



SAM and MAT 3.0.1895 Release Notes

September 30th, 2009

SAM Reports

[New Patient Census \(Audit\) Report](#)

This patient census shows all patients that have received any visit (not adjusted to zero) during the date range. It has 8 sort options, can be run in duplicated (showing multiple admissions per patient) or unduplicated modes, and provides totals for Unduplicated Admissions, Readmissions, Hospital Discharges, LTC (nursing home) Discharges, Goals Met Discharges, Death Discharges, and Total Discharges during the date range. This should be especially helpful to agencies when undergoing an audit.

REPORT GROUP	Report Name	Summary Available
<input type="radio"/> Billing	Blank 485/487	
<input checked="" type="radio"/> Clinical	Blank Verbal Order	
<input type="radio"/> Scheduling	Clinical Outcomes Report	
	OASIS Potential Problem Log	
	OASIS Tracking Report	
	Patient Census (Audit) Report	
	Plan of Care / Verbal Order	
	Plan of Care Tracking Report	
	Recertification Due Report	

Patient Census Report															
From Date: 01/01/2008	Sort By:														
To Date: 12/31/2008	<input checked="" type="radio"/> Client														
<table border="1"><tbody><tr><td>10 - Blaine</td><td>0010</td></tr><tr><td>2 - Buffalo-Corp</td><td>0002</td></tr><tr><td>3 - Rogers</td><td>0003</td></tr><tr><td>4 - Rochester</td><td>0004</td></tr><tr><td>5 - Fairmont</td><td>0005</td></tr><tr><td>6 - Marshall</td><td>0006</td></tr><tr><td>7 - Mankato</td><td>0007</td></tr></tbody></table>	10 - Blaine	0010	2 - Buffalo-Corp	0002	3 - Rogers	0003	4 - Rochester	0004	5 - Fairmont	0005	6 - Marshall	0006	7 - Mankato	0007	<input type="radio"/> Physician
10 - Blaine	0010														
2 - Buffalo-Corp	0002														
3 - Rogers	0003														
4 - Rochester	0004														
5 - Fairmont	0005														
6 - Marshall	0006														
7 - Mankato	0007														
	<input type="radio"/> Case Manager														
	<input type="radio"/> Affiliation														
	<input type="radio"/> Diagnosis Code														
	<input type="radio"/> County														
	<input type="radio"/> Date of Birth														
	<input type="radio"/> Referral														
<input type="checkbox"/> Print Patient Address/Phone	<input checked="" type="radio"/> Duplicated														
<input type="checkbox"/> Print Patient's Referral Source	<input type="radio"/> Unduplicated														
<input type="checkbox"/> Create Emdeon RA Inquiry															
<input type="button" value="Generate"/>	<input type="button" value="Report Options"/>														
<input type="button" value="Exit"/>															
Detail Report - Destination : Screen Preview Title : NONE															

[New "Create Emdeon RA Inquiry" option on Patient Census \(Audit\) Report](#)

This option will create a CSV file containing the information Emdeon needs to qualify benefits for patients.

[New Option on Invoice Aging – Age by Transmission Date](#)

SAM's invoice aging report ages invoices according to the invoice date or the creation date. A third option has been added to age by the date the invoice (or the invoice's claim) was last transmitted. If the invoice has never been transmitted, the invoice's invoice date (last day of the invoice's billing period) is used.

[New Output Option in Sales \(Item\) Report for SC Home Health Export File](#)

The Sales (Item) Report has a new "Output Option" named "South Carolina Services File (ASCII)". When the Sales (Item) report is run for a desired range of SERVICE dates, after the normal sales report is displayed, an output file will be created according to the latest SC specs for all services contained on the report. Only visits on the report that are associated with an invoice are written to the file, and visits belonging to Medicare or Episodic invoices will have \$0 for their charges within the file, but the total of all of the visits for that episode will equal the episodic billing amount.

[Office Logo Added to Invoice Register Report](#)

Some clients use the Invoice Register Report to submit billing information to certain payers. The office's logo has been added to this report to provide a more professional looking billing package to these payers.

SAM Billing

[Hospice Billing Features](#)

Once you have entered a Notice of Election (NOE) for a patient on Medicare's online DDE system alerting Medicare of a patient's wishes to receive Hospice service, all Hospice claims can be generated and sent from SAM. Your Hospice payer in SAM should be configured in the following way:

- 1) Place the word "Hospice" in the payer comment – this will cause SAM to create a specially formatted UB04.
- 2) Payer Class should be Medicare Hospice
- 3) Submitter ID is required
- 4) Bill Type Mask should be 81x
- 5) Billing Frequency should be monthly – for hospice, the first and second certification periods are 90 days with subsequent periods being 60 days
- 6) Choose UB92 from the payer requirements
- 7) In payer skills and codes, the standard Medicare skills should be chosen. In addition to these skills, the skill "Hospice" should be configured at the office level and associated with the payer. Also, the sub-skills "Routine", "Continuous", "INPT Respite", and "General INPT" must be configured at the office level and associated with the payer – these allow SAM to represent hospice's level of care. The bill rates for each of these must be entered and are calculated by multiplying the wage index for your hospice area by the wage amount component of the national rate and then adding that to the non-weighted component of the national rate. For more information on determining your local hospice rates, get the latest copy of the Federal

Register governing hospice. The "Continuous" level of hospice is an hourly rate and all of the others are per-diem rates.

When admitting patients, it is very important to choose the correct service location. These entries are now available in SAM (by calling RiverSoft to add them):

[Q5001-hospice care provided in patient's home/residence](#)
[Q5002-hospice care provided in assisted living facility](#)
[Q5003-hospice care provided in LTC or NF](#)
[Q5004-hospice care provided in SNF](#)
[Q5005-hospice care provided in inpatient hospital](#)
[Q5006-hospice care provided in inpatient hospice](#)
[Q5007-hospice care provided in LTC hospital](#)
[Q5008-hospice care provided in inpatient psychiatric facility](#)
[Q5009-hospice care provided in place not otherwise specified](#)

When discharging patients, the following new discharge codes are now available (again by calling RiverSoft):

[40-expired at home](#)
[41-expired in medical facility](#)
[42-expired - place unknown](#)
[50-discharge/transferred to hospice – home](#)
[51-discharged/transferred to hospice - medical facility](#)

Finally, scheduling for Hospice patients differs from other types of patients in that beyond scheduling the actual patient visits, you must create one visit per day with the Hospice skill to show SAM what levels of Hospice service are active during every day of a patient's care. Hospice claims are like PPS claims in that the payment for service is unrelated to the actual visits rendered. It is based on the level or levels of Hospice care provided during the monthly billing period.

This feature is being used for the first time by one of our clients in North Carolina. As the feature matures, RiverSoft will provide updates. If you are interested in Hospice billing, please give us a call so that we can assist you in configuring SAM properly.

[New Check During Client Readmission for Poor Payment History](#)

If the phrase **ARAlert:** is found in the client's comment, whenever a user attempts to readmit the client, the following warning will appear and the readmission will be blocked...

[AR alert in the client comment prevents re-admission](#)

ARAlert: text must be removed from the client's comment to re-admit.

If a client is discharged for non-payment, place, in the client's comment area, the phrase **ARAlert:** followed by a description of the payment status of the account. This will prevent the re-admission of client's that have a history of non-payment.

[MACAID: Phrase in Client Bill Notes Update](#)

This phrase can now be used to send third-party Liability claims for MA Medicaid (ECS 51).

MACAID:MEDICARE,0084000,150

where medicare is the secondary payer, 0084000 is the payer id, and 150 is the HIPAA adjustment code reason.

This will cause 2300 loop CAS segment to be created as well as 2400 level SVD, CAS, and DTP segments to be created.

[EMNPI Feature Added to Support Billing of Therapist on HCFA1500s in Georgia](#)

To correctly bill therapy visits in Georgia, the following phrases must be placed into the SAM payer's comment area: LOC32OFFICE and EMPNPI. The first phrase will cause the office's address to print in locator 32 along with the office NPI and provider numbers in 32a and 32b. The second phrase will cause locator 24j (grey) and locator 33a to print the claim employee's (therapist's) NPI, and locator 24j and locator 33b to print the claim employee's provider ID.

Where will the employee's NPI and Provider ID come from? You will need to add a phrase to the employee's comment like this: NPI:0123456789 and ProviderID:0123456789. If no such phrase is found in the employee's comment area, the 24j and 33a and b locators will print blanks.

[New Auth Detail Match Warning Feature](#)

SAM can now trap any UB92/04 in which the claim's authorization number (locator 63) does not match all of the claim's detail authorization numbers. The trap occurs at the time the claim is transmitted. If a claim fails the test, it is not transmitted, and a row is written to an Excel spreadsheet on the N: drive name claimtransmissionfailures.xls. To activate this feature, place AUTH_DETAIL_MATCH_WARNING in the payer's comment.

SAM/MAT Clinical

[Allow Skill of OT to Show on 485 \(Care Plan\) in Indiana](#)

SAM only showed case manager skills of RN or PT on the plan of care. In Indiana, Occupational Therapists are licensed and can sign care plans, so SAM should show their skill of OT on the Care plan if the office is in Indiana.

[OASIS C is Coming](#)

This version of SAM and MAT contains the new Diagnosis codes for October 1, 2009, as well as the new CMS grouper logic that can process the new diagnosis codes. This new grouper software is the same software that will process the new OASIS-C format that is to be in effect nationally on January 1, 2010.

In late October we will be releasing a version of MAT Office that contains the new OASIS-C documents in order to give you a sneak peek at how they will work in MAT. New versions of all OASIS MAT documents, and a new version of SAM containing all of the new features required to process the January 1, 2010 CMS changes will be delivered during the middle of December.

If you have not already done so, please go to the CMS website and review the new OASIS C dataset that will go into effect in January. There are numerous new OASIS data being collected for which your staff needs to be educated. Take the time now to get familiar with these new data as we anticipate that the clinical review of these new OASIS documents could initially take your agency

days longer and delay the Send To SAM needed in order to produce timely billing for Medicare and other episodic payers.

MAT-SAM Operations Manual

<http://www.riversoft.net/MAT-SAM%20Operations%20Manual.pdf>

This new document, different than the MAT Quick Start Guide which describes MAT features, describes operations within your agency and how to best use MAT and SAM to streamline those operations. Topics such as entering referrals (an incomplete patient in SAM), completing the first assessment visit, how data flows forward in MAT, how and when to complete the different type of clinical documents, how MAT information flows to SAM, all the way through to the varying discharge procedures are all explained. To use MAT effectively, RiverSoft strongly recommends that at least one person in your agency reads and understands this guide.

Coming Soon in MAT

Televisit Processing – we have created a new, simple yet powerful interface to SAM via MAT to any third party Telephony software. By associating a telepin (**telephone identification number**) to each SAM client and employee, the third party vendor can use the association to write to RiverSoft's new televisit table as visits clock in and out via telephony. MAT has a new automated Televisit processing screen that processes each new Televisit record and matches it to a SAM visit. If a match is found the visit is verified (this means only pre-scheduled visits can automatically be verified) and if no match is found the televisit record is flagged for manual processing, where it is processed much the same way a MAT visit note. This feature is currently in beta testing with one client and should be available for general use soon.

The next RiverSoft User Group Meeting will be on Friday, February 19th, 2010, in Melbourne, Florida. Details are posted on our website, www.riversoft.net. We hope to see you there!



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