Level and Location of Care Data Entry

hummingbird™

PIM

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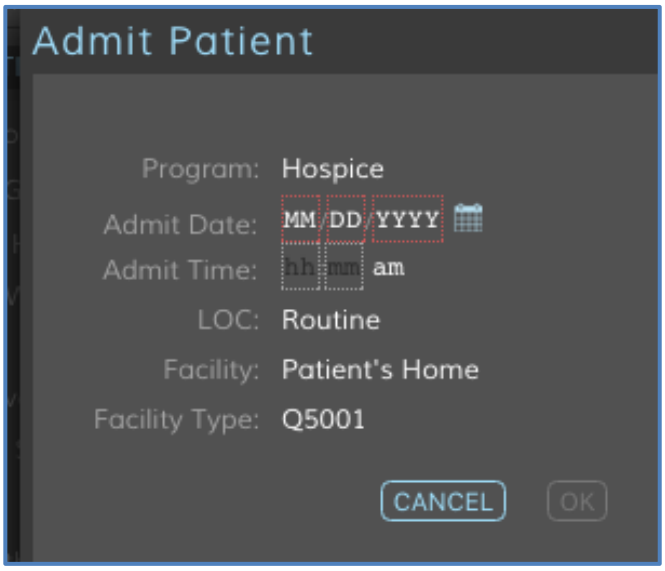
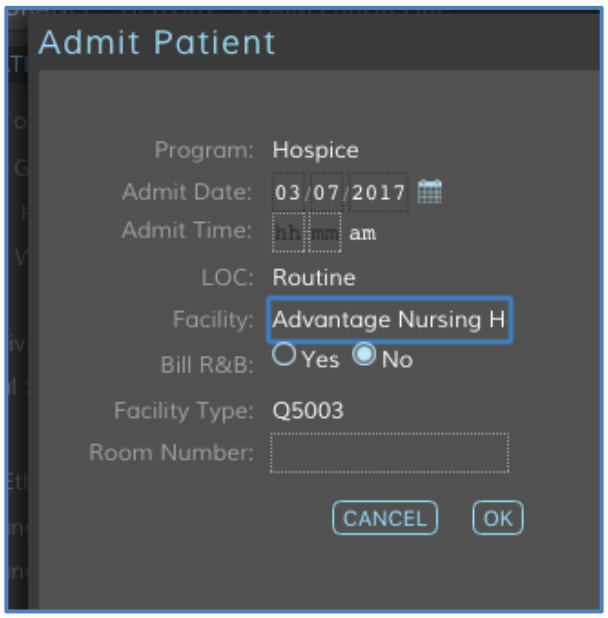
A. Level and Location of Care at Admission

Upon referral or admission of the patient, the Level and Location of care can be entered into the Admission Float. (Default is “Routine” and “Patient’s Home”.)



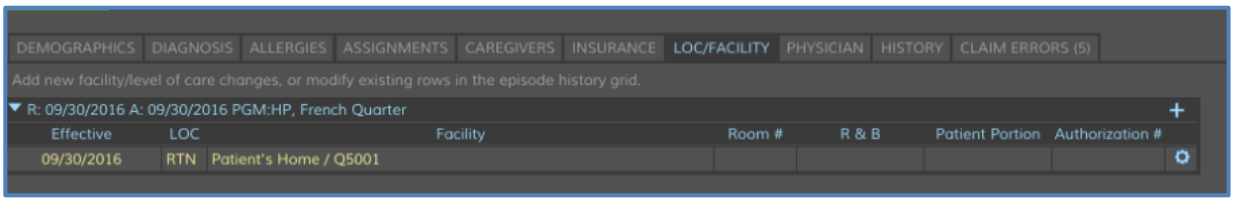
- Click ‘Routine” to see options of General Inpatient, Respite and Continuous Care Levels of care (**if** program is Hospice). Choose the appropriate level.
- Click “Patient’s Home” to change Location of care.
  - Backspace over ‘Patient’s Home”. Begin typing nursing home, hospital or assisted living facility’s name.
  - Choose the correct facility.
  - Room and board questions will display **only** if the facility is a Nursing Home (Q code -03, -04) **and** the facility has been set up for R&B in ADMIN/Facilities. See below for more instructions.
  - Enter room number
  - Click OK.

- **Note**: If details are unknown, information can be entered at a later time.



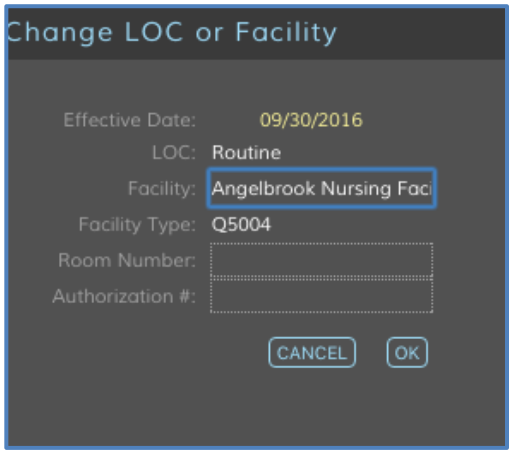
B. Level/Location of Care Changes (After Admission)

At any time (even upon entering a referral) the location and/or level of care can be entered under the "LOC/Facility" tab.



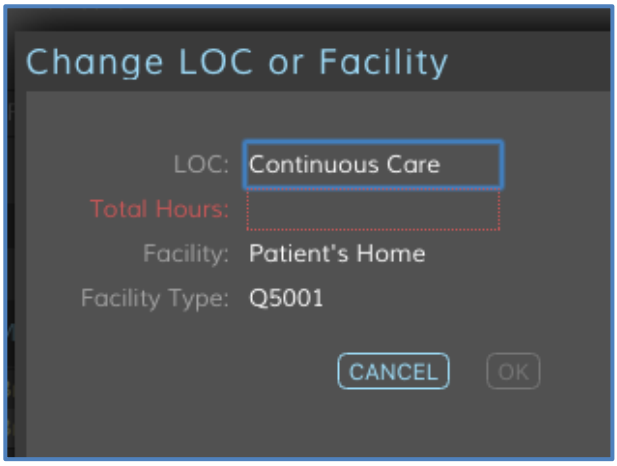
- To **change** the current level or location of care as of the currently listed 'effective date", click the gear (at end of row on right) and choose "Edit". Click "Routine" to change Level of Care; click "Patient's Home" to change Location of Care.
- When the float opens, the effective date is not editable. If the effective date is incorrect, you will **add** a level or location of care with a new effective date.
- To **add** a change in level or location using a different effective date, click the blue +. When the float opens, add the new effective date.
- Click in the **level** of care field to change from Routine to GIP/CC/Respite.
- Click in the **location** of care field to leave patient at the current **level** of care and change only the **location** (such as routine at home to routine at a facility).
- Back space over the current location and then begin typing the new location name.
- Click OK to accept changes.

- Under the gear is an option to “Delete”. Use this to remove an overlapping Level/Location of care that was entered in error.



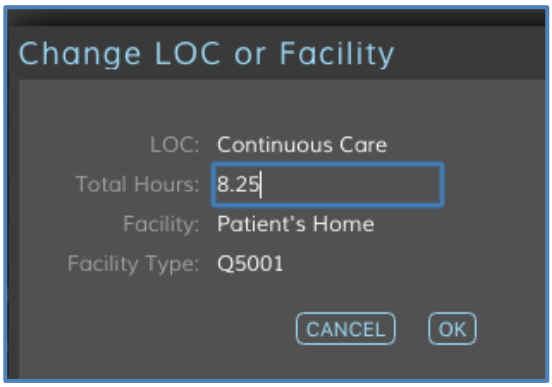
C. Level of Care - Continuous Care

- Continuous care must be entered **per day**.
- Number of CC hours is a required field so this must be entered after CC is completed for any particular day. For example, if a patient is in CC today, you may not know the total number of hours until tomorrow.

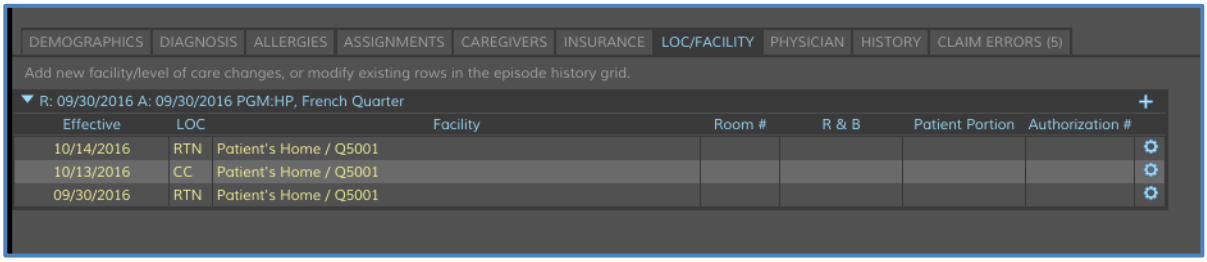


- There must be at least 8.0 hours of CC in order to enter the information. If the patient did not have at least 8.0 hours, CC cannot be entered, and that day is billed at routine care.
- CC hours can be entered for the quarter hour (i.e. 10.25, 11.5, etc.).

- **Do not enter more than 24h for a CC day**.

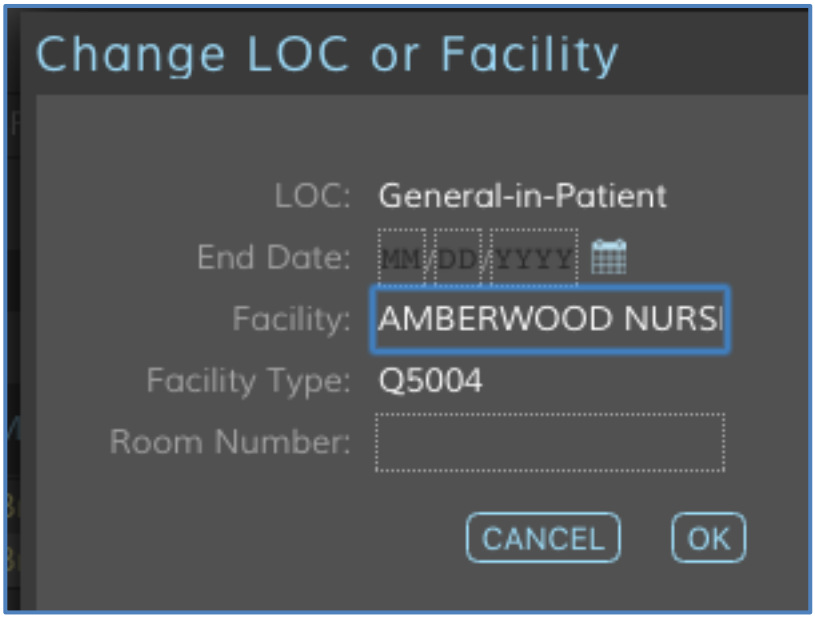


- Click OK to add the record.
- The program will automatically enter the day following CC back to routine care.



D. Level of Care - General Inpatient

- If both the start and end date for GIP are known, they can both be entered in the Level of Care float at the same time.



- If the end date is unknown, just enter the start date.
- Enter location (remove facility name and begin typing the new facility). Click OK.
- When patient leaves GIP level of care, enter the new level of care.

E. Level of Care - Respite

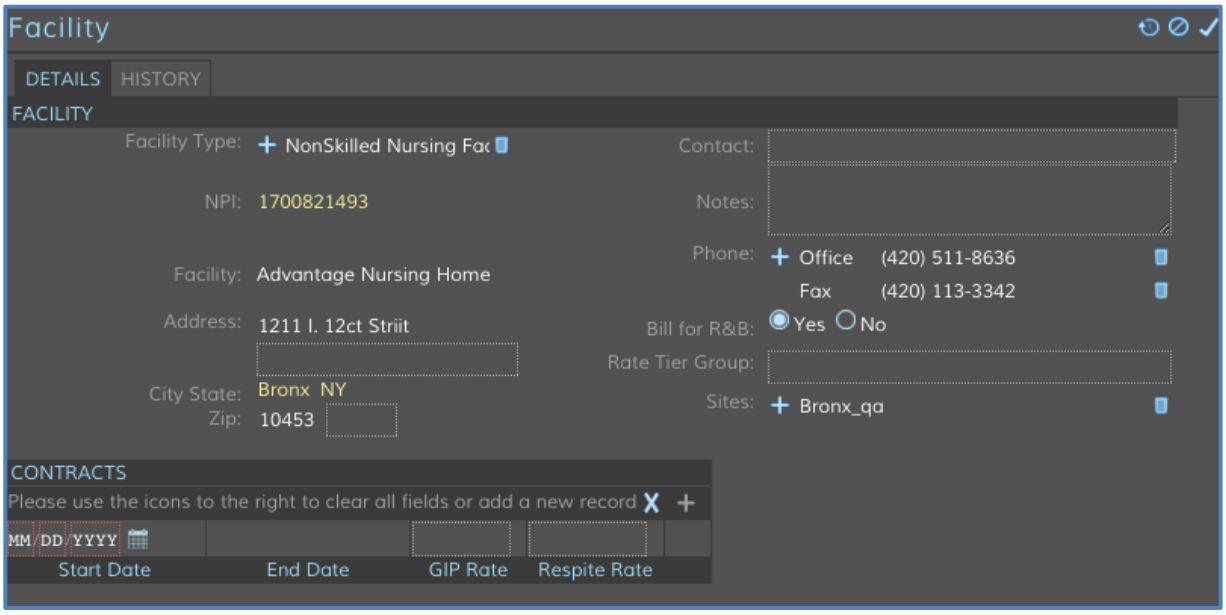
- If both the start and end date for Respite are known, they can both be entered in the Level of care float. If not, enter just the start date.
- Click OK. Click the blue + to add record.
- When patient leaves respite level of care, enter the effective date of the new level of care.

F. Room and Board

1. Set Up

If a particular facility will ever have a patient under billable R&B, the facility must be set up to accept R&B. Once the facility is set up, the option to set up particular patients within that facility for R&B charges will be available.

- Go to ADMIN/Facilities
- Open the float and find the facility. Click gear (on right) and choose details.
- Click "yes" under Bill for R&B.

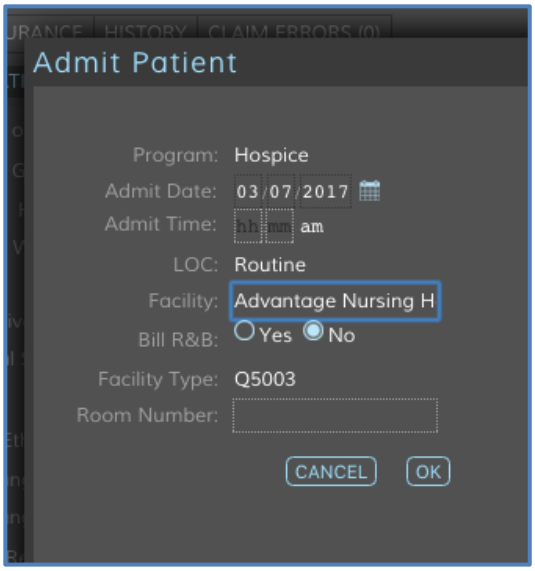


Note: Manually added nursing home, and SNF facilities will default to R&B "yes". Migrated data may have to be manipulated to display the R&B question.

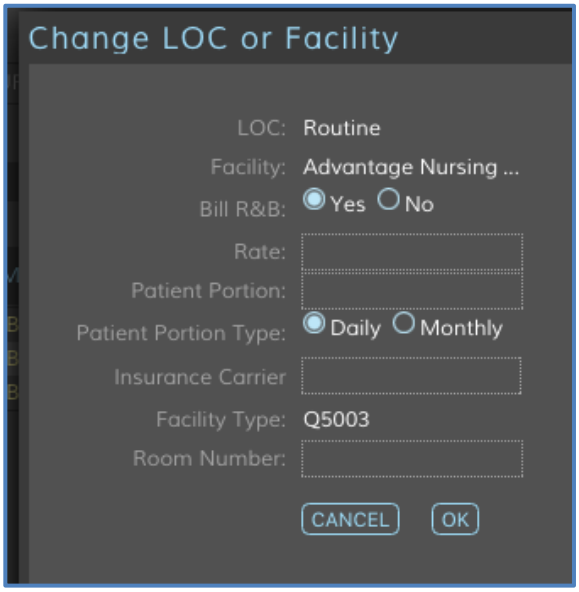
- Temporarily change the facility type to SNF or LTC facility. Wait for R&B question to display.
- Change back to the proper facility type.

2. Entering Patients into Facility With R&B Charges

- Follow steps above to enter a patient into a facility.
- If a facility is chosen which is set up to allow R&B (as described above), the question “Bill R&B” will display.



- Choose “yes.” More options will open:

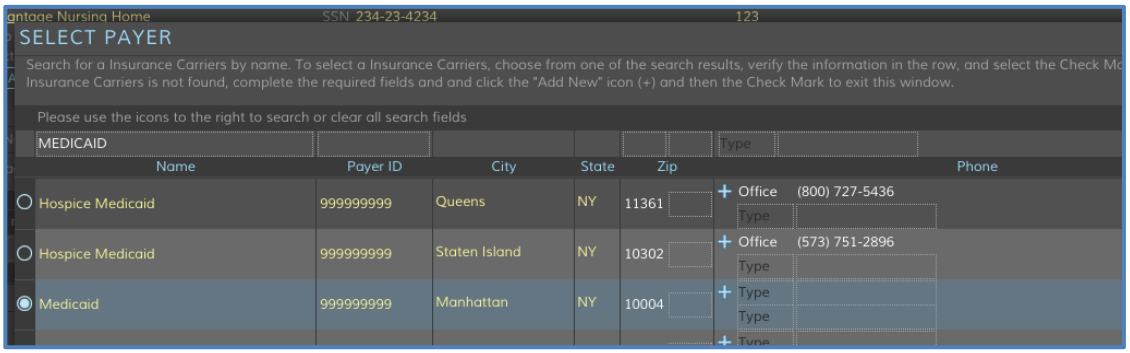


- Enter rate, patient portion and payer. Patient portion can be “Daily” or “Monthly”.
- Qcode will default unless the facility has multiple Qcodes in set up. If so, choose the correct Qcode for the type of care.
- Click OK.
- Rates and carrier may be entered at a later date but must be entered in order to bill for the R&B services.

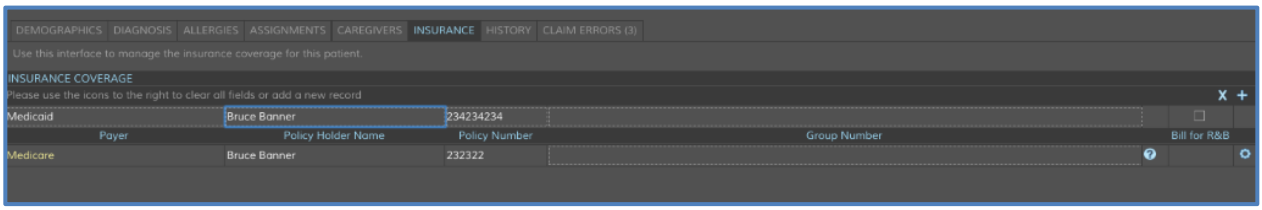
Note: Payer for R&B must be entered under the "Insurance" tab in order to add it as a payer for R&B services. See below for instructions.

3. Add Payer For R&B

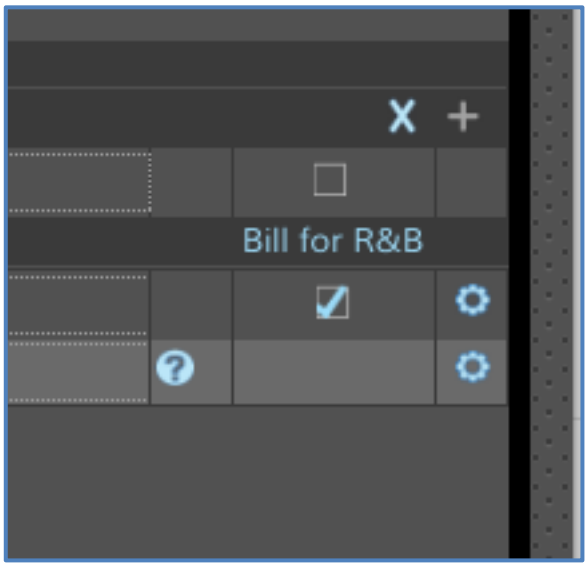
- Go to "Insurance" tab.
- Click in Payer field and search for the R&B payer. Click radio button then checkmark to choose.



- Click blue + to add to record.



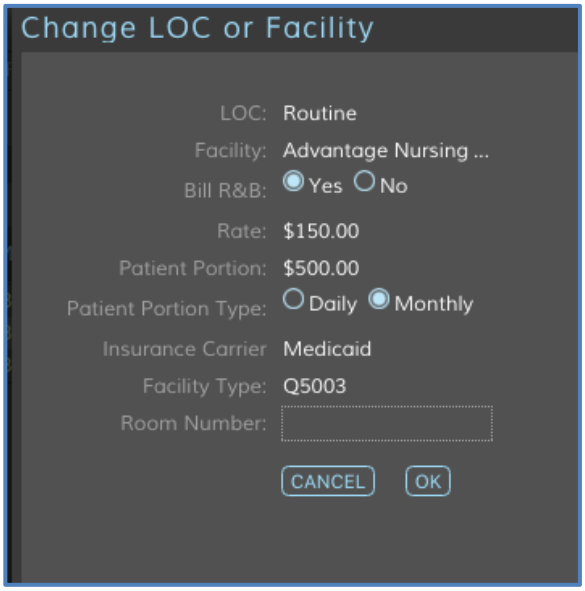
- Click the box (on the right) Bill R&B to denote that this carrier will pay for the room and board.



G. Add Room and Board Charges

Room and board charges are entered via the location of care float as described above. If the rate or payer was not entered, take the following steps:

- Go to LOC/Facility Tab.
- Use gear/edit to change/enter a rate with the same effective date or the + to add a new effective date and a new rate.
- The float will open. Enter/change Level of Care, Location, Rate, Patient Portion, Insurance Carrier, etc.

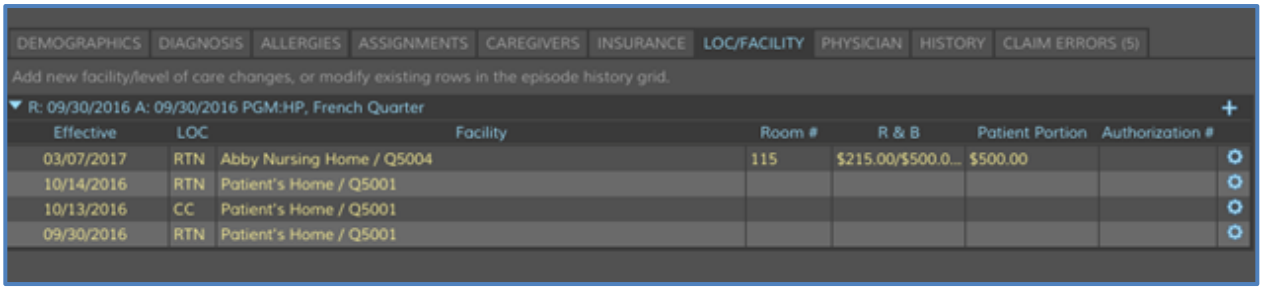


- "Patient portion" can be entered as total for the month or as a daily amount. In the example above, $500 is set as a monthly amount.
- Once set up correctly, a R&B claim will be created when claims are created.
- If patient has already been discharged, modify or add R&B charges under previous episodes.
- Click arrow to the left to expand prior episodes.

1. Checking R&B Data

- Room and Board report on **Reports** menu (Financial section) will list all patients and their facility. See if "Bill R&B" has been checked, rate and patient portion entered.
- Pt Days by Location will also be helpful to determine if patients are in a NH and R&B should be billed but is not set up.

- Visually checking the information in PATIENT module/LOC/Facility tab. If rates, patient portion and payer have all been entered, rates and payer are visible within the 'rate" field.



2. Change Room and Board Rate

- Go to LOC/Facility tab.
- Click +. When float opens, enter effective date of new rate.
- Enter facility, level of care.
- Enter the new rate and/or patient portion & payer.
- Click OK.
- When billing, invoices will be created at the rate in effect for the billing dates.
- If patient has already been discharged, add/edit rates under the previous episode. Expand the episode by clicking the arrow on the left of the line item.

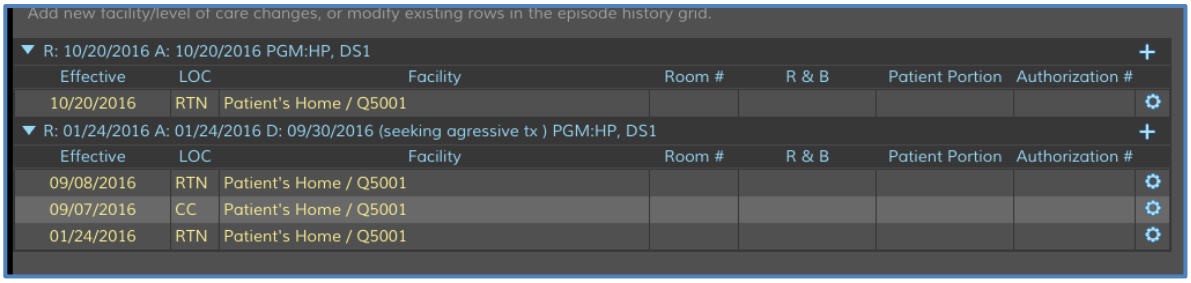
3. Change in R&B Payer

- Go to Insurance tab. Enter new payer (follow instructions above).
- In Coverage Grid, click +. Add effective date of new carrier. Drag to primary or secondary position.
- Go to LOC/Facility tab.
- Click +. when float opens, enter effective date of new payer.
- Enter facility, level of care.
- Enter the rate and/or patient portion & new payer.
- Click OK.
- When billing, invoices will be created for the carrier in effect for the billing dates.
- If patient has already been discharged, add/edit carrier under the previous episode. Expand the episode by clicking the arrow on the left of the line item.

4. Episodes

- For patients that are discharged and readmitted, their Levels/Locations of care are maintained in separate episodes.
- Prior episode(s) Level/Location of care may be edited/corrected using the gear.

- In the example below, the prior episode is shown in the bottom of the grid; current episode at the top (both are expanded). Collapse by clicking the arrow on the left end.



- To enter a LOC during a previous episode, click the +.

Important Note: Any time a LOC is added, especially for a previous hospice episode, billing is affected.