

# WinCare Release Notes

## WinCare Version 6.1 - December 4, 2009

Please read ALL of the release notes before upgrading.

**Notice:** This version includes a major revision in how the financial data is stored. The database upgrade, which occurs the first time the upgrade is run, may take several hours to process. Once the install has begun do not interrupt the process. Please schedule the upgrade for a time everyone can be out of WinCare for the duration of the upgrade process. Read the instructions here in the Release Notes for more steps that need to be completed after the upgrade and before you resume billing.

### General:

- The Integrated 6.1 release includes all the updates that were done for the Clinical 6.0 release through SR3. Key 6.0 changes are listed here, other changes are listed in the sections below.
- Compatible with Vista Business, Vista Ultimate, Windows 7 Professional, and Windows 7 Ultimate. Relocation of WinCare INI, spell checker user dictionaries and other key files.
- New MDS and Swing Bed Case Mix Index C05 and C06 that are effective October 2009. "Due to the new CMI change, facilities need to do the following for each Medicare assessment with reference date (A3a) of 10/1/2009 or later and that has RMX Medicare RUGS score:
  1. If this is a comprehensive assessment (assessment with section V), note the VB2
  2. Open the assessment in Section R.
  3. Click the calculate button for T3a. IF this assessment meets the special conditions in the CMI change, then it will change to RVL otherwise will remain unchanged.
  4. If this is a comprehensive assessment, fill in the VB2 with the date noted in Step #1.
  5. Check & Close the assessment in Section R. Note that the Closed date is NOT transmitted to the state, the state considers assessments locked the day they are successfully accepted into the State MDS system.
  6. If the assessment DID change to RVL RUGS score, be sure to inform the Medicare Biller of the corrected RUGS score for this assessment so the biller can put the correct RUGs on the claim.
  7. Repeats steps #1-7 for all assessments that are Medicare, RMX RUGs score, and ARD is 10/1/2009 or later."
- New Texas CMI set for Medicaid.
- Includes the 2010 ICD-9-CM codes that are effective October 2009.
- Updated User Guide.

### **Integrated (Financial Features):**

- Enhancement to Billing, invoices are now tied to a Care Unit to allow even finer control of debits and credits posting to the General Ledger Accounts.
- A/R Reports are now organized by report types, i.e. Census reports are on one tab, Receivables reports are on another tab, etc.
- Non-covered services from SOC funds can be recorded for Medi-Cal.
- Export file can be created to export GL account balances out of WinCare into third party software.
- On the Claims menu the UB04 options are primary, the only UB92 options are for viewing old claims.
- Enhancements to Manual Invoices and Adjustments, they are now tied to care units.
- Payors are now controlled by Billing Rules, this allows non-Medicare payors to be treated exactly like Medicare if needed. After Upgrading from 5.7 to 6.0 the facility will need to set up their Billing Rules, before they do any billing. See [Steps for Integrated Conversion from 5.7 to 6.1](#).
- Invoices paid from 835 Electronic Remittance Advice files can have remaining balances easily contractually adjusted or written off.
- In Payments Received the "Manual Payments" button has been replaced by two buttons: "Single Resident Payment", and "Batch Payment and C/A". The first option is for private payments and the second is for Insurance payments that apply to multiple residents. The new Batch Payment feature allows contractual adjustments to be made as part of the payment. In previous version of WinCare you had to make the payment and then do the adjustment in the Adjustments module.

*Important Notice: Integrated facilities upgrading from version 5.7 will need to update bills for periods that are open and had invoices in 5.7. Open Invoices that were existing in 5.7 are removed in the upgrade process, running Update Bills will recreate the invoices with the additional care unit information.*

## **WinCare Version 6.0 Service Release 3 - November 19, 2009**

### **General:**

- New MDS and Swing Bed Case Mix Index C05 and C06 that are effective October 2009. "Due to the new CMI change, facilities need to do the following for each Medicare assessment with reference date (A3a) of 10/1/2009 or later and that has RMX Medicare RUGS score:
  1. If this is a comprehensive assessment (assessment with section V), note the VB2
  2. Open the assessment in Section R.

3. Click the calculate button for T3a. IF this assessment meets the special conditions in the CMI change, then it will change to RVL otherwise will remain unchanged.
  4. If this is a comprehensive assessment, fill in the VB2 with the date noted in Step #1.
  5. Check & Close the assessment in Section R. Note that the Closed date is NOT transmitted to the state, the state considers assessments locked the day they are successfully accepted into the State MDS system.
  6. If the assessment DID change to RVL RUGS score, be sure to inform the Medicare Biller of the corrected RUGS score for this assessment so the biller can put the correct RUGs on the claim.
  7. Repeats steps #1-7 for all assessments that are Medicare, RMX RUGs score, and ARD is 10/1/2009 or later."
- New Texas CMI set for Medicaid.
  - Includes the 2010 ICD-9-CM codes that are effective October 2009.
  - Updates to the MDS to fix a problem with Section K on certain Other State assessments, and a problem opening section M1 on MPAF assessments.
  - An option was added to Notes that allows printing of the Progress Notes by date range.
  - A Security Report has been added to the Security Options Screen, that reports the User's Names, Logon Name, Security Level, and Title. To access the report go to Utilities, Facility, WinCare Security, Security Report. Note there is no preview option for the report. If you wish to preview the report you will need a third party application like FinePrint.
  - Enhancement to Administration Times: When an Administration Time is changed in the MAR Setup, of Utilities, the change will no longer affect discontinued or invalidated MAR records that are assigned that Administration Time. The change will affect all MAR records with the Administration Time Frequency Code that have not previously been customized. If you wish to change an Administration Time option without affecting existing MAR records, then you must add a new Administration Time Frequency Code.
  - The location that the WinCare EXE Information report is saved to, has been changed to %AppData%\Wincare
  - Enhancement to the CQI module, sometimes old matrixes didn't show the resident's name when they were discharged. Now discharged residents names always show up.

## **WinCare Version 6.0 Service Release 2 - August 20, 2009**

### **General:**

- Release Notes for new releases and service releases are automatically displayed the first time a user goes into WinCare after an update.
- The Section I screen of the MDS was updated for a problem that could occur when using Electronic Signatures or when only I1 values were changed.
- Enhancement to the MDS to prevent the Navigation screen from being hidden when changing assessments while in Section W.

- Enhancement to the Room Master report to display long station names correctly.
- Enhancement to PreScreen to allow the selection of the diagnosis from the list of ICD-9 codes.
- In the Phone Book the "Print in Full" report for Physicians now includes the NPI number.
- In Therapy Notes the "Types of Services" displayed, is now limited to just therapy services.
- On the PO/MAR reports, page numbers are on all pages even when "Print footer on first page only" is selected.

## **WinCare Version 6.0 Service Release 1 - July 9, 2009**

### **General:**

- Enhancement to Physician Order's report. PRN Rationale and Drug Related to/Comments are back on the report.
- Enhancement to Medicaid RUGs Status report, works properly with MPAF Quarterly assessments and calculates ADLs for all case mix States.
- Added the WA State Case Mix Index that went into effect 7/1/09. To make the change go into Utilities, Facility, MDS Options, RUGs III, on the right hand side under Medicaid, change the CMI Set to the "WA Urban" or "WA Rural", based on your county.
- Enhancements to the MDS 2 module to resolve two issues. 1 - Sometimes when an assessment is closed a time-out would occur. 2 - When going into View Transmit Files and clicking "Copy to Clipboard and Exit", the MDS 2 screen did return and you had to end task to close it.
- Added a data integrity check to the Hemoglobin/Hematocrit module to help prevent data entry errors.
- Enhancements to the Resident Trust. The Interest Distribution has been made faster in certain situations. Use of the "Remove All Int" button has been restricted, the button removes all interest records ever entered not just the selected distribution. To prevent the loss of many years worth of Interest entries, this feature has been password protected and you must contact WinCare Support to use the feature. The proper way to remove an Interest Distribution is to select the one you wish to remove, and then click Delete.
- Enhancement to Weight History report, the date checking routine sometimes reported an invalid date ranges when it really was valid.
- A minimize button has been added to the WinCare Control Panel, this replaces double clicking the Control Panel to minimize the screen.

# WinCare Version 6.0 - June 9, 2009

## General:

- Updated User Guide.
- Compatible with Vista Business and Vista Ultimate. Relocation of WinCare INI, spell checker user dictionaries and other key files.
- Enhancements to prevent users from creating duplicate residents.
- Enhancement to the WinCare Security Levels screen, to allow easier entry and maintenance of the security levels.
- New Invalidation reports for Medications and Treatments.
- The "Rugs II Hist. Sum. with Discharges" report can now be printed for selected discharged residents. When the "Rugs II Hist. Sum. with Discharges" report is the only one selected, the "Select Resident Set" list will display discharged residents.
- Adding Standard MAR Notes, now allows the selection of specific MAR Notes.
- Medicaid RUGS Status Report -- If your state is Ohio, Minnesota or Texas you can select your State's CMI Set in Utilities > Facility > MDS Options > RUGS III > select state's CMI set under "CMI Set" category. Once you have done this, this report will print the State RUGS score and the State case mix weights on this report.
- MAR/Treatment/Behavior Report Settings -- In the Reports > Printer Setup screen, MAR, Treatments and Behavior Reports now have their own settings. It is now possible to set the MAR landscape but at same time treatments portrait, as an example. After the upgrade, it would be a good idea to check these settings to make sure they are what you want for both reports.
- In Reports there is now an option to print additional MAR and/or Treatment Comments pages. You can print them as needed from the main Reports menu and/or you can have additional pages print as part of the MAR Report. To always have additional comment pages as part of the MAR, MAR/Treatments, and Treatments report, set the Comments option in Printer Setup for the report.
- Phone Book now has a new category "Labs". This was needed for the Hemoglobin/Hematocrit module.
- An Email address field has been added for Phone Book entries.
- New "Open MDS Assessments Report" on the Reports, Summary Reports 2 tab. Lists all open MDS Assessments.
- New Treatments by Category feature and report. The Treatments by Category feature works like the existing Medications by Category feature. Set up the Categories in Utilities and then assign individual treatments to a category to produce reports by category.
- New "Largest Weight Change Report", select the date range for the report and it will show the lowest and highest weight for each resident and the percent of gain or loss.
- When an assessment that contains T3b (State RUGs) is closed, T3b can be automatically calculated. To activate this feature go into Utilities, Facility, MDS Options, RUGs III, and check the option "State requires T3b".
- Resident Trust Statements Enhancement -- Resident Trust Resident Statement can now be printed by user selected date range. Only resident transactions that happened inclusively in the date range will print on the resident trust statement.

- Immunizations Module -- Changes were made here to reflect the new PPV status guidelines.
- Clinicals Only users can set the default payor for new residents under Utilities > Facility > Payment Sources.
- The Audit Trail can now be filtered to a single resident.
- After the Upgrade please check and reset your Report and Printer Settings. New options are available.

# Steps for Integrated Conversion from 5.7 to 6.1

The way invoices and claims are handled in WinCare has been changed. They are now controlled by Billing Rules. With the Billing Rules, WinCare can better handle Medicare Advantage Plans and other Insurance plans.

In Version 5.7, Private Insurance companies could be entered in as Payors or as an Insurance Company under the Payor "Private Insurance". In Version 6.0, all Insurance companies need to be set up as their own Payor.

Once 6.0 is installed, these steps will need to be completed before you can resume billing with WinCare.

1. If you are doing Electronic Claims Submission with WinCare: After running DBUpgrade the first thing you'll need to do is enter the "Edit HIPAA EDI Receiver" portion of EDI maintenance for each pre-existing receiver. This screen has three new radio buttons that need to be properly initialized for each existing intermediary. The best way to do this is to reinitialize the pre-existing choice in the "Type:" drop down list for each intermediary/receiver. This action will automatically choose the appropriate link status in the radio buttons. However, this automatic choice can be changed if needed. Click "Save" to exit and save the information on the form. There is however one odd ball in the crowd and that is Medicare Part B. The "Linked to Medicare" radio button implies that the link is with Medicare Part A. Even though from the perspective of how our program treats Medicare Part B (as if it was Medicare Part A paid under Part B funds), it is nonetheless NOT thought to be "Linked To Medicare". Therefore, when Medicare Part B is chosen from the drop down list the default radio button will be "Not Linked To Either".
2. If you had Insurance companies defined under "Private Insurance", you will need to create Payors to take their place.
3. All payors will need to be assigned to a Billing Rules set. Medicare Advantage Plans that follow Medicare A rules can be assigned to the "Medicare A Standard" Billing Rule.
4. All payors that are being electronically billed through WinCare will need the Intermediary selected for the Payor on the Edit Paying Agency Screen.
5. Whether the day of discharge is billed or not is controlled in the Billing Rules of Master Files. If Private Pay or other payors are billed for the day of discharge then you will need to change the setting in Billing Rules.
6. Open Invoices that were existing in 5.7 were removed in the upgrade process. You will need to run Update Bills to recreate the invoices with the additional care unit information and new Billing Rules.