

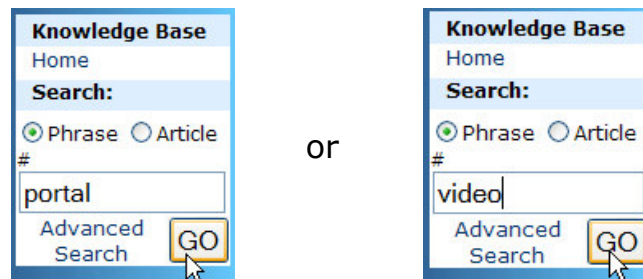
## Care *Portal*<sup>™</sup> - ANALYSIS & REPORTING – Financial – Integrity Grid

Dear Care Portal Clients,

The Integrity Check grid located in the ANALYSIS & REPORTING module of Care *Portal*<sup>™</sup> provides a single, consolidated view of items needing additional attention. Below you will find a list of the messages included in this grid. Please contact our Support & Solution Center through the Online Help Desk should you have questions concerning messages in this grid.

We would also like to take this opportunity to update you on the Support process. In order for us to better serve your support needs in a timely, accountable manner, we recommend that you use our "Online Help Desk" to report problems and/or submit questions you have about the software. This approach allows us to respond quicker and track each issue through to their resolution. It also allows us to escalate issues, as appropriate, to our development team.

The "Online Help Desk" also allows you access to the "Care Portal Knowledgebase" for issues that have been resolved or questions about the use of Care *Portal*<sup>™</sup>. This will be very useful for you as a user, to logon and get answers to questions you might have about Care *Portal*<sup>™</sup>. The "Knowledgebase" is updated regularly as new questions and issues become available. A number of web-based training videos have recently been added. Please visit [www.goldenrulesoftware.com](http://www.goldenrulesoftware.com) and search for 'portal' [to find ALL Care *Portal*<sup>™</sup> articles] or 'video' [to find ALL web-based training videos] in the Knowledge Base found in the left-hand menu panel.



Thank you for continued support of Golden Rule Software, Inc. and Care *Portal*<sup>™</sup>.

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The following information outlines the messages / message type / explanation or correction action for the ANALYSIS & REPORTING - Integrity Check grid:

Message Description	Type	Explanation / Corrective Action
No HIPPS code	Error	'Shell' assessment summary screen is missing the HIPPS code value and should be entered through CLINICAL – Patient Profile – OASIS / POT / Suppl Order or complete assessment has a response of 'N/A' for M0825 and should be either 'Yes' or 'No'.
No primary diagnosis	Error	At least one diagnosis entry is required for patient and should be entered through CLINICAL – Patient Profile – Diagnosis.
No SJ transaction associated with assessment	Error	A service journal should be 'linked' with each visit-based assessment, i.e., SOC, ROC, Recert and should be entered through drop-down assessment assignment in CLINICAL – Patient Profile – Visit Notes.
485 not signed by physician	Error	Plan of Treatment is outstanding and when document is returned signed by MD, the information should be entered through WORKFLOW – Operations – Clinical Tracking.
Suppl Order not signed by physician	Error	Supplemental Order is outstanding and when document is returned signed by MD, the information should be entered through WORKFLOW – Operations – Clinical Tracking.
Medicare HIC# blank on Payer/Policy Assignment screen	Error	Payer / Policy screen is missing the HIC# value for PPS-based payer and should be entered through FINANCIAL – Billing – Payer/Policy Assignment.
Primary Referral Source not linked to UB-92 code	Error	Primary referral source external contact type of patient does not have an associated claim code and should be entered through ADMINISTRATIVE – Clinical Maintenance – External Contact Type.
Physician UPIN not in correct format	Error	Physician assigned to patient does not have a UPIN entry or UPIN is not in valid format and should be entered through ADMINISTRATIVE – Clinical Maintenance – Physician.



Message Description	Type	Explanation / Corrective Action
Revenue Code for Service Journal Discipline need to be Assigned	Error	Service journal discipline of patient visit does not have an associated revenue code and should be entered through ADMINISTRATIVE – Clinical Maintenance – Discipline.
Patient birth date is blank	Error	Patient date of birth is missing and should be entered through CLINICAL – Patient Profile – Demographics.
No PPS payer policy is in effect at episode start date	Error	Patient payer/policy effective dates do not fully cover a patient certification period and should be entered / updated through FINANCIAL – Billing – Payer/Policy Assignment.
Actual date of first visit differs from that reported in RAP	Error	The RAP was sent at a point where there was a confirmed, billable service journal within a subsequent episode but additional service journals within the episode but with a date earlier than the service journal used for the RAP have been entered. The integrity grid reports that the first visit of the associated final claim is different than that on the RAP. You will need to cancel the RAP in FISS; then un-bill the RAP in WORKFLOW – Operations – Un-bill Claims and re-submit the RAP with the correct first visit date.
Assessment not validated	Error	Assessment needs to have a status of 'validated' or 'transmitted' to be considered for inclusion in invoice processing. The assessment clinical status can be updated by clicking the 'Validate' link in CLINICAL – Patient Profile – OASIS / POT / Suppl Order.
SJ Transaction is not associated with a cert period	Error	All service journal dates without a cert period association are reported. You can resolve by going to ADMIN – Worker Maint – Worker then [ <i>search/select worker assigned to each SJ</i> ]. Scroll down to bottom of screen, click SERVICE JOURNALS link, find the SJ date in list, click 'edit'; select appropriate cert period from drop-down list box and then click [Save]. Repeat this corrective step for each SJ until all errors are resolved on the Integrity Check grid.



Message Description	Type	Explanation / Corrective Action
SJ Transaction duration is 7 minutes or under	Error	The duration of the confirmed, billable service journal should be revised to be at least 8 minutes in length (to equal at least one 15-minute increment unit) or the service journal can be marked as non-billable.
SJ Transaction is unconfirmed.	Error	Service journal is unconfirmed and should be updated through WORKFLOW – Operations – SJ Transactions.
SJ Transaction duration is greater than 1440 minutes.	Warning	The duration of the confirmed, billable service journal should be revised to the correct length if a keying error caused the duration to exceed 24 hours. <i>No additional action // follow-up required.</i>
Patient Status (FL 22) is Blank	Error	The discharge reason assigned to the patient does not have an associated billing code for UB-92 FL22. The billing code can be entered in ADMIN – Clinical Maintenance – Discharge Reason.
Episode has been excluded for processing in Workflow grid	Error	The integrity grid reports any episodes that have been excluded and can be included for subsequent processing in WORKFLOW – Status – Exclude Claims grid by “un-checking” the desired episode.
Admission first cert start date differs from Admission date	Error	The initial certification period start date will need to be updated to match the SOC / admission date in CLINICAL – Patient Profile – Cert Periods.
Patient must not be on hold or hospitalized at end of cert period.	Error	Patient status must be ADMIT or DISCHARGED for PPS Final Claim to generate so that a valid patient status is included in the claim file. The patient status can be updated as appropriate in CLINICAL – Patient Actions.
In OASIS 1.50 and above, a RAP cannot be processed until transmitted.	Error	OASIS version 1.50 requires the assessment to be transmitted / accepted before a RAP can be generated. The OASIS export batch can be created in ADMIN – OASIS – Create batch function.
Charge Rate has not been established for billable discipline	Error	Service journal discipline of patient visit does not have an associated charge rate and should be entered through ADMINISTRATIVE – Financial Maintenance – Charge Rates.

Message Description	Type	Explanation / Corrective Action
No billable, confirmed service journals exist for this cert period.	Error	There is an episode-establishing assessment for a subsequent episode and the patient status is active yet there are no confirmed, billable service journals within the episode.
Therapy visit count ('n') exceeds threshold.	Error	The RAP was sent using an HHRG / HIPPS code where M0825 response equals 'No'. The integrity grid reports that the therapy visit of the associated final claim exceeds the therapy threshold. You will need to cancel the RAP in FISS; then un-bill the RAP in WORKFLOW - Operations - Un-bill Claims; inactivate the assessment; edit the M0825 response and re-submit the RAP with the revised HHRG / HIPPS code.
Therapy visit count ('n') falls below threshold.	Warning	The integrity grid reports that this episode will be subject to a HIPPS-downgrade since the HHRG / HIPPS code indicates a M0825 response of 'Yes' but the therapy visit threshold has not been met. <i>No additional action // follow-up required.</i>

