution of payments does change, which is why payment rates for the complex medical groups (that is Extensive Care, Special Care, and Clinically Complex) will increase significantly.”

SNFs are paid for beneficiaries’ care through the Medicare Prospective Payment System (PPS). PPS works by assigning beneficiaries to RUGs (resource utilization groups) representing the quantity of resources used by patients and certain patient characteristics.

Each RUG has a dollar amount associated with it that is the daily rate paid to SNFs for a beneficiary.

The system uses MDS data to calculate a group for each beneficiary. See the chart on the next page for a list with criteria.

The time study used to create RUG-III was conducted in 1995-97. To update that system CMS contracted for the 2006 STRIVE time study that was conducted in 205 nursing homes in 15 states. The STRIVE study found significant changes, likely due to changes over time in the SNF population and industry practices.

Total Payment Constant

In the Final Rule published July 31, 2009, CMS officials stated that when

the RUG-IV system was tested against RUG-III using 2007 claims data, they found RUG-IV would produce lower overall payments. In keeping with their goal to not increase or decrease payment, CMS will adjust the weights to keep total payment the same.

Overall changes in RUG-IV include increasing the number of RUGs (resource utilization groups) to 66 from the 53 used by RUG-III. The 66 RUGs are divided into 16 categories, two categories were added: Special Care High and Special Care Low.

Except for Extensive Services, the categories are split by ADL score. RUG-IV groups may be further differentiated based on nursing rehab services and signs of depression.

Certain existing conditions and/or services currently used to classify patients to RUG-III groups will move up or down in RUG-IV. For more information on those changes, see the Keane Care RUG-IV White Paper at: www.keanecare.com/resources/files/RUG-IV.pdf

Counting Therapy

Because approximately 90 percent of the days of service for Medicare Part A SNF stays include therapy, in developing RUG-IV and MDS 3.0 CMS looked carefully at utilization patterns and changes in the practice of therapy identified through the STRIVE research.

For more on therapy changes see page 40315 of the Final Rule at:

<http://edocket.access.gpo.gov/2009/pdf/E9-18662.pdf>

and Keane Care’s MDS 3.0 paper at:

www.keanecare.com/products/pdf/mds30-flyer.pdf

Payment for therapy will be affected by the following changes in how data is collected with MDS 3.0:

- **Concurrent therapy:** minutes will be divided/allocated among patients instead of counting as 1:1
- **Section T deleted:** in MDS 2.0 it is used for estimated therapy
- **OMRA:** added an abbreviated optional start-of-therapy assessment

With MDS 3.0, therapy minutes will be coded in these types:

- Individual therapy
- Concurrent therapy: no more than two patients, both of whom must be in line-of-sight of the treating therapist or assistant
- Group therapy: rules not changed

Extensive Services

To qualify for the highest-paid RUGs, Rehab Plus Extensive Therapy, patients must also qualify for an Extensive Services RUG. Under RUG-IV its criteria has changed to eliminate the look-back period and modify the list of services.

Analysis of STRIVE data showed that some services were captured that were provided only prior to admission. The study found that those instructions resulted in payments that are “inappropriately high for many non-complex medical cases.”

With MDS 3.0, data in P1a will be reported as: 1) care received after admission (or readmission), and 2) care received in the hospital, before SNF admission. Items received while not a resident, such as oxygen therapy and IVs would be used only for care planning and not payment. ■

RUG-IV Categories Set to Start October 1, 2010

Ultra High Rehab Plus Extensive Services

Rehabilitation Rx 720 minutes/week minimum AND
 At least 1 rehab discipline 5 days/week, AND
 A second rehab discipline 3 days/week, AND
 Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident, AND ADL score of 2 or more

Very High Rehab Plus Extensive Services

Rehabilitation Rx 500 minutes/week minimum AND
 At least 1 rehab discipline 5 days/week, AND
 Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident, AND ADL score of 2 or more

High Rehab Plus Extensive Services

Rehabilitation Rx 325 minutes/week minimum AND
 At least 1 rehab discipline 5 days/week, AND
 Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident, AND ADL score of 2 or more

Medium Rehab Plus Extensive Services

Rehabilitation Rx 150 minutes/week minimum, AND
 5 days any combination of 3 rehab disciplines, AND
 Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident, AND ADL score of 2 or more

Low Rehab Plus Extensive Services

Rehabilitation Rx 45 minutes/week minimum, AND
 3 days any combination of 3 rehab disciplines; AND
 Restorative nursing 6 days/week, 2 services (see Reduced Physical Function for restorative nursing services); AND
 Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident, AND ADL score of 2 or more

Ultra High Rehabilitation

Rehabilitation Rx 720 minutes/week minimum, AND
 At least 1 rehab discipline 5 days/week, AND
 A second rehab discipline 3 days/week

Very High Rehab

Rehabilitation Rx 500 minutes/week minimum, AND
 At least 1 rehab discipline 5 days/week

High Rehab

Rehabilitation Rx 325 minutes/week minimum, AND
 At least 1 rehab discipline 5 days/week

Medium Rehab

Rehabilitation Rx 150 minutes/week minimum, AND
 5 days any combination of 3 rehab disciplines

Low Rehabilitation

Rehabilitation Rx 45 minutes/week minimum, AND
 3 days any combination of 3 rehab disciplines; AND
 Restorative nursing 6 days/week, 2 services

Extensive Services

Tracheostomy care, ventilator/respirator, or isolation for active infectious disease while a resident, AND ADL score of 2 or more

Special Care High

Comatose; septicemia; diabetes with daily injections and order change on 2 or more days; quadriplegia with ADL score ≥ 5 ; chronic obstructive pulmonary disease and shortness of breath when lying flat; fever with pneumonia, or vomiting, or weight loss, or feeding tube; parenteral/IV feedings; respiratory therapy for 7 days.
 AND ADL score of 2 or more

Special Care Low

Cerebral palsy, multiple sclerosis, or Parkinson's disease with ADL score ≥ 5 ; respiratory failure and oxygen therapy while a resident; feeding tube (calories $\geq 51\%$ or calories = 26-50% and fluid ≥ 501 cc); ulcers (2 or more stage II or I or more stage III or IV pressure ulcers; or 2 or more venous/arterial ulcers; or 1 stage II pressure ulcer and 1 venous/arterial ulcer) with 2 or more skin care treatments; foot infection/diabetic foot ulcer/open lesions of foot with treatment; radiation therapy while a resident; dialysis while a resident
 AND ADL score of 2 or more

Clinically Complex

Extensive Services, Special Care High or Special Care Low qualifier and ADL score of 0 or 1, OR
 Pneumonia, hemiplegia with ADL score ≥ 5 ; surgical wounds or open lesions with treatment; burns; chemotherapy while a resident; oxygen therapy while a resident; IV medications while a resident, transfusions while a resident

Behavioral Symptoms and Cognitive Performance

Cognitive impairment BIMS score ≤ 9 or CPS ≥ 3 OR hallucinations or delusions OR
 Physical or verbal behavioral symptoms toward others, other behavioral symptoms, rejection of care, or wandering, AND ADL score ≤ 5
 Restorative nursing splits the category into RUGs

Reduced Physical Function

Restorative nursing services:

- Urinary and/or bowel training program
- Passive and/or active range of motion
- Amputation/prosthesis care training
- Dressing or grooming training
- Eating or swallowing training
- Transfer training
- Splint or brace assistance
- Bed mobility and/or walking training
- Communication training

Source: Medicare PPS for SNFs Final Rule, August 11, 2009, page 40332 at <http://edocket.access.gpo.gov/2009/pdf/E9-18662.pdf>

Keane Care News

continued from page 3

- Microsoft SQL Server 2005 (database platform)
- Crystal Reports Developer Edition version XI, release 2 (11R2) (used for reporting)

A memo was mailed to VistaKEANE clients in October 2009 with details of the requirements, as well as purchasing and installation information.

Keane NetSolutions 6.4.2 Enhancements

The latest update of Keane NetSolutions, 6.4.2, is currently in beta release.

The following is a sampling of the enhancements it includes:

ADT

Added link for printing a face sheet from the ADT Snapshot.

Added a column for ICD-9 abbreviations and added the ability to search by abbreviation.

Added option to not require a Health Record number on prospects entered in Pre-Registration pages.

AR/Billing

Added a Financial Snapshot for instant information. It shows summaries of census and reimbursement information, payors/plan balances, resident funds, guarantor, and contacts.

From the top level you can drill down on an underlined amount in the Balance, Receipts, Adjustments, and Resident Funds for a history and descriptions. Click on an underlined section title to jump to the editable pages.

Resident Assessment

During setup, Keane NetSolutions now adds the default Federal Discharge

Codes to MDS 2.0, item R3 (Discharge Status on the Discharge Tracking Form).

Added spell-check to RAP Notes.

You can now view IPN notes when entering RAP documentation notes.

Care Plan

When selecting items from a library to add to a care plan you can now bypass the Library Assistant for items that do not call for choice codes.

Added ability to search through all libraries when adding a problem, goal, or intervention to a care plan. Select

“All” in the Library dropdown on the Problem Selection dialog box.

Therapute Interface

Notes written with Therapute software can be viewed in Keane NetSolutions IPN.

Days and Minutes of therapy can be imported to MDS item P1b in Keane NetSolutions from Therapute via the interface.

continued on next page

Paperless Records when the Power Goes Out

To help ensure you have clinical information available at all times, we suggest you make paperless copies of critical reports and store them safely. Here's how:

- Select specific reports, such as MARs, physician orders, care plans, face sheets, and other census reports
- Save reports as PDFs to shrink file size and prevent modification
- Store the PDFs on portable devices such as CDs and flash drives

These procedures are separate from your ongoing system backup.

If the power fails

Connect a PC or laptop and a printer to a back-up power source and print reports for reference, charting, and administering medications.

When the power returns, you can document the med passes made with paper in eMAR as “late” with a reason of power outage. Or write a progress note that says “due to a power outage, the paper record is available (location).”

Keane NetSolutions: How to Save Clinical Reports to PDF

Select the Reports tab, then select Clinical or Census reports from the left bar. Choose reports. If your facility uses eCharting with eMAR, you will want to generate the Medication Admin report under Physician Orders

- Click Print. When the report displays, click the Export icon at the top left of the report. In File Format box choose Adobe Acrobat (PDF), click OK.
- When the PDF displays, click File/Save As and save the reports to a CD, flash drive, or other portable device. Put the CD or device in a safe place.

VistaKEANE (Windows): How to Save Clinical Reports to PDF

- Select a report and click Preview
- At the preview, select the Export icon (envelope with red arrow) and for format, select Acrobat PDF and at destination select Disk file
- At the browse window, select to “Save in” a CD or other device ■

Keane NetSolutions 6.4.2

continued from previous page

CareTracker Interface

Keane NetSolutions Vital Parameters can now import vital parameters entered in CareTracker version 9.0.

eCharting.

If two signatures are required on an order administration, the Dual Signature dialog box opens automatically and both sets of initials print on eCharting reports.

Enhanced to record more than one Vitals record for one eMAR session.

Added a setup option to select the types of eCharting notes (all, all PRN, held meds) that are written to IPN (Interdisciplinary Progress Notes) for the EMR.

ePrescribing

Enhanced the software to work with the Esker Fax program in addition to RightFax for sending faxes automatically to the pharmacy when a medication order or reorder is added.

Physician Orders

Now requires that all data set as "required" is completed when adding admitting orders and when renewing discontinued orders. This change addresses situations where the fields defined as required were changed after the original order entry.

Several enhancements were made to the Physician Orders report. It can now print for periods longer than 31 days, it can print more diagnoses than previously, you can print telephone orders from the Order Detail dialog box, and you can print eMAR/eTAR reports from the main Physician Orders page.

Vital Parameters feature

Several enhancements were made to the Vital Parameters area of Keane




NetSolutions. Oxygen Saturation was added as a data entry field. Height was added to the Baseline panel, and blood pressure is now displayed as a single value (135/85) on all summary screens and reports.

Added a weight Variance report to track weight gain and loss for MDS reporting, weight management documentation, and Survey requirements. The report pulls weight figures from Vital Parameters records to show weight change as a percentage over time (7, 30, 90 and 180 days).

Help on Help: Table of Contents

When you're working in Keane NetSolutions and click Help, the information that displays is specific to that area. If you need Help on a different topic, open the Help Table of Contents by clicking the Show link at the top left of a Help page.

Also, Help opens in a separate browser page. To leave a page, click the Close button , not Back.



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Keane Client Conference

We are very pleased to invite you to the 2010 Keane Client Conference. We are currently working on the schedule of educational sessions in separate tracks including Clinical, AR-Billing, General Financials, Technical, and Other.

Full information and a sign-up form will be mailed to facilities and posted online here:

www.keaneclientconference.com

Agenda *subject to change*

Sunday, May 16, 2010

- 1:00-5:00 pm Pre-conference training (optional)
- 5:30-7:00 pm Opening session
- 7:00 -9:00 Reception & Product Expo

Monday, May 17

- 7:00-8:30 am Breakfast
- 8:30-10:00 Breakout educational sessions
- 10:30-12:00 Breakout educational sessions
- 12:00-1:30 Lunch
- 1:30-3:00 Breakout educational sessions
- 3:30-5:00 Breakout educational sessions
- 5:30-7:00 Reception and Product Expo
- 7:00-9:00 Casino Night at the Marriott Downtown Magnificent Mile

Tuesday, May 18

- Same as Monday, up to 3:00 pm
- 3:15-4:30 pm Users' Group Meeting
- 4:30 pm Conference Closes

Fees and Policies

- \$300.00 per attendee - Registration Fee
 - \$200 per attendee - Early Bird Discount before March 12, 2010
 - \$200 per attendee - Group Discount (in a group of 4 or more)
 - \$300 per person - Pre-Conference Training
- Registration covers meals & social events.**

Hotel

- Marriott Chicago Downtown, Magnificent Mile.
- A special room rate of \$175 is available for conference attendees until April 19
- Reservations by phone: 800-297-5056
- Online: From the Conference Website, click on the Marriott reservations link
- The hotel requires a one-night's room deposit, payable by check or credit card

Module Designed for Multi-Facility Organizations

Keane NetSolutions features an Enterprise Manager, a special feature that sits on top of multiple Keane NetSolutions installations, tying them together and eliminating some issues that decrease efficiency and increase risk in a multi-facility organization. It includes these functions:

Single Access Point for Multiple Application Servers

You can set up enterprise options, and provide a single access point for users across multiple installations with this module. With the Enterprise Manager all users are given the same icon and URL. At login the program determines which facilities a user can access, offers the user a choice if they have rights to more than one, and auto directs the user to the appropriate server or software.



Active Directory

This feature gives you control over user login and security access to the system. Simply define security groups such as AR, Nursing, and Admin, with their members' levels of access, and link the Keane NetSolutions groups to their Active Directory groups, eliminating the need to set up users in Keane NetSolutions.

Enterprise Resident Numbering

This feature facilitates unique resident IDs across a multi-installation, multi-facility system. When a resident is added to KNS, the Enterprise Manager determines the next available unique system number for the resident, ensuring all residents have unique numbers across any number of databases.

For assistance in activating Enterprise Manager contact your Keane Care Client Services office. ■



Brenda Parks Promoted

In her new role as Project Manager in the Client Services Department, Brenda Parks, RN, will be managing implementation projects for our clients migrating to Keane NetSolutions and new clients installing a Keane Care system for the first time.

Her previous position was Senior Clinical Implementation Consultant.

Congratulations Brenda!

What's New with: CareTracker

The CareTracker kiosks look the same but now they're more talented. CareTracker Gateway, the latest version, offers more features and is a hosted service available for a flat monthly subscription fee.

Like earlier versions of CareTracker, Gateway collects data such as ADLs and behaviors. It also calculates totals for MDS items and exports them to Keane Care MDS software.

New in Keane NetSolutions 6.4.2, the interface exports vitals from CareTracker 9 to KNS Vitals. The interface is available for a separate fee.

CareTracker Gateway builds on those features by adding:

- Time and Attendance
- Wound tracking and prevention
- Staff messaging
- Clinical alerts through an Intelligence Dashboard

MxManage: MDS data analysis

Resource Systems, the company that developed CareTracker, now offers MxManage, a Web-based service that analyzes MDS 2.0 files prior to submission.

It identifies potential missed ADLs and therapy that could affect payment. MxManage reports on quality identifiers such as those used by surveyors and CMS' Five Star Quality Rating System. An interface between Keane Care and MxManage is available.

For more information about adding CareTracker or MxManage to your system, please contact your Keane Care Sales Representative or Jill Moss at 800-426-2675 or email: Jill.Moss@Keane.com.

Client Profile

Essex Group Management Inc., Massachusetts

Essex Group Management Inc. is an award-winning multi-facility organization in Greater Boston, MA. Family owned and operated for more than 50 years, in the last decade the company has added lines of business related to LTC including respite services, senior transportation, adult day care, home care and assisted living.

The six long term care facilities include Brandon Woods of Dartmouth, Brandon Woods of New Bedford, Blaire House of Milford, Blaire House of Tewksbury, West Side House of Worcester, and Blaire House of Worcester.

The corporate office and facilities are connected via WAN. Cynthia Fitzpatrick, Regional Vice President, says that she “loves the fact that I can be in the corporate office and stay current with our residents and patients by reviewing assessments and progress notes without traveling, pulling charts, or deciphering handwriting.”

Selecting Keane NetSolutions

Essex began Keane NetSolutions implementation two years ago, following an extensive selection process. “I can’t tell you how many vendor presentations we saw,” said Ken White, IT Director.

“Many systems didn’t meet our criteria. A deciding factor was that through comparative evaluation our clinical staff preferred Keane Care clinical software and the financial people preferred the AR/billing software. Often we found only one groups’ criteria was satisfied.

“We were looking for a company that would be our partner, who offered the scale and capability to meet our needs now and in the future. Keane Care has a strong name in IT. Our senior management spoke with Keane’s



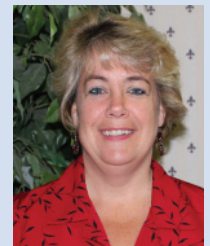
Jeanne Fernandes,
Data Systems
Manager



Charlene Doberck,
Corp. Financial
Document Nurse



Ken White, IT
Director



Cynthia Fitzpatrick,
Regional Vice
President

management and we decided it was an appropriate fit,” continued Ken.

Going Live

Jeanne Fernandes, Data Systems Manager, explained that sites went live in order of size, small to large, with five sites currently using the clinical and AR modules. “Some nurses were hesitant at first, it took them a while to get into the swing of using computers. Staff now report that they enjoy the technology and are proud of their new abilities.”

Essex SNFs are standardizing the software available at each site. “We use a care plan library our staff wrote to reflect Essex standards of care. Some facilities with specialized populations have added to it,” said Charlene Doberck, Corporate Financial Documentation Nurse.

“A recent innovation is giving access to nurse practitioners who work with the medical and psychiatric directors. They use it to view notes and assessments and are starting to write notes as well. As time goes on we will encourage physicians to use it.”

“Our first step toward an EMR was installing CareTracker” continued Ken White. “We learned a lot about how to approach users. Our staff are teaching us to more fully appreciate how much the technology affects workflow. Their ability to adapt has reinforced

the value we place on our end users. We continue to refine and expand the system to support them as they meet challenges successfully.”

Billing and AR

The Essex corporate office bills for the organization using Keane NetSolutions. Jennifer Remuck, Business Office Manager at Blaire House of Worcester, makes sure all the billing data for her site is in the system. “I get involved if a rebill is needed, for example if we bill Medicaid for the full month, but the resident leaves on the 28th. I will update the data so the software can prepare a new claim.”

For collections, Jennifer starts with the Aging by Month report, checking for changes on a daily basis. She uses the Cash Receipts report to keep current with payments since most are received at corporate. When private portions are due, Jennifer runs an Aging report on just private pays to see if any need her attention.

At Essex, Business Office staff are responsible for registration and census data. “KNS is a real-time system, so when someone leaves, I’ll discharge them at the time. This means we’re all on the same page since the discharge also goes to CareTracker, where it is available to nursing, dietary, and everyone who needs to know.” ■