Smart FAQs

Billing and EOM FAQs

How do I know what payor to put a patient under in Smart?

Smart Title	Included
Medicare Part A	Straight Med A Any patient that is treated like a Med A (RUGs being done)
Medicare A Replacement	Any payor source that is handled like Med A, but not straight Med A
Medicare Part B	Straight Med B
Med B HMO	Medicare B replacement policies
Medicaid	Straight Medicaid (PAs are done)
HMO/MCO	Inpatient managed care plans where therapy is included in a room and board charge: family care, I-care, managed care plans or HMOs
Hospice	All hospice patients.
Other	Anyone who does not fall into another category. Please only put people in this category when directly instructed by Bonny.
Private Insurance	Outpatient therapy or therapy only insurance plans (room and board not included in the rate). Could be inpatients or outpatients.
Private Pay	Private pay.
Veterans Administration	Patients with VA insurance for therapy only services. If it is an inclusive rate that includes room and board, put under HMO/MCO.
Workers Comp	Patients seen for worker's compensation therapy only treatment. If it is an inclusive rate that includes room and board, put under HMO/MCO.

How do I manage the facility census?
Smart is a different system than RNET, and offers us a much greater ability to run reports. In RNET, we used to think of a facility DC like a rehab department discharge, but in Smart – a facility discharge is used for tracking residents in and out of the actual facility. Smart is set up so that the system of the facility census should mirror what we put into Smart. To make this work correctly, we need to have consistency with how we enter things in Smart.
Understanding the caseload features:

List Option	Contains
All	Displays all residents who have ever been admitted to the Facility.
In-house	Displays residents having an open Facility admission.
Inpatient	Displays residents having an open Facility Admission and have Inpatient chosen on the Facility Admission Screen.

Outpatient	Displays residents having an open Facility Admission and have outpatient chosen on the Facility Admission Screen.
TX Caseload	Displays residents having an open Therapy Admission for any discipline.
OT, PT, ST:	Displays residents having an open Therapy Admission for the discipline selected.

Key Points:

- Remember, anyone who is not living in the SNF is considered an OP. We do not put OPs into Smart unless we are seeing them for therapy treatment.
- Before entering a new resident into the system, search in the All category to be sure that the name is not already in the system. A person should never be in Smart more than once.
- To enter a facility admission for people not on therapy, you only need:
    o First and last name
    o Admit date (just put 2/1 for anyone who was admitted prior to 2/1) For those admitted during the month, use the correct date.
    o Choose inpatient (because they are living in the SNF)
    o Click save

    Next you need to identify the payor source the resident "would" use if they were to need therapy upon admission. If they have Medicare eligibility, choose Med B. If they do not have any Medicare benefits, choose Private Pay or Medicaid. This can always be changed later when we pick them up, but we need to identify a payor or your missing payor alerts will show. Please enter the MRN and SSN for all residents. **This is important to ensure that we never have two people with the same name and SSN/MRN in Smart.**

    - If entering room number, please enter that in the box titled "location".
- When a resident "leaves" the facility, you need to track and discharge them. Follow the same rules you do with Med A, just discharge them when they are admitted somewhere else, not just when they go to the ER and come back. To discharge a facility admission, you go into their admission, click edit and enter the DC date.   If they were receiving therapy, remember they must be discharged from therapy before they can be discharged from the facility. To discharge a resident, go to their admission, press edit and enter the date they left the facility, click save.
- When a resident comes off of therapy and is ending Medicare A, but stays in the facility, you need to change the payor to Medicare B (or whatever their other payor is) or you will continue to get missing ARD messages.
- If a person is in the facility on nursing for Med A but no rehab, you need to RUG them at a non-rehab RUG while they are on Medicare and change them to Medicare B (or whatever their other payor is) when they come off Med A and stay in the facility.

What is the EOM process?
- Check the service logs for the following items:
    o Frequency is met. If frequency changed during the course of treatment, ensure all entries are accounted for.
    o Physician Name is present. Please note the alert is not working for this one, you need to check the service logs.
    o Treatment dx codes are present

- o Therapy EOC (end of care) is present if they have been DC'd
  This can be accomplished by viewing a service log batch. (Tx Resident Screen, Resident Reports, Facility Reports – Service Log Batch, choose your settings, Refresh, Run Report).
- Clean any alerts that appear for the facility on the bottom of the screen in the right hand corner.
- Identify recert dates for the month.
- Send an email to Bonny in billing titled "EOM for (insert your facility name here)". State in the email that EOM is complete. List recert dates for applicable Med Bs. *Please be sure all alerts are cleared and the EOM process is complete before emailing Bonny.*

Alert	Detail	Comments
Missing Payor	Displays missing payors. Check the Set Payor screen for red "payor". Be aware to set the payor from Go admission date	This must be done prior to finishing EOM.
Missing ARD	Displays missing an ARD. It shows the assessment period needed	This must be done prior to finishing EOM.
Missing RUG	Displays missing RUG categories for a date range. The date on the screen is for the facility admission. View the patient's Set Payor/RUG screen, noticing " **" which represents missing RUG level.	This must be done prior to finishing EOM.
Export Alerts	Shows the missing information required to create an export file. Examples include: MRN, Admission ID, Social Security #, etc. Each billing export has its own requirements. Click on resident name and insert missing information.	This must be done prior to finishing EOM.
Part B missing minutes	Displays when a patient is 5 minutes or less from reaching an additional unit. Use this as a training tool.	This shows you when we were close to billing a unit, but missed it. It is an automated process for our "Med B errors" we have been tracking. Use this as a management tool for training, but nothing needs to be "fixed" for this area.
RUGS Analysis	Shows when a RUG category was set but based on minutes & frequency the patient actually qualified for a different category. It does not take into account the MX vs High. See RUG Analysis screen for missing treatments or minutes. This is a helpful tool to offer Medicare Coordinators to support higher or lower category and ARD	This is a management tool to make sure that we have RUG'd people correctly. If someone is noted on the alert, check to make sure they are set in the right RUG.

	selection. This functionality is also incorporated into the new TX Planner.	
Missing Treatments	Displays when no therapy has been provided in the last 3 days. Patient may need to be dc from therapy. Check all 3 disciplines.	Review the residents noted on the alert to make sure that no treatment has been missed. These alerts will drop off after a couple days.
Look Back Week	This report displays residents who are on Medicare Part A and are in the Look-Back week for an Assessment. It displays their calculated RUG score and the Days and/or Minutes needed to reach the next RUG score.	This is a management tool for you. It is informative and no action is needed.
Part B Cap alert	Shows when approaching cap for Part B (residents appear on this alert when 80% of cap $ has been exhausted).	This is a management tool for you. It is informative and no action is needed.
Med A Not on Caseload	Shows residents on Med A who do not have an active Therapy Admission. May need to change payor source, screen for therapy or insert an OMRA.	Please review information and make any needed changes.

What if I don't see an alert?
If you don't see an alert, there is not a problem that exists under it. Nothing to correct.

When do I put my therapy discharge and facility discharge in?
You should put your therapy discharge date in on the last day they were seen for therapy.
You should put the facility discharge in the day they leave the facility.

What do I do if I have a name in my facility census that should not be in there or a duplicate name entered in error?
Open the resident that is in error and put the letters zzz in front of their name. Send an email to support@casamba.net with the following:
- Identify your employer as Greenfield Rehab
- Identify your site and site # (i.e. Muskego 1551)
- Identify the resident name to be deleted with ZZZ in front of their name

Smart will then delete the name and notify you when done.

What do I do if I misspelled a name for a resident?
Just go into the facility admission and correct and save. There is no need to call the help line – we can do this ourselves.

When I try to impersonate someone for billing, I can't find their name?

Be sure that after you select the input tab, that the correct discipline (small tab just above the billing codes) is selected for the discipline you are impersonating.

Is the "Admission ID" the same as the MRN?

No. Currently, we are only entering the facility's Medical Record Number (MRN) into Casamba as the MRN. The Admission ID is not being used.

I can impersonate someone to enter their billing, but I cannot impersonate them on the month view to enter their non billable, hours worked etc.?

Only Rehab Directors who have "payroll approval rights" over a person's assigned home location can enter their non-billable time. Contact Dave to have this permission adjusted.

What do I do when I have an evaluating therapist who did not complete or enter the POC?

 Submit the Email form previously provided and Email it to your regional director. Here is a copy of the email:

Hello Everyone -
Please forward this Email form when corrections or input are needed in SMART but the Rehab Director is unable to make the necessary changes and . . .
1. You cannot wait for the person to correct or complete their own entry **or**
2. A staff member is untrained or unable to make the corrections.
Fill out the appropriate sections below and **Email to your Regional Director.** In all cases, the patient name should be present in the system and "admitted."
Evaluation/POC
Note: The Rehab Director should be able to enter numbers 1-8 below regardless of the discipline (black).
Complete all 15 fields for a new Eval/POC (Black & Blue) if the therapist or RD has not been able to start the POC.
Complete only the blue section(s) needed for corrections or completions to an existing/started POC.
 Facility Name:
Patient Name:
Discipline:
Reason Staff or Rehab Director is unable to complete:
 1.   Evaluation Date:
2.   Order Date:
3.   Medical Diagnosis:
4.   Onset Date:
5.   Medical Diagnosis (2) (if second needed):
6.   Onset Date (2) (if different):
7.   Hospital Stay Dates:
8.   MD:
9.   Prognosis (Good or Excellent):
10. Medical Necessity box needs checking:
11. Treatment Diagnosis:
12. CPT Codes to be used:
13. Therapy frequency:
14. Therapy duration (weeks):
15. BID (Yes/No):
(Remember true BID is typically rare and requires an MD order. Treatments are identical. Split treatment is not identical and do not require an MD order.)

General Corrections/Changes/Billing/Time Card Needs
Describe Other Changes Needed: (Other than above)

I have opened a request in Casamba to be paid for a day off but I do not see the hours on my month view.
Once your regional director has "approved" your request to be paid, the hours will automatically show up on your month view. If they have not shown by the closing of a pay period, please contact your regional to check.

I have corrected the errors listed on Casamba, but they remain on the list.
The error list is not updated in Real time. It is done periodically (usually three times a day). Notice the date/time immediately above the alerts. If you made your correction before the update, then you still have an error to correct. If you made your correction after the last error update, the alert should be removed at the next periodic error check by Casamba.

I have a patient who was discharged to the hospital and came back. Now I can't get her back in?
When a person is discharged to the hospital, you have to wait until all involved disciplines do their discharges before you can readmit and enter evaluations.

How do I manage multiple admissions?
If someone is discharged and readmitted within the same 7 day period , the second admission may be below all the first admission codes. Scroll all the way down to see, or manually change the calendar to the new evaluation date, so you can see the correct admission. It may appear it is greyed out, but what you initially see is the first admission.

How do I used the Planner 3 function?
Planner 3:
The purpose of the planner function is to allow planning of minutes for each resident. The system calculates the 7 day look back displaying minutes over/under a category for Medicare Part A. This will allow a more effective scheduling process for your residents & staff. The Planner function should be used for all payors.

The Planner3 will:
1- Transfer the planned minutes for the day to TX Input screen so therapists can see the minutes
2- **Auto Planner** will be initiated after hours & determine which residents are in an assessment based on the ARD you have chosen. If you missed minutes for the day, the auto planner will move those minutes to the next day. It is important that everyone enter charges before leaving the facility each day or minutes may unnecessarily be moved to the next day. You can correct this by returning to the Planner3 & adjusting the minutes
3- Transfer planned minutes to the Scheduler for treatment for the day

Steps to take for Planner 3 function:
1- Select Planner 3 & choose unplanned residents or TX Caseload in the dropdown

2/28/2011

2- For all Medicare Part A residents- Select Set ARD, choose a potential ARD date for any upcoming assessments.
3- Select a resident – use either option a or b
   a. Manually plan minutes based on ARD dates and minutes of therapy already provided, paying close attention to the 7 day look back totals. Once you manually plan for 1 week you can also use the Copy Schedule function to copy this schedule out for the specified number of weeks
   b. RUG Planner (bottom of screen) to auto plan minutes based on RUG level, number of disciplines, frequency(s), & group %
4- Click on Save
5- Repeat the planning function for ALL residents on the unplanned list. This includes all other types of payor sources

How do I use the Scheduler?

Scheduler function:

The purpose of the Scheduler function is to assist in scheduling staff and offer a printed schedule. The schedule will **clone** from 1 day to the next so that the only duty each morning is to check the minutes in ( ) against what is on the scheduled minutes column. You will make any adjustments based on the minutes in ( ). If you save the schedule for Tuesday on Monday evening, then you have not allowed for the **Auto Planner** to be initiated & move missed minutes to next day. Therefore it is important to **complete schedules each morning for the current day**.

1- Click on the Scheduler Tab
2- Use calendar & enter today's date
3- Select a Discipline tab to begin scheduling process
4- Verify the minutes scheduled to the planned minutes in ( ), & make changes as needed. Minutes in ( )= (Individual / Group)
5- Enter start/ end times, if applicable
6- Primary Therapist is NOT required field. This can be utilized for supervision, primary tx therapist, etc
7- Therapist column – use dropdown to assign the TREATING Therapist for the patient. Adjust as necessary
8- Comment column- use dropdown or free text short comments
9- To add in Screens or new Evals- click on ADD Resident. All residents with an open facility admission will appear. Select the resident. Resident will now appear on scheduler screen. Assign at least 1 minute under Min column and assign a therapist
10- Press the Save button
11- Print schedule & Therapist can use Scheduler to track their treatments for the day
12- Resident Schedule will display what is on your screen. This is helpful as a master list for the day
13- ALL TAB is a display screen only. Permits viewing/printing of all 3 disciplines schedule screen
14- Click on any Main tab and the schedule will sort. EX- click on Therapist Header and the therapist column will sort by therapist name

To view a weekly schedule, go to resident reports under the Tx Resident and choose the facility report titled Planned/Scheduled.

Therapist and Assistant FAQs

When do I put my therapy discharge and facility discharge in?
You should put your therapy discharge date in on the last day they were seen for therapy.
You should put the facility discharge in the day they leave the facility.

How do I separate all my nonbillable time?
Do not take time to track anything separately. Just enter your in and out time, press save, and it will tell you how much to allot to nonbillable.   You can track group minutes separately if you wish, but we are not requiring at this time.

How do I enter my group time in my Casamba "time" window?
Casamba does not know how much time you spent out of your day treating in a group setting. So, first enter all of your billing in the "input" tab. Then, when you open your "time" window, you need to tell Casamba how many minutes you spent out of your day running groups. For instance, you ran two groups in the day. One group was for 1 hour and the other was for 30 minutes. Enter 1 hour and 30 minutes in the "Resident Time Group Therapy" box in the "time box of your time card screen. Then add any non-billable time that you need to to account for the remainder of the day.

Do I enter my vacation request in HR online or Casamba?
Our request for time off approval process through HR Online remains the same. When Dave Lewandowski determines if your request is approved (or not), then he notifies you that your PTO request is approved. Once that occurs, please submit a PTO request through Smart. This request goes to your Rehab Director for approval - it is not "really" approval since it is already approved, but it servers to notify them that you will be off. They will then approve the request in Smart and then the benefit time will be able to be accessed in your timecard.
If you are sick, you need to submit the request through Smart as benefit time under sick and obtain Rehab Director approval for you to be able to bill for that in Smart.